LOTUS VISION

Understanding Chalazion and Your Treatment Options

ABOUT YOUR DIAGNOSIS

Chalazia and hordeolums, most commonly known as styes, are lesions that occur in and on the eyelid.

Chalazia are caused by a blocked, noninfectious meibomian (oil) gland.

Hordeolums are ususally caused by an infected, blocked, meibomian (oil) gland.

These lesions create a lump or pustule similar to a boil in the skin. These are quite common, and patients will often have multiple chalazia/hordeolums over a several-month period. There are a number of treatments for chalazia and hordeolums, and they can virtually always be eliminated.

The signs and symptoms of a chalazion/hordeolum are a reddish, painful, swollen lump in the eyelid. After this has been present for some time, the pain may decrease and patients will still be left with a rubbery-to-firm lump. The chalazion/hordeolum can cause local pain in the eyelid, pus on the eyeball, and distorted vision. In addition, these lumps are often cosmetically unappealing.

HOME TREATMENT

WARM COMPRESSES

About 80% of all chalazia resolve in 4–6 weeks when consistently treated with warm compresses.

Warm compresses are the mainstay of treatment for this condition. The more patients use these, the greater the chance that the lid bumps will go away on their own.

To apply the warm compress, patients should take a washcloth and run it under very warm water.

The warm, damp cloth is then applied for 5–10 minutes on the lesion area. Avoid using overly hot water because this can irritate the sensitive skin around the eye. The water should be warm enough to be comfortable. Patients can apply compresses four or five times a day or even more frequently.

Note: avoid manipulating or squeezing the lesion(s) because this can cause greater irritation and introduce infections.

WHEN TO CALL YOUR DOCTOR

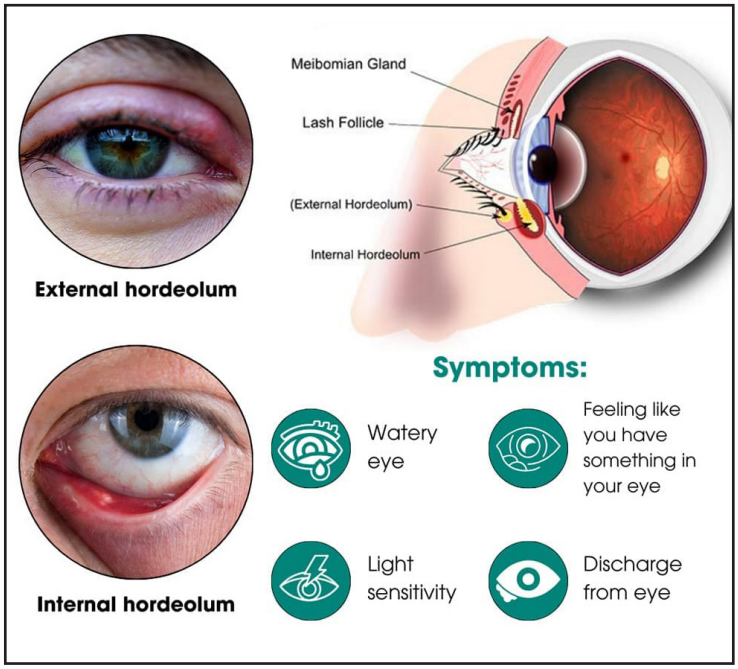
- Treating the lesion(s) with warm compresses for 4–6 does not result in elimination
- The lesion(s) appear to be increasing in size
- If the pain is worsening
- If the entire eyelid and/or the surrounding skin becomes red



External Chalazion



Internal Chalazion



External and Internal Hordeolums

If there is just a small, isolated lump and the rest of the eyelid is normal, antibiotic drops and ointments are not necessary to treat these lid lesions.

If, however, the lesion and/or the entire lid becomes inflamed or infected, it may be necessary to use **antibiotics**.

If the lesion is not resolved with warm compresses, and antibiotics (if necessary), it can be treated with a steroid injection. This will often allow the swelling to resolve during the next several weeks.

Note: In individuals with darkly pigmented skin, the steroid injection can cause abnormal lightening of the skin and therefore is often contraindicated.

ADDITIONAL IN-OFFICE TREATMENTS

Should the lesion(s) can not be eliminated with warm compresses, steroid injection(s) and/or antibiotics, patients have two additional options:

- **Radio Frequency**
- **Surgical Incision**

RADIO FREQUENCY (RF) TREATMENT

RF is an injection-free, incision-free, and medication-free approach, usually requiring 1–2 treatments.

The RF procedure works by gently increasing the temperature in the dermis layer of the skin using electrical current, generating heat and stimulation the production of collagen. This therapy melts the thickened oil secretions and unclogs the oil glands while also reducing any surrounding inflammation.

Pre-procedure Instructions:

- Arrive with clean skin on the day of your procedure—no lotions, topical medications and/or cosmetics near the entire eye treatment area(s)

Post-procedure instructions:

- Avoid hot water and warm compresses for 48 hours post-treatment, resume after 48 hours
- Continue using ointment as directed

IN-OFFICE EXCISION [67800]

This is a brief in-office procedure that can be done under local anesthesia. If the chalazion/hordeolum does not go away with conservative treatment, then surgical excision can be performed. This is a brief in-office procedure that can be done under local anesthesia.

The procedure is performed in office and there are no dietary restrictions.

Pre-procedure Instructions:

- It is best to bring a driver with you
- Arrive with clean skin on the day of your procedure—no lotions, topical medications and/or cosmetics near the entire eye treatment area(s)
- ***Before*** the procedure begins, make a post-procedure, follow-up appointment for one week hence

The procedure: the physician turns the affected eyelid inside out to locate the site where the chalazion is present and topical anesthesia is applied. A small incision is made on the surface just above the chalazion; it is then cut and drained. Pressure is applied at the incision site to stop bleeding and the eye bandaged.

The procedure will take anywhere from 15-30 minutes, but plan to be at the office about an hour.

You will leave with your eye bandaged and may experience some minor pain, discomfort, swelling, redness or bruising around the eye after surgery for about 3-4 days.

Post-procedure instructions:

- The eye bandage can be removed 30 minutes after the procedure
- Use antibiotic ointment to prevent infection and swelling of the eye, as prescribed
- Start applying warm compresses that evening and repeat 2-4 times daily until your one-week, follow-up appointment

It is normal to see oozing of blood-tinged fluid for 1–2 days. The swelling may be the worst the morning after surgery, but that will improve.

Recovery from lesion removal varies from patient-to-patient and will also depend on the size, number, and location of the chalazion requiring removal. You will need to follow up with a post-procedure appointment one week after your procedure.

The possible risks include, but are not limited to: infection, excessive bleeding, recurrence of the lesion(s), minimal pain, loss of lashes in the involved area, eyelid notching in the area of the inflammation,

damage to the globe from the scalpel, needle used to inject the anesthetic, and vision loss, including blindness.

Contact your physician if you have:

- Severe eye pain
- Thick yellow drainage from the incision
- Poor vision out of operative eye (blurring is normal)
- Worsening of symptoms

ADDITIONAL NOTES: