

Removal of a Chalazion Cyst

Information for children,
parents and carers



What is a chalazion?

A chalazion is a small harmless cyst (a lump or swelling) on the eyelid. It is caused by a blockage in one of the small glands in the eyelid called a meibomian gland.

Most cysts will heal without the need for an operation. However, some cysts can remain for many months, are sore, and can become infected.

A very large chalazion can sometimes cause distorted or blurred vision, by pressing on the eye.

What is the treatment?

If the cyst is large and doesn't seem to get any better over time, we will offer surgery to remove it.

What are the benefits?

The benefits of your child having this operation are faster healing of the cyst, correction of any visual distortion, and a reduced risk of repeated infections.

What are the risks of surgery?

This is a simple and safe operation. However, all operations will carry some risks. The main risks of this surgery are:

- that the surgery does not prevent another cyst from developing. There is a 1 in 5 chance the cyst will regrow.
- a very small risk of infection or scarring after the operation
- some bruising or swelling of the eyelid. This should settle over the first two weeks after the operation.

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 4.

Are there any alternatives to surgery?

If left untreated, most chalazion should eventually heal by themselves, but this may take many months and could cause infections, discomfort and affect your child's vision during this time.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later the same day. Your child will be asleep throughout the operation.

Local anaesthetic is injected around the chalazion. The chalazion is then removed from the inner surface of the eyelid. The operation takes about 10 minutes, but your child will be away from the ward for up to 45 minutes.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions which should be included with your child's appointment letter.

Fasting is very important before anaesthetic. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help measure how much pain your child may be feeling after their operation. You can continue to use this form at home, if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child. We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist will talk to you about this in detail before the operation.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may have side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

In the anaesthetic room

A nurse and one parent or carer can go with your child to the anaesthetic room. Your child can also take a toy or comforter.

Your child will have sticky pads attached to their chest (and possibly a peg applied to a finger) so that they can be monitored throughout the operation/procedure.

It may be possible to give the anaesthetic with your child sitting on your lap. They may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed into a vein under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), may be put on the back of your child's hands, or arms, to numb the skin before the cannula is put in, so it does not hurt as much. The cream works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

After the operation

Most children wake up in the recovery room. You will be taken to collect them with their nurse once they have recovered enough.

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has enough pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 1 to 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that they are passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If they have not passed urine within 6 hours of the operation, please contact the ward for advice.

In case of any complications on the journey home, we advise not travelling home by public transport following general anaesthetic, as they may need to return to hospital quickly. Please make sure you have arranged in advance for your child to travel home by car. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid and food. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep.

Wound care and hygiene

There may be some bruising and swelling around the eyelids. This will normally get better within two weeks.

Try to discourage your child from rubbing their eyes, as this could cause irritation and increases the risk of infection.

Avoid irritants, such as soap and shampoo, from getting into the eyes.

Your child will be prescribed eye ointment to prevent infection. Your nurse will show you how to use this.

Bathe your child's eye with cotton wool and cool boiled water, only if it appears 'sticky'.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- any redness or swelling of the operated eye
- new or increased pain not relieved with regular painkillers
- your child has a temperature of 38 degrees C or above (this could be a sign of infection).

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for two days. They can return to sporting activities such as PE, bike riding, swimming, etc. after two weeks.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We may give you a small supply to use when you first get home. You may need to get more. Please see our separate leaflet '*Pain relief after your child's day case surgery*' for more information about how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time may come by email, text, or post depending on your communication preferences with the hospital. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the ward and ask to speak to one of the nurses. You can also contact your GP.

Children's Day Care Ward:

Tel: **01865 234 148/9**

(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: **01865 231 254/5**

Melanie's Ward: **01865 234 054/55**

Tom's Ward: **01865 234 109/110**

Bellhouse Drayson Ward: **01865 231247/8, 31237**

Kamran's Ward: **01865 234 068/9**

Horton General Hospital

Children's Ward:

01295 229 001/2

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard:

Tel: **0300 304 7777**

Further information

You may find further information on the following websites:

Moorfields Eye Hospital

Website: www.moorfields.nhs.uk/eye-conditions/chalazion

NHS Choices

Website: www.nhs.uk/symptoms/eyelid-problems

References

¹From the Royal College of Anaesthetists (2023) 7th Edition
Your child's general anaesthetic. Information for parents and
guardians of children

Website: www.rcoa.ac.uk/patientinfo

How to give feedback about your experience

Positive feedback is always welcome. Please speak to your child's nurse who can advise on the best way to provide this.

If you have any concerns during your child's stay, please speak to a member of staff whilst on the ward who may be able to help straightaway.

You can also contact the Patient Advice and Liaison Service on:

01865 221473 or **[email PALS@ouh.nhs.uk](mailto:PALS@ouh.nhs.uk)**

Please bring this leaflet with you on the day of your child's admission.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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