NHS
Scarborough and Ryedale
Clinical Commissioning Group

Pathway:	Benign Lid Lesions

Referral Criteria/Commissioning position:

Treatment of the following procedures are not commissioned:

- Cyst of Moll
- Cyst of Zeis
- Eyelid Papillomas and Skin Tags
- Pinguecula (to aid differentiation b/w Pinguecula and Pterygium)

Refer to Ophthalmology only when there is diagnostic uncertainty; Otherwise, prior funding approval from the CCG's IFR panel is required.

Other conditions

Lids/Lacrimal

Trichiasis (ingrowing lashes):

- refer if regrowth following removal, indicating number of lashes

Entropian (in turning lid):

- **Refer all as urgent risk of corneal damage**, will probably need corrective surgery

Ectropian (out turning lid) – Not dangerous, may cause epiphora (watery eye)/soreness

- Refer when conservative measures fail to control symptoms

Basal cell carcinoma

- If on lid/medial canthus, or if excision is likely to distort eye lid (with 3mm margin) then to refer to ophthalmology
- Refer as "suspected BCC" (2 week pathway if fast growing or suspicious of SCC)
- Others as routine

Small lid masses

- Only refer if visually disabling or possibility of being malignant

Meibomian cyst (inflammatory granuloma caused by obstruction of gland)

- Refer if persistent (>6 months) and causing lid distortion to Ophthalmology minor ops for curettage and primary care intervention is unsuccessful

Dermatochalasis (excess upper lid skin)

- Refer only if superior visual field defect – see community optometrist first

Ptosis

- Refer routinely if confirmed superior field defect and patient wants surgery
- **Children** <8y if involves visual axis **refer to orthotics urgently** *risk of amblyopia*

Epiphora (watery eye)

- Refer to secondary care for syringing, if symptoms affecting sight. If puncti stenosed may need minor dilatation procedure. (Service Available at BTC and Probus)
- for **Dacryocystitis:**

- if severe with pre-septal orbital cellulitis refer to eye casualty
- if resolving refer for routine clinic may need dacryocystorhinostomy (DCR)

Epiphora neonates

- Refer as routine if epiphora after one year old for syringe and probe
- Refer earlier if dacryocystitis

Dry eye

- Refer to routine clinic only if severe symptoms despite regular lubricant, or staining of cornea
- Refer urgently if severe staining, photophobia, loss of vision

If the patient does not meet any of the above criteria state reason for referral

Investigations prior to referral

- None

Information to include in referral letter:

The GP referral letter should contain:

- Details of how the patient meets the criteria
- Treatments and interventions, current & past tried including the results
- Photograph is desirable if solitary lesion
- Drug history (prescribed and non-prescribed)
- Relevant past medical/surgical history
- Current regular medication
- BMI
- Smoking status
- Alcohol consumption

References & Additional information:

Patient Information Leaflets:
Entropian click here
Blepharitis click here
Meibomian cyst click here
Basal Cell Carcinoma: www.patient.co.uk/doctor/basal-cell-carcinoma
Ptosis and Lid lag: www.patient.co.uk/doctor/ptosis-and-lid-lag
Epiphora: www.patient.co.uk/doctor/epiphora
Dry eye: www.patient.co.uk/health/dry-eyes-leaflet

CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017