BLUE FIN VISION®

PATIENT INFORMATION

Chalazion Surgery

Incision and curettage for a persistent eyelid cyst

To achieve the immeasurable, you must measure everything.

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Consultant Ophthalmic Surgeon and Medical Director

Version 1.0 | August 2026

Contents

> **How to use this leaflet**
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> This leaflet is written to be read before your appointment, so that you arrive already familiar with what a chalazion is, why most do not need an operation, what surgery involves and why an eyelid lump should be confirmed as a chalazion before it is treated as one.
>
> 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

A chalazion is a lump within the eyelid caused by blockage and inflammation of one of the oil-producing meibomian glands.

Most chalazia do not require surgery. Many settle spontaneously or with conservative treatment. Incision and curettage is considered when a chalazion persists, remains troublesome, or is sufficiently large to justify intervention.

The procedure is short, but the decision to operate still matters, and an eyelid lump should be confirmed as clinically consistent with a chalazion before it is treated as one.

> **At Blue Fin Vision®**
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> Your named Blue Fin Vision® consultant ophthalmic surgeon assesses the lesion, discusses whether surgery 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, and that you have the information you need to decide.[1]

What Is a Chalazion?

Meibomian glands sit within the eyelids and produce the oily component of the tear film. If the opening of one becomes blocked, oily material accumulates within the gland and produces inflammation. This creates a chalazion.

It may initially be red, swollen and tender. With time it commonly becomes a firmer, relatively painless lump.

A chalazion is not normally an infection, although an acutely infected eyelid can occasionally coexist. This distinction matters, because antibiotics alone rarely resolve an established chalazion.

Do I Need Surgery?

Usually not immediately. Many chalazia improve over weeks without an operation, and conservative treatment resolves a substantial proportion.[2]

Surgery may be reasonable when

- The lump persists despite an adequate period of conservative treatment.
- It is large or cosmetically prominent.
- It presses on the eye, distorts the cornea and affects vision.
- It repeatedly becomes inflamed, or causes persistent discomfort.
- The diagnosis needs further clarification.

> **Time is usually on your side**
> There is rarely any urgency. Giving conservative treatment a fair trial costs nothing except patience, and a chalazion that is going to settle by itself usually does so within a few weeks to a few months.

Your Alternatives

Observation

Many chalazia resolve spontaneously without any intervention at all.

Warm compresses and lid massage

Heat softens retained gland material and encourages natural drainage. To be effective this needs to be done properly and consistently, usually for several minutes at a time, several times a day, over weeks rather than days.

Treatment of underlying blepharitis or meibomian gland dysfunction

Treating the eyelid margin improves gland function and may reduce future episodes. Where you have had more than one chalazion, this is often the more important intervention in the long run.

Steroid injection

Injection of steroid into the lesion is appropriate in selected cases. It avoids an incision but has its own risks, including skin depigmentation and thinning at the injection site, and it is not the best option for every lesion.

Incision and curettage

This opens the chalazion and removes its contents, and is the option described in the rest of this leaflet.

What Incision and Curettage Does

The eyelid is numbed with local anaesthetic. Where possible, the eyelid is turned over and a small incision is made through its inner surface, avoiding an external skin incision and therefore avoiding a visible scar. The contents of the chalazion are then removed with a small curette.

The purpose is to empty the inflammatory material and allow the gland and surrounding tissue to settle.

> **What it does not do**
> The procedure removes the contents of the existing chalazion. It does not remove your tendency to develop future blocked meibomian glands, which is why lid hygiene remains relevant afterwards and why a further chalazion elsewhere is not evidence that the operation failed.

Your Assessment

Your consultant assesses the following.

- Which eyelid and which gland are involved.
- The size and duration of the lesion, and whether it is actively inflamed.
- Previous episodes and previous treatment.
- Signs of blepharitis or meibomian gland dysfunction.
- Whether the appearance is typical of a chalazion.

A recurrent lesion in the same position, an unusual appearance, loss of eyelashes, ulceration or distortion of the eyelid margin may change the pathway, and this is discussed further in the section on histology.

On The Day

Incision and curettage is 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 eyelid. The injection is briefly uncomfortable and is the least pleasant part of the procedure for most patients.
- A small clamp may be used to stabilise the lid and limit bleeding.
- The eyelid is usually turned over and a small incision made on the inner surface.
- The contents are carefully curetted and antibiotic ointment may be applied.

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

After Your Surgery

A pad may be placed over the eye for a short period. Bruising, swelling, mild discomfort and a small amount of blood-stained discharge are common initially.

