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Meibomian Cysts

This guidance reflects and supports the revised [Meibomian cyst policy](#) which was produced and agreed in early 2018 and went live in April 2018.

The removal of a benign skin lesion, wherever it appears on the body is regarded as procedure of low clinical priority. Surgery to improve appearance alone is not commissioned.

Meibomian cysts (Chalazia) are benign, granulomatous lesions of the upper or lower eyelid which are usually self-limiting within 6 months.

There are referral criteria attached to this CRG.

Please note if your letter does not meet these criteria it will be returned to you.

Management

Reassure

A Meibomian cyst is usually self-limiting and rarely causes serious complications.

- Meibomian cysts usually resolve spontaneously or with conservative treatment within 6 months.

Advise

- To apply a warm compress (for example, using a clean flannel that has been rinsed with warm water) to the affected eye for 5–10 minutes at least 4x a day.
 - Explain that this will help to liquefy the lipid content of the cyst, thus encouraging drainage of the cyst contents.
 - Avoid excessively hot compresses.
- Gently massage the Meibomian cyst after application of the warm compress (to aid expression of the cyst contents).
 - This should be done in the direction of the eyelashes using clean fingers or a cotton bud.
- **Do not prescribe** topical or oral antibiotics unless there are definite clinical signs of infection which is very rare.

Referral

Referral Criteria

In order for this policy to be applied equitably, referral letters need to be clear that the following criteria are met. If not DRSS will be required to return the referral.

Incision and curettage of Meibomian cysts will be funded where the following criteria are met:

Recurrently Infected Cysts

Specialist assessment and treatment of Meibomian cysts will be funded when all three of the following criteria apply:

- The Meibomian cyst has been present continuously for more than 6 months
and
- The Meibomian cyst is regularly infected (e.g. 2 times within six month time frame) and in need of medical treatment for infection
and
- There has been documented failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) after at least 4 weeks.

or

Interfering with vision

There is significant functional impairment to driving, caring or activities of daily living as a result of the visual impact of the cyst.

Where this is the case the specific details of the impairment will need to be stated in the referral letter. It does not mean that the cyst is simply visible in the field of vision.

Specialist assessment and treatment of Meibomian cysts will be funded when both of the following criteria apply:

- The Meibomian cyst is interfering with the patient's vision
and
- There has been documented failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) after at least 4 weeks

Indications for direct referral

- Recurring cysts

Meibomian cysts that keep recurring or have atypical features require biopsy to rule out malignancy.

- Diagnostic uncertainty

Suspected eyelid malignancy should be referred for specialist opinion. Please refer to the provider directory of service for guidance as to which clinics these patients should be booked into.

Once it is established that a lesion is a simple Meibomian cyst and that it is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding. **Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not occur.**

Exceptions

Children under the age of 10

Specialist assessment and treatment of Meibomian cysts will be funded for children under the age of 10 years due to the potential risk to visual development from cyst induced astigmatism. It may be appropriate to recommend 4 weeks conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) prior to considering referral, particularly in smaller cysts that are not interfering with vision.

[NEW Devon CCG guidance for the management of referrals for Meibomian cysts](#)

Referral Instructions

Criteria met

e-Referral Service Selection

- **Specialty:** Ophthalmology
- **Clinic Type:** Not Otherwise Specified
- **Service:** DRSS-Western-Ophthalmology-CCG-99P

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes there is an exceptional clinical need that warrants a deviation from the rule of this policy.

Individual cases will be reviewed at the PCTs Restricted Treatments Funding Panel upon receipt of a completed application from the patient's GP, Consultant or Clinician.

Applications for consideration for funding approval should be sent to:

Email: d-ccg.ifr-newsdt@nhs.net

Alternatively, please send to: The Panel administrator at Bridge House, Collett Way, Newton Abbot, TQ12 4PH

Referral Forms

[DRSS \(GP\) Referral Form](#)
[Optician Referral Form](#)

Supporting Information

Pathway Group

This guidance has been signed off by NEW Devon CCG and South Devon and Torbay CCG.
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