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## **CONSENT FORM FOR INCISION AND DRAINAGE OF CHALAZION (C1230)**

### **CONDITION AND PROPOSED TREATMENT**

Your Ophthalmologist has evaluated you and diagnosed you with a chalazion, which is a localized inflammatory response involving sebaceous glands of the eyelid that occurs when the gland duct is obstructed.

A chalazion may resolve spontaneously or with warm compresses, lid scrubs, and lid massage.

When there is no improvement, the chalazion may be incised and drained.

### **Alternatives to surgery**

1. Lid hygiene – antibiotic eye ointment, warm compresses, lid massage and scrubs; some chalazia do not respond to these.
2. Steroid injection – rarely used - may result in depigmentation of the eyelid, steroid deposits at the injection site, or in rare instances occlusion of retinal and choroidal blood vessels with possible loss of vision (a separate leaflet is available if this treatment is recommended).
3. No treatment – you may choose no treatment and tolerate the chalazion.

### **The procedure**

This will be done in the Minor Operating Room in the Outpatient Department. You will be made comfortable lying down, fully clothed and with a surgical drape over your forehead. The nurse will put anaesthetic eye drops in to start with.

After a small amount of local anaesthesia is injected, a chalazion instrument is used to turn the eyelid over and an incision is made in the inner aspect of the eyelid.

The contents of the chalazion are then carefully drained with a curette followed by gentle pressure or heat to control any bleeding.

The eye will be covered with an eye pad, which may be removed at bedtime or the next morning.

### **Risks and complications**

No procedure is entirely risk-free. Adverse effects from incision and drainage of chalazion may include:

1. Infection – Infections can be treated with topical or oral antibiotics.
2. Bleeding – Normally controlled with gentle pressure during the procedure, or if any bleeding is experienced post-operatively.
3. Pain – Minimal and resolves with healing of incision, paracetamol may be used if needed.
4. Incomplete resolution of the lump – occurs in 10-20% of cases – further treatment may be required, including further incision and drainage, or steroid injection.
5. Recurrence – Chalazion may recur, either in the same site, or a new lump may develop in another site.
6. Loss of lashes in the involved area (may also occur as a result of the lesion itself).
7. Eyelid notching in the area of the inflammation (may also occur as a result of the lesion itself).
8. VERY rarely - damage to the globe from the scalpel, needle used to inject the anesthetic, or cautery instrument.

### **Aftercare**

You will be asked to keep the firm dressing in place until the following morning, unless it is really uncomfortable. It is taped firmly to try to minimize swelling and bruising.

From the following day, you can wash the eyelid with warm water, including in the shower. If it was a large lump, blood may collect in the pocket left after the contents were removed, and it is actually beneficial to massage the sac to drain any such collection. You may see some small amounts of fresh or clotted blood in this case, which is not concerning.

Sometimes, particularly in the case of large lumps, it may take some time for the eyelid to settle back to its normal shape and size.

You will be given antibiotic ointment (Chloramphenicol) to use twice a day after cleaning the eyelid, for 5 days.

If you have any concerns about your eyelid healing, please contact our team on the numbers above.

