References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at <u>patient.information@ulh.nhs.uk</u>

© United Lincolnshire Hospitals NHS Trust

Issued: August 2018 Review: August 2020 HT-LFT-1065 Version 4 Excellence in rural healthcare

United Lincolnshire Hospitals NHS Trust

Chalazion

Ophthalmology Departments

Royle Eye Department, Pilgrim Hospital 01205 445626 Clinic 8, Lincoln County Hospital 01522 307180 (option 4)

www.ulh.nhs.uk

Patient centred . Excellence . Respect . Compassion . Safety

Aim of the leaflet

Notes

This leaflet aims to tell you what a chalazion is, the causes and treatment options and to tell you what will happen if you need surgery.

What is a chalazion?

A chalazion is caused by a blocked meibomian gland. This causes an inflammatory lump (lesion); this is not an infection. Occasionally it can become secondarily infected.

The meibomian glands are located in your top and bottom lid margins and can be seen as tiny openings behind your lashes.

What causes a chalazion?

Many people with chalazions, particularly if they are recurrent, suffer from a condition called blepharitis. Blepharitis is a condition where the rims of the eyelids become inflamed. This is a very common complaint that can cause irritated, uncomfortable or gritty eyes. There is no cure for blepharitis but bathing of the lids is often helpful. This may also reduce your risk of developing a chalazion.

Other conditions such as rosacea, seborrhoeic dermatitis and dandruff may make you more susceptible to developing a chalazion.

What happens after the operation?

You may need to wait after the operation to ensure everything is okay. If you are in any discomfort take painkillers such as paracetamol or ibuprofen.

After washing your hands you may remove the pad 4 to 6 hours after the operation. It is normal to have blood staining on the pad. You may clean the area with boiled cooled water or sterile saline and clean cotton wool. You will be given an antibiotic ointment to use in the eye for 5 to 7 days after the operation.

If your wound begins to bleed, apply pressure to the area with a clean pad for 10 minutes. If the bleeding does not stop seek medical attention at your nearest A&E or Royle Eye Department.

Avoid eye make-up for at least a week. You will have bruising around the eye. This will settle over the next 1 to 2 weeks.

Contact your GP or the relevant Ophthalmic Clinic listed below if you have severe pain, increasing swelling, redness or significant discharge. This could be a sign of infection.

Royle Eye Department, Pilgrim Hospital 01205 445626

Clinic 8, Lincoln County Hospital 01522 307180 (Option 4)

What treatments are available?

No treatment - Many chalazions will discharge and disappear by themselves. Sometimes a small firm lump remains for many months, but this will usually resolve.

Hot compresses - To help the chalazion discharge, hot compresses and massage should be applied to the chalazion four times a day. Soak a face cloth in warm water, as warm as the eyelids can take. Apply this over the chalazion with your eyes closed for 5 to 10 minutes. It may be necessary to re-warm the cloth repeatedly. You can also apply pressure to the chalazion, massaging it toward the lashes to try to get it to express its contents.

Surgery - If the chalazion does not resolve by itself and it is causing a problem then it can be drained surgically. This is called an incision and curettage (I&C).

Surgery - what are the complications?

- Infection
- Bruising
- Bleeding
- Recurrence
- Very rarely lash loss

How should I prepare for surgery?

If you normally wear contact lenses you will need to remove these prior to the procedure.

If you are taking aspirin or any other blood thinners you will usually be able to carry on taking these. If you are taking warfarin you need to ensure that your INR is in the correct range for you.

You should bring a list of your current medications and any allergies with you.

You will not be able to drive yourself home after the procedure. Please arrange an alternative mode of transport or someone to help you.

What happens during the procedure?

The operation is carried out as a day case procedure so you will therefore be able to go home on the same day. It takes approximately 20 minutes, but you may be in the department up to 3 hours.

On the day, a nurse will ask you a number of questions and check your heart rate and blood pressure.

You may already have signed a consent form or you will be asked to sign one on the day.

You will be taken into the procedure room where you will lie on a bed. The doctor will put anaesthetic drops into your eye, these will usually sting. Local anaesthetic is injected into your eyelid to numb the area.

A small clamp is placed over the chalazion to allow the surgeon to see the inside of your eyelid. An incision is made on the inside of the lid, avoiding a visible skin scar. The contents of the chalazion are scooped out. You will have antibiotic ointment and a pad placed on your eye.