Chalazion Surgery

Key Facts | Incision and Curettage

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

What is a chalazion?

An inflamed lump within the eyelid caused by blockage of an oil-producing meibomian gland. It often begins red and tender and later becomes a firmer, relatively painless lump. It is not usually an infection, which is why antibiotics alone rarely resolve one.

Do you need surgery?

Most chalazia do not need immediate surgery and many settle naturally over weeks. Incision and curettage may be appropriate when a lump persists despite a fair trial of conservative treatment, repeatedly becomes inflamed, is large or prominent, presses on the eye and affects vision, or the diagnosis needs clarifying.

Your alternatives

Observation, warm compresses and lid massage done properly and consistently, and treatment of underlying blepharitis or meibomian gland dysfunction. Steroid injection is another option in selected cases, avoiding an incision but carrying its own risks including skin thinning and depigmentation.

What surgery does

The eyelid is numbed and usually turned over, so a small incision can be made on the inner surface and the contents removed with a curette. This avoids an external scar. It empties the existing chalazion but does not remove your tendency to develop blocked glands in future.

On the day

- Eat, drink and take your usual medication normally.
- Local anaesthetic numbs the lid. The injection is the least pleasant part.
- A small clamp may steady the lid while the contents are curetted.
- Antibiotic ointment may be applied and you go home the same day.

Recovery

Bruising, swelling, mild discomfort and a little blood-stained discharge are common, and the eyelid can look more swollen than before. Do not squeeze the lid. The residual firmness often takes several weeks to settle because the surrounding inflammation resolves more slowly than the contents removed, so do not judge success in the first few days.

Main risks

Swelling, bruising and tenderness are expected. Other risks include bleeding, infection, incomplete resolution, recurrence, visible scarring if an external incision is needed, temporary contour irregularity or a small notch at the lid margin, pigment change and the need for further treatment. Serious visual complications are rare.

Recurrence

A chalazion can recur in the same gland or another, because surgery treats the existing lesion rather than the underlying tendency to gland blockage. Where you have had more than one, long-term lid hygiene and treatment of blepharitis is usually more valuable than repeated surgery.

An unusual or recurrent lump matters

A lesion that returns in exactly the same position, has an atypical appearance, causes loss of eyelashes or distorts the eyelid margin may need biopsy and laboratory examination rather than repeated treatment on the assumption that it is simply a chalazion. Rare eyelid tumours can closely resemble one, and repeated treatment without reconsidering the diagnosis is how they are missed.

Warning signs

Contact Blue Fin Vision® promptly for increasing rather than improving pain, rapidly worsening swelling or redness particularly if it spreads beyond the eyelid, discharge or persistent bleeding, or a significant deterioration in vision.

Costs

Consultation and diagnostic assessment: £325. Current pricing is published in **our published price list** and may change. Where treatment is medically indicated, private medical insurance may provide cover subject to your policy and authorisation. You receive a written quotation before proceeding, including any histology fee.