

Chalazion (Meibomian Cyst)

What is a chalazion and what are the underlying causes?

A chalazion (plural: chalazia, also known as meibomian cyst) is a common type of lump found in the eyelid.

The eyelids contain specialised oil-producing glands (meibomian glands), which discharge their secretions onto the surface of the eyes, and are essential in preventing the tear film from evaporating too quickly.

If the opening of a meibomian gland becomes blocked, the resulting collection of oils may act as a 'foreign body' resulting in an inflammatory reaction and a rapidly enlarging, tender reddish lump in the eyelid – a chalazion.

This is more likely to occur where there is associated inflammation of the margin of the eyelids (known as blepharitis or meibomian gland disease). Occasionally there may be two or more such cysts in a single lid, and more than one eyelid can be involved at any one time.

In time, the inflammation tends to resolve spontaneously but may leave a smaller but more solid pea-sized lump in the eyelid. Such lumps usually resolve with time but can take months to completely return to normal. If they do not settle spontaneously after a prolonged period (typically 6 months) and are still causing problems, they may benefit from a surgical procedure.

What are the risk factors for developing eyelid cysts?

Chalazia may occur at any age. Patients mention numerous factors as contributing to cyst formation, including lack of sleep, 'stress' in the work place or at home, dehydration, extended computer usage and air-conditioned environments. However, little evidence exists to support, or refute, these possible causes.

What is the treatment of chalazia?

The first stage of treatment involves using warm compresses or a heated mask, followed by massaging your eyelid.

Warm compresses: Boil some water and let it cool a little or use water from the hot tap. Soak cotton wool or a clean flannel in the warm (but not boiling) water, squeeze it

out and gently press onto your closed eyelids for 2-3 minutes at a time, 3-4 times a day.

Eyelid masks/'Eyebag': Heated (e.g. microwaveable) eyelid masks may be highly beneficial. These tend to be reusable and can be purchased from optometrists, pharmacies or can be bought online. Typically, these retain their heat better than a hot flannel or cloth, so can be used for 5-10 minutes at a time 3-4 times a day.

Massage: For the upper lid, start at the skin crease (natural line along the upper eyelid) and gently massage downwards and toward the eyelashes. The lower lid is massaged upwards toward the lashes. This may release the contents of the cyst, which means that further treatment is not necessary.

How long should I wait before seeking further help?

Approximately half of all chalazia settle with conservative measures within about 6 weeks. However, sometimes a small residual collection of oils persist once the inflammatory features have resolved. These cysts may require surgery to allow the lid and glandular function to return to normal.

Sometimes the skin around the chalazion can become extremely red, inflamed and possibly infected. In these cases you should consider attending your GP practice for a possible course of oral antibiotics. Your GP or optometrist may consider that you need to be referred urgently to an emergency eye clinic for review.

Is it possible to surgically remove a chalazion?

If the chalazion does not respond fully to the first stage of the treatment it is possible to proceed with a minor surgical procedure ('incision and curettage') with the aim of draining the cyst, helping it to resolve.

What happens in the eyelid clinic?

You will be seen by a nurse, who will check your vision. Mr Edmunds will then see and examine you. Depending on the findings, he will discuss the best treatment strategy for you and possibly discuss the risks and benefits of a minor surgical procedure. If you wish to proceed you will be asked to sign a consent form to confirm that you are aware of the risks and benefits and agree to go ahead with the operation.

What is an 'incision and curettage' procedure?

In this procedure, the contents of the cyst are released. The aim is that this will lead to resolution of the inflammation, and re-establishment of normal glandular function in the lids.

Once you are lying comfortably on the operating table a small amount of local anaesthetic is injected under the skin of the eyelid. This will sting at first, but the lid

will soon become numb. Although you will still be able to feel touch and pressure, you should not feel any pain.

A small incision will be made on the inside/underside surface of the lid (this avoids a skin incision and a visible scar) and the contents of the cyst are released. Ointment may be applied and a pad may be placed over the eye. If this is the case, Mr Edmunds will let you know when this should be removed.

Typically you will be discharged from the clinic following the procedure, with no need to return for routine review. Sometimes it is necessary to take a biopsy of the cyst. If this is done you will be contacted with the results or you will be sent a clinic appointment if required.

What should I do after the procedure?

You will be able to go home on the same day. You should not drive to the procedure and should have someone available to take you home.

When the anaesthetic wears off there may be some discomfort. You may find that you need to take Paracetamol for pain relief.

You may notice some blood or discharge around your eye following the procedure. You can keep the eyelid clean and avoid crusty deposits with cooled boiled water.

The procedure should not affect your ability to work. If it does, please ask Mr Edmunds to discuss taking time off work.

What are the risks of surgery?

- Your eyelid may be swollen, bruised and uncomfortable for several days.
- There is a risk of infection and you will be given some antibiotic ointment to use for a few days after the operation.
- A chalazion can come back. If it does, please restart warm compresses. You may seek re-referral to the eyelid clinic by your GP or optometrist.
- Rarely the lid may heal in such a way that it causes some of the eyelashes to rub on the surface of the eye

Is it possible to prevent a chalazion from recurring?

The most common cause of recurrent chalazia is blepharitis (meibomian gland disease). This is best treated with regular lid hygiene with warm compresses and eyelid wipes. You may be prescribed topical antibiotic ointment to the eyelid margins and even a prolonged course of oral antibiotic (e.g. Doxycycline). Omega oils (for example, in flax seed oil supplements) are thought to improve the function of the meibomian glands and reduce the risk of oil build-up and cyst formation. These measures may

need to continue long-term, even when you have no symptoms and when no chalazion is present.

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