PATIENT INFORMATION

Benign Eyelid Lesion Excision

Removal of a papilloma, cyst of Moll or cyst of Zeis

To achieve the immeasurable, you must measure everything.

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Consultant Ophthalmic Surgeon and Medical Director

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Contents

> **How to use this leaflet**
>
> This leaflet is written to be read before your appointment, so that you arrive already familiar with what these lesions are, why most do not need removing, and why establishing what a lesion is matters more than how neatly it can be removed.
>
> It forms part of your informed consent alongside the assessment and discussion you will have with your consultant surgeon and the consent form you sign.

About This Leaflet

This leaflet covers the removal of common benign-appearing lesions of the eyelid and conjunctiva, including papillomas, cysts of Moll and cysts of Zeis.

These lesions differ biologically, but the clinical pathway has the same starting point: first establish what the lesion is likely to be, and whether simple excision is appropriate.

Most benign eyelid and conjunctival lesions do not need removing for health reasons. Treatment may be appropriate because a lesion irritates the eye, interferes with blinking, repeatedly becomes inflamed, or troubles you cosmetically.

> **At Blue Fin Vision®**
>
> Your named Blue Fin Vision® consultant ophthalmic surgeon confirms the likely diagnosis, discusses whether removal is appropriate, obtains your consent and remains responsible for your care.
>
> An assessment that ends in a recommendation not to operate is a successful assessment.

The General Medical Council requires that the person performing your treatment is the person who obtains your consent.[1] Where a procedure is undertaken for appearance rather than health, its cosmetic interventions guidance also requires that you are given time to reflect before committing.

What Are These Lesions?

Papilloma

A usually benign growth of surface tissue that can arise from eyelid skin, the eyelid margin or the conjunctiva. It may sit flat against the surface or hang on a small stalk, and it often has an irregular surface.

Cyst of Moll

A cyst arising from the modified sweat glands at the eyelid margin. It is typically smooth, translucent and filled with clear fluid.

Cyst of Zeis

A cyst arising from the small oil-producing glands associated with the eyelashes. It tends to contain oily material and usually appears less translucent than a cyst of Moll.

> **Other conditions can look similar**
> All three of these can be mimicked by other lesions, some of which require a different pathway entirely. This is the reason diagnosis precedes removal, and the reason the next section exists.

Do I Need Treatment?

Usually not. If a lesion is harmless and does not trouble you, observation carries no procedural risk at all.

Treatment may be appropriate when a lesion

- Causes irritation or a foreign body sensation.
- Interferes with blinking, or rubs on the surface of the eye.
- Repeatedly becomes inflamed.
- Is growing.
- Affects the eyelid margin.
- Bothers you sufficiently cosmetically to justify the procedure and its healing.

When a Lesion Should Not Simply Be Treated as Benign

Certain features change the pathway from routine removal to careful diagnosis. They include the following.

- Rapid or documented growth.
- Ulceration, or bleeding without obvious trauma.
- Irregular pigmentation.
- Loss or distortion of eyelashes.
- Destruction of the normal architecture of the eyelid margin.
- Prominent abnormal blood vessels, or fixation to the deeper tissue.
- Recurrent growth after previous removal, or an atypical conjunctival appearance.

> **What these features mean**
> None of them automatically means cancer, and most lesions with one of these features turn out to be benign. What they mean is that diagnostic certainty matters more than cosmetic simplicity, and that the lesion should be excised with histology rather than simply destroyed or trimmed.[2]

Your Alternatives

Observation with photography

Appropriate for many stable lesions. Photographs turn stability into something documented rather than assumed, and make any future change straightforward to identify.

Drainage of a cyst

Some cysts can be opened or drained. This is simpler than excision, but recurrence is common if the cyst wall remains, and it provides no tissue for examination.

Complete excision

Removes the visible lesion and, where clinically appropriate, allows the tissue to be submitted for laboratory examination. This is the option described in the rest of this leaflet.

What Excision Does

Local anaesthetic numbs the area. The lesion is carefully separated from the surrounding normal tissue and removed using the technique appropriate to its position. A tiny lesion may require no stitch, while larger skin lesions may require fine sutures.

> **At the eyelid margin, function comes first**
>
> For a lesion assessed as benign, a deliberately conservative removal that preserves normal eyelid architecture, the lash line and eyelid function can be a better outcome than aggressive complete removal that leaves a notch or a permanent gap in the lashes.
>
> Where the diagnosis is uncertain, that balance changes. Obtaining appropriate tissue and adequate clearance then takes priority, and your consultant will explain which of these two situations applies to your lesion before surgery.

Histology

This is the important distinction between excision and destructive treatments such as cautery or laser.

Excision produces an intact specimen, which can be sent for laboratory examination. Destructive treatments do not, so the diagnosis afterwards rests on appearance alone.

Not every clinically obvious benign lesion requires histology, and sending every skin tag would be unnecessary. Where the diagnosis is uncertain, where any of the features described earlier are present, or where pathological confirmation is otherwise appropriate, the removed specimen is examined. Your consultant will discuss whether histology is recommended in your case and confirm this in your quotation.

