

# Removal of a Chalazion Cyst

Information for  
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.

## **What are the symptoms?**

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 of surgery?**

The main benefit will be to speed up the healing of the cyst, but the operation will also help to correct any visual distortion and reduce 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 5.

## **Are there any alternatives?**

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 that 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 appointment letter.

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

## **Pain assessment**

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain 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. 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. 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.

## **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 anaesthesia<sup>1</sup>.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer 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.

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 can talk to you about this in detail before the operation.

## **In the anaesthetic room**

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

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It 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 become unconscious very quickly indeed. Some parents may find this frightening.

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 or investigation. The anaesthetist will be with them at all times.

## **After the operation**

Your named nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate 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 your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. 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 amount of fluid, toast or biscuits. 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. Just be patient and understanding.

## **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 analgesia (pain relief)
- your child has a fever (high temperature).

## **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, ready for when your child comes home from hospital. We will give you a short supply of these, at a higher dose, to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue on this higher dose for up to five days. After this, they should only need occasional doses. If they are still in pain after five 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 will come by post. Please speak to your child's consultant's secretary if this does not arrive within one month.

## How to contact us

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: **01865 234 148**  
(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 234 108/9**

Bellhouse Drayson: **01865 234 049**

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: **0300 304 77 77**

## Further information

You may find further information on the following websites:

Website: **[www.moorfields.nhs.uk/sites/default/files/chalazion.pdf](http://www.moorfields.nhs.uk/sites/default/files/chalazion.pdf)**

### **NHS Choices**

Website: **[www.nhs.uk/conditions/eyelid-problems/Pages/Introduction.aspx](http://www.nhs.uk/conditions/eyelid-problems/Pages/Introduction.aspx)**

## References

<sup>1</sup>From the Royal College of Anaesthetists (2020) sixth edition  
Your child's general anaesthetic. Information for parents and guardians of children.

Website: **[www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)**

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

We hope that this information is useful to you  
and would welcome any comments about the care or  
information you have received.

## 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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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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