




Top Tips



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Subject	Management of Chalazia (Meibomium Gland Blockage) in Children
Date / Review	February 2016 / 12 months from release date
Disclaimer	These are intended only as good practice prompts. Use your clinical judgement
Aetiology	<p>Chalazia are blocked oil glands at the eyelid margin. As with acne, skin flora play a role in thickening oil which then blocks the gland orifice, causing build up within the gland and a pea sized, non-tender, non-painful lump. Because the oil component of the tear film is reduced, the patient may also have dry irritable eyes. They are rarely infective in origin and oral antibiotics are not indicated for isolated lesions.</p> <div>   </div>
Top Tip 1	Preventing recurrence
	<p>Reducing skin flora is the key: Try Azyter drops bd for 3 days, then repeat the course a week later. Oral antibiotics have <u>no effect</u> on chalazia: they do not speed resolution or prevent recurrence.</p>
Top Tip 2	Lid Hygiene for children: achievable goals
	<p>Few parents have time to do lid hygiene with cooled boiled water and baby shampoo and it is a rare child who sits quietly to allow warm bathing. Suggest using cheap make up removal/cleansing facial wipes (without moisturiser, NOT baby wipes) to wipe the eye lid margin where the lashes are twice a day (eg when brushing teeth). Over a period of weeks this will reduce build of oil which blocks the glands, reduce recurrences and improve symptoms of dry eye irritation.</p>
Top Tip 3	Threshold for referral
	<p>Surgical removal is <u>not advocated</u> unless a lump has been present for more than 6 months. The vast majority of chalazia resolve spontaneously. Recurrent cysts in different places require management as above. Long standing chalazia do not predispose to preseptal cellulitis. Cysts which burst onto the skin do not require referral: using Maxitrol ointment bd for 2 weeks can speed resolution of granulation tissue, although it is not uncommon for lesions to take 6-8 weeks to completely resolve. Also advise management for preventing recurrence (as above).</p> <div>  </div>
Information	ANYTHING ELSE YOU WOULD LIKE TO KNOW OR SHARE?
Questions to	Clinical Top Tips: Top.Tips@bradford.nhs.uk
My CPD	Document the key points simply, reflect on what it means for me, so what?
My QI	Take action, then document a simple Quality Improvement for my next appraisal