Benign Eyelid Lesion Excision

Key Facts | Papilloma, Cyst of Moll and Cyst of Zeis

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What are these lesions?

Papillomas and cysts of Moll or Zeis are common, usually benign lesions of the eyelid or conjunctiva. A papilloma is a growth of surface tissue; a cyst of Moll arises from a modified sweat gland at the lid margin; a cyst of Zeis arises from an oil gland associated with an eyelash. Other conditions can look similar, which is why diagnosis comes before removal.

Do you need treatment?

Usually not. A benign lesion can often simply be observed, and observation carries no procedural risk. Removal may be appropriate if it causes irritation, interferes with blinking, repeatedly becomes inflamed, is growing, affects the eyelid margin, or troubles you sufficiently cosmetically.

When a lesion is not simply treated as benign

Rapid or documented growth, ulceration, bleeding without trauma, irregular pigmentation, loss or distortion of eyelashes, destruction of the lid margin, prominent abnormal vessels, fixation to deeper tissue or recurrence after previous removal all change the pathway. None automatically means cancer. They mean diagnostic certainty matters more than cosmetic simplicity.

Your alternatives

Observation with photography documents stability rather than assuming it. Some cysts can be drained, which is simpler than excision but recurs commonly if the cyst wall remains and provides no tissue for examination. Complete excision removes the lesion and can provide a specimen.

What excision does

Local anaesthetic numbs the area and the lesion is separated from surrounding normal tissue and removed. A tiny lesion may need no stitch; larger skin lesions may be closed with fine sutures. You go home the same day.

At the eyelid margin, the balance depends on the diagnosis

For a lesion assessed as benign, a deliberately conservative removal that preserves normal architecture, the lash line and eyelid function can be a better outcome than aggressive complete removal leaving a notch or a permanent gap in the lashes. Where the diagnosis is uncertain, that balance changes: obtaining appropriate tissue and adequate clearance takes priority, and your consultant will tell you which situation applies to your lesion.

Histology

This is the important difference between excision and destructive treatments such as cautery or laser. Excision produces an intact specimen that can be examined in the laboratory; destructive treatment does not, so the diagnosis afterwards rests on appearance alone. Not every obviously benign lesion needs histology, and your consultant will discuss whether it is recommended for you.

If the result is unexpected

Most specimens confirm the benign diagnosis expected beforehand. Occasionally the result differs, and your consultant will explain what it means and whether further excision, investigation, surveillance or specialist referral is needed. An unexpected result is the system working rather than failing.

Recovery

Swelling, bruising, redness and tenderness are common initially. Conjunctival treatment can cause temporary grittiness, watering and redness. A skin incision remains visible at first and matures over months, so do not judge the final appearance during early healing.

Main risks

Expected early effects include bruising, swelling and tenderness. Other risks include bleeding, infection, visible scarring, pigment change, eyelid margin irregularity, loss of eyelashes where the lesion involves the lash line, incomplete removal, recurrence and the need for further treatment. Conjunctival lesions can leave persistent local redness or scarring. Serious visual complications are rare.

Recurrence

A lesion can recur, and new unrelated papillomas or cysts can develop elsewhere. Recurrence is particularly relevant where a cyst was drained rather than excised, because the wall that produced it remains. A recurrent or changing lesion should be reassessed rather than repeatedly removed on the original assumption.

Costs

Consultation and diagnostic assessment: £325. Current pricing is published in **our published price list** and may change. Removal principally for appearance is not normally covered by private medical insurance. Your written quotation confirms the treatment and whether any histology fee is included.