Your Assessment

Your consultant assesses the lesion's position, size and appearance, its blood vessels and pigmentation, its relationship to the eyelashes and the eyelid margin, and any history of change or previous treatment. Photographs may be taken to document the appearance beforehand.

On The Day

Excision is normally performed under local anaesthetic as a short outpatient procedure. You go home the same day.

- Eat and drink normally, and take your usual medication, unless told otherwise.
- Local anaesthetic numbs the area.
- The lesion is removed, and fine sutures are placed if required.
- Ointment may be applied, and any specimen is labelled and sent for examination where this has been agreed.

Please tell us in advance about anticoagulant or antiplatelet medication, and do not stop prescribed medication unless specifically advised to do so.

Your Recovery

Swelling, bruising, redness and tenderness are common initially. If the conjunctiva has been treated, temporary grittiness, watering and redness can occur. If skin has been excised, the incision remains visible at first and matures progressively over the following months.

Do not judge the final cosmetic appearance during early healing. A scar that looks obvious at two weeks is not the scar you will have at six months.

What Result Should I Expect?

The objective is to remove the lesion while preserving normal eyelid or conjunctival anatomy.

> **What cannot be guaranteed**
> No procedure can guarantee an invisible scar, perfect symmetry, that local pigmentation or blood vessels disappear completely, or that another lesion will never develop elsewhere.

Risks and Side Effects

This is minor surface surgery with a good safety record, but it is not risk free.

- Bleeding, bruising, swelling and infection.
- Visible scarring and change in skin pigmentation.
- Irregularity of the eyelid margin, or loss of eyelashes where the lesion involves the lash line.
- Incomplete removal, recurrence, and the need for further treatment.
- Temporary or occasionally persistent redness or local scarring where a conjunctival lesion has been removed.

Serious visual complications are rare.

Recurrence

A lesion can occasionally recur after removal, and new unrelated papillomas or cysts can develop elsewhere. Recurrence is particularly relevant when a cyst has been drained rather than completely excised, because the cyst wall that produced it remains.

> **A recurrent lesion deserves a fresh look**
>
> A lesion that recurs, or that changes, should be reassessed rather than repeatedly removed on the original assumption. Repeated treatment of a recurring lump without reconsidering the diagnosis is the most common way a less common diagnosis is delayed.

If The Laboratory Result Is Unexpected

Where tissue is sent for histological examination, most results confirm the benign diagnosis expected from clinical examination.

Occasionally the laboratory diagnosis differs from what was expected beforehand. If that happens, your consultant will explain the result to you and what, if anything, needs to happen next. That may include further excision, additional investigation, surveillance, or referral into an appropriate specialist pathway.

Sending tissue for histology is useful precisely because it allows the diagnosis to be established from the tissue rather than from appearance alone. An unexpected result is the system working, not the system failing.

Warning Signs

Contact Blue Fin Vision® promptly if you develop any of the following.

- Increasing rather than improving pain.
- Rapidly worsening redness or swelling.
- Persistent bleeding, or discharge from the wound or the eye.
- Separation of the wound edges.
- A significant deterioration in vision, or marked light sensitivity.

Some bruising, swelling, tenderness and redness are expected. The important distinction is between symptoms that are gradually settling and symptoms that are severe or progressively worsening.

Costs

Where removal is undertaken principally for appearance, treatment is not normally covered by private medical insurance. Where a lesion is symptomatic, diagnostically uncertain, or removal is medically indicated, some policies may provide cover subject to your policy terms and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Eyelid or conjunctival lesion excision	See current published price

Current pricing is maintained online and may change, so please refer to **our published price list**. Where histological examination is recommended, your written quotation will confirm whether the laboratory fee is included or separately chargeable.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- What do you think my lesion is, and is there anything about it that concerns you?
- Does it actually need removing, and could I safely leave it alone?
- Is complete excision possible without compromising normal eyelid function?
- Will the lesion be sent for histology, and if not, why is that unnecessary?
- Where will the incision or scar be, and could my eyelashes be affected?
- What happens if the lesion comes back?
- What happens if the laboratory result differs from the diagnosis expected beforehand?

> **Taking your time**
>
> Most benign-appearing eyelid and conjunctival lesions are not urgent. If treatment is primarily for appearance, proceed only if the expected improvement is worth the procedure, the healing and the possibility of a visible scar.
>
> Where the diagnosis is uncertain the balance changes: establishing what a lesion actually is may matter considerably more than how it looks. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and treatment pathways do not vary by postcode. Availability of minor eyelid and conjunctival surgery varies by site, and we will confirm where your procedure is performed when your appointment is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at **bluefinvision.com/advantage**.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your assessment and your treatment are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who confirms the diagnosis, discusses whether treatment is appropriate, obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

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Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

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References

References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

1. General Medical Council. Decision making and consent. Manchester: General Medical Council; 2020.
2. Shields JA, Demirci H, Marr BP, Eagle RC, Shields CL. Sebaceous carcinoma of the ocular region: a review. Survey of Ophthalmology. 2005;50(2):103-122.
3. Shields CL, Shields JA. Tumors of the conjunctiva and cornea. Survey of Ophthalmology. 2004;49(1):3-24.

Contact Blue Fin Vision®

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