

Commissioning Policy

Minor Eye Lid Surgery

Criteria Based Access/Prior Approval (CBA/PA)

Date adopted: 10.06.2025

Version: v4

Authorisation and document control

Name of policy:	Minor Eye Lid Surgery
Job title of author:	Commissioning Manager – Elective Care
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	04/06/2025

Consultation	
Name of group	Date considered
<i>Insert relevant individuals/forums consulted during policy development</i>	

Authorisation	
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System Quality Committee	

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To be reviewed by (job title)	Commissioning Manager – Elective Care

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1	April 2012			ECCP
2	03.05.2018	Review date changed to May 2022		ECCP

		Following wording removed. (GWH Ophthalmology Department Patient Information leaflet)		
3	09.06.2022	Review date changed to June 2025. No change to policy		
4	10.06.2025	Policy moved to new policy template but no change to criteria. Review date agreed at June 2028	Commissioning Manager – Elective Care	CPRG

1.0 Background

2.0 Policy statement

Policy category	Policy details
CBA/PA	<p>Cysts of Zeis & Moll, Papillomas and Sebaceous Cysts</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The ICB will not routinely fund surgical treatment of these lesions unless they</p> <ul style="list-style-type: none"> • cause significant loss of function or • become grossly infected. <p>Chalazion/Meibomian cysts</p> <p>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.</p> <p>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.</p> <p>Infected cysts or cysts which have partially discharged onto the conjunctival surface forming a granuloma need referral for surgical treatment.</p>

	<p>Suspected Eye Lid Cancers</p> <p>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.</p> <p>Where melanomas or squamous cell carcinomas are suspected, patients should be referred to a specialist urgently via urgent suspected cancer (previously 2ww) and treated within 31 days. Where Basal Cell Carcinomas are suspected; patients should be referred urgently and treated within 6 weeks of referral.</p>
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3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

None

5.0 References

- **EBI-Chalazia removal**
- **Clinical Knowledge Summaries - Meibomian Cyst (Chalazion):** You can find information on chalazion management [here](#).
- **Moorfield's Eye Hospital Patient Information - Chalazion:** The patient information leaflet is available [here](#).
- **Wu AY et al. Conservative therapy for chalazia: is it really effective?:** The study is accessible [here](#) and [here](#).
- **Goawalla A, Lee V. Treatment options for chalazia:** The research paper can be found [here](#) and [here](#).
- **Watson P, Austin DJ. Treatment of chalazions with injection of a steroid:** The British Journal of Ophthalmology article is available [here](#) and [here](#).
- **Ben Simon GJ et al. Intralesional triamcinolone acetonide injection for chalazia:** You can access the study [here](#).
- **Papalkar D, Francis IC. Injections for Chalazia?:** Relevant information is available [here](#).
- **Aycinena A, Achrion A et al. Incision and curettage vs steroid injection for chalazia - a meta-analysis:** The meta-analysis can be found [here](#) and [here](#).
- **Stye and Chalazion - BMJ Best Practice:** The BMJ Best Practice guide is available [here](#).