NHS
Central East
Integrated Care Board

Programme Title: Clinical Policies
Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	**Chalazia (meibomian cysts) Removal (adults and children**) Version: v1.0
Commissioning position:	Criteria Based Access
Scope:	**Covers** • Incision and curettage of chalazia and triamcinolone injection for suitable candidates. • Applies to adults and children in secondary care / ophthalmology services. • Conservative management and watchful waiting remain the usual first-line approach. **Out of scope:** • Management of suspected eyelid malignancy (managed as clinically indicated, including excision/biopsy and histology where appropriate).
Cohort:	Adults and children with a chalazion (meibomian cyst) where surgical or injection treatment is being considered.
Other relevant Clinical Policy	None Identified.

Treatments routinely funded:	The ICB will fund incision and curettage (or triamcinolone injection for suitable candidates) when **at least ONE** of the following criteria is met: • The chalazion has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for at least 4 weeks. **OR** • It interferes significantly with vision **OR**

	• It interferes with protection of the eye by the eyelid due to altered eyelid closure or eyelid anatomy **OR** • It is a source of infection requiring medical attention on two or more occasions within a 6-month period **OR** • It is a source of infection causing an abscess requiring drainage.

Treatments not funded:	The ICB will not normally fund incision and curettage or triamcinolone injection for chalazia where none of the policy criteria are met.

Rationale:

Many chalazia resolve with conservative management or observation, often within around six months. Surgical and injection treatments can be effective in selected cases but carry risks, including discomfort, infection, scarring, recurrence, and (rarely) harm to vision. A criteria-based approach supports appropriate use in persistent, complicated, or clinically significant cases.

IFR Statement Clinical Exceptionality:

Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Coding list:	
OPCS:	C121, C122, C123, C124, C125, C126, C128, C129, C191, C198, C199
ICD-10:	H000, H001

Policy document record:	Chalazia (meibomian cysts) Removal (adults and children) Version: v1.0
Ratification date:	1st April 2026
Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK).
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.