- Use any prescribed drops or ointment exactly as directed.
- Do not squeeze or repeatedly manipulate the treated eyelid.
- Continue warm compresses and lid hygiene if advised, once the eyelid is comfortable.

Your Recovery

The eyelid may initially look more swollen than it did before the procedure. Bruising and swelling usually improve progressively over the following days.

> **The lump does not always disappear immediately**
> The residual firmness often takes several weeks to settle, because the surrounding inflammatory tissue resolves more slowly than the contents that were removed. Do not judge whether treatment has worked from the appearance in the first few days.

How Well Does It Work?

Incision and curettage is an established treatment for a persistent chalazion and is effective in most appropriately selected cases.

Occasionally residual inflammatory tissue remains, or the chalazion reforms, and further treatment is required. Where a chalazion is very large or longstanding, complete resolution of the eyelid contour can take months.

Risks and Side Effects

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

Expected early effects

Swelling, bruising, tenderness and temporary redness are expected rather than complications.

Other risks

- Bleeding, and infection, which are both uncommon.
- Incomplete resolution, or recurrence of the chalazion.
- Visible scarring, if an external skin incision is required because of the position of the lesion.
- Temporary irregularity of the eyelid contour, or a small notch at the lid margin.
- Change in skin pigmentation at the treated site.
- Injury to surrounding eyelid structures, and the need for further treatment.

Serious damage to the eye or to vision is rare.

Recurrence

A chalazion can recur, either in the same gland or in another. This does not necessarily mean that surgery was performed incompletely, because the underlying tendency to meibomian gland blockage remains.

Where you have had more than one chalazion, long-term lid hygiene and treatment of blepharitis or meibomian gland dysfunction is usually more valuable than repeated surgery. A recurrence in exactly the same position, however, is treated differently, as described below.

When Histology May Be Needed

Most typical chalazia do not require laboratory analysis, and sending every lesion would be unnecessary.

> **The exception that matters**
>
> A lesion that repeatedly recurs in exactly the same place, has an atypical appearance, causes loss of eyelashes or distortion of the eyelid margin, or does not behave as expected, may require biopsy and histological examination rather than repeated treatment on the assumption that it is simply a chalazion.
>
> This is because rare eyelid tumours can present in a way that closely resembles a chalazion, and the usual reason for delayed diagnosis is repeated treatment of a recurrent lump without reconsidering the diagnosis.[3]

If histology is recommended in your case, your consultant will explain why, and what happens if the result differs from the diagnosis expected beforehand.

Warning Signs

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

- Increasing rather than improving pain.
- Rapidly worsening swelling or redness, particularly if it spreads beyond the eyelid.
- Discharge from the wound, or persistent bleeding.
- A significant deterioration in vision, or marked light sensitivity.

Bruising, swelling and tenderness are expected in the first days. The important distinction is between symptoms that are settling and symptoms that are severe or progressively worsening.

Costs

Where treatment is medically indicated, private medical insurance may provide cover subject to your policy terms and prior authorisation. Treatment undertaken principally for appearance is less likely to be covered.

Item	Fee
Consultation and diagnostic assessment	£325
Chalazion incision and curettage	See current published price

Current pricing is maintained online and may change, so please refer to **our published price list**. You will receive a written quotation before proceeding, confirming what is included and whether any histology fee applies.

Questions Worth Asking

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

- Are you satisfied this is a chalazion, and is there anything atypical about it?
- Could it still settle without surgery, and how long should I give it?
- Have I had a fair trial of warm compresses and lid hygiene?
- Will the incision be on the inside of the lid or the skin?
- Will the lump be gone immediately?
- What can I do to reduce the chance of another one?
- What happens if it comes back in the same place?

> **Taking your time**
> A chalazion is rarely urgent. You should proceed with surgery only if the lesion has failed to settle or is troubling you enough to justify it. 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 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.

Mr Mfazo Hove

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Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

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

Author and medical reviewer: Mr Mfazo Hove MBChB MD FRCOphth CertLRS. Version 1.0, August 2026. Review date: August 2027. Produced in accordance with the guidance of the General Medical Council and the professional standards of The Royal College of Ophthalmologists. The text of this document is original to Blue Fin Vision®.

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. Wu AY, Gervasio KA, Gergoudis KN, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia: is it really effective? Acta Ophthalmologica. 2018;96(4):e503-e509.
3. 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.

Contact Blue Fin Vision®

Telephone 07704 225640, Monday to Friday, 10am to 6pm. bluefinvision.com

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