

Minor Eye Lid Surgery Policy

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| Commissioning decision | The ICB will provide funding for minor eye lid surgery for patients who meet the criteria defined within this policy. Funding approval for eligible patients must be sought from the ICB via the Prior Approval process prior to treatment |
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Cysts of Zeis & Moll , Papillomas and Sebaceous Cysts

A **papilloma** is a warty fleshy growth of skin, also known as a skin tag. They can be pink or pigmented. They are benign and not a form of skin cancer.

A **cyst of Moll** is a benign swelling of the gland of Moll. This is a small gland that sits at the base of an eyelash. It is usually a clear fluid filled cyst.

A **cyst of Zeiss** is a benign cyst arising from a gland of Zeiss. Glands of Zeiss are found at the base of eyelashes alongside glands of Moll. It is usually filled with a yellow oily fluid.

Sebaceous cysts are benign skin cyst arising from the sebaceous gland of the skin. They can occur anywhere on the body. Sebaceous glands produce oil for the skin hence the yellow colour of the cyst.

The ICB will not routinely fund surgical treatment of these lesions unless they

- cause significant loss of function or
- become grossly infected

Chalazion/Meibomian cysts

A **chalazion** is a small pea sized lump in the eyelid. It is due to blockage and infection in a meibomian gland in the eyelid. These cysts nearly always resolve spontaneously with time, they rarely cause functional loss or discomfort.

The ICB will routinely fund the incision and drainage of this lesion only if it causes significant loss of function and had been managed conservatively with heat, lid cleaning and massage for 3 months

Infected cysts or cysts which have partially discharged onto the conjunctival surface forming a granuloma need referral for surgical treatment.

Suspected Eye Lid Cancers

It is important not to mistake a benign lesion for a skin cancer. If there is any doubt, please refer to a specialist. In general, a malignant lesion grows more rapidly than a benign one. It may ulcerate or bleed. It may form a crust in the centre. It may be painful. The normal shape of the eyelid may change, and eyelashes may be lost.

Policy Category:**CBA&PA****Who usually applies for funding?****GP/Consultant**

Where melanomas or squamous cell carcinomas are suspected, patients should be referred to a specialist urgently using the two week wait referral system and treated within 31 days. Where basal Cell carcinomas are suspected; patients should be referred urgently and treated within 6 weeks of referral.

For further information please contact GLICB.IFR@nhs.net

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| Policy Review Date | June 2025 |
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Version Control

| Version No | Type of Change | Date | Description of Change |
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| 1 | | April 2012 | |
| 2 | Review date and wording removed | 3.5.18 | Review date changed to May 2022 Following wording removed. (<i>GWH Ophthalmology Department Patient Information leaflet</i>) |
| 3 | Review date | 9.6.22 | Review date changed to June 2025 |