

Patient name: _____

Purpose of the procedure

Chalazion surgery is performed to treat a persistent chalazion (eyelid cyst) that has not resolved with conservative management, is causing discomfort, recurrent inflammation, cosmetic concern, or is affecting vision. The aim of the procedure is to drain and curette the contents of the chalazion to help the eyelid heal.

Description of the procedure

The procedure is usually performed under local anaesthetic. A small incision is made, usually on the inner surface of the eyelid, and the contents of the chalazion are drained and curetted. The procedure is generally minor, but complete resolution cannot be guaranteed.

Benefits

- Treatment of a persistent chalazion.
- Reduction in eyelid swelling, irritation, tenderness, or inflammation.
- Improvement in appearance where the chalazion is visible.
- Possible improvement in vision if the chalazion is pressing on the eye.

Risks and possible complications

Complications of chalazion surgery are uncommon but can occur. Known or potential risks, side effects, and material complications include:

- Pain or discomfort during or after the procedure
- Bleeding during or after the procedure.
- Bruising and swelling of the eyelid after the procedure.
- Infection, which may require treatment
- Scarring of the eyelid.
- Eyelid notching or change in eyelid contour
- Loss of eyelashes in the treated area
- Incomplete drainage or incomplete resolution of the chalazion.
- Persistence of a residual lump after surgery.
- Recurrence or regrowth of the chalazion after treatment; published patient information suggests this may occur in around 1 in 5 patients.
- Development of another chalazion in the future, in the same or a different eyelid.
- Need for further treatment or another procedure if the chalazion recurs or does not fully resolve.
- Rare injury to the eye or surrounding structures.
- Very rare visual complications, including damage to vision or loss of vision.

If you have underlying eyelid inflammation, blepharitis, meibomian gland dysfunction, skin conditions, or a history of recurrent chalazia, the risk of recurrence may be increased.

Recurrence and repeat procedures

I understand that chalazion surgery does not guarantee that the chalazion will not return. I understand there is a risk of recurrence or regrowth after surgery, and that another chalazion may also develop in the future. If the chalazion recurs or does not completely resolve, I may require further treatment or another procedure.

I understand that any repeat consultation or repeat procedure may incur a further fee in accordance with 1 Health billing policies.

Alternatives

Reasonable alternatives may include:

- Observation and no immediate procedure.
- Warm compresses and lid hygiene.
- Medical treatment where clinically appropriate.
- Choosing not to proceed with surgery at this time.

Patient declaration and consent

By signing below, I confirm that:

- I have had the chalazion surgery procedure explained to me.
- I have had the opportunity to ask questions and have received answers that I understand.
- I understand the expected benefits, possible risks, and reasonable alternatives.
- I understand that no guarantee has been made about the outcome of the procedure.
- I understand that the chalazion may recur or regrow after surgery, and that published patient information suggests this may occur in around 1 in 5 patients.
- I understand that if the chalazion recurs or does not resolve, I may require one or more repeat procedures.
- I understand that further treatment or another procedure may involve an additional fee.
- I consent to 1 Health performing chalazion surgery on the eyelid discussed with me.

Eyelid to be treated: Left upper / Left lower / Right upper / Right lower

I understand what chalazion surgery involves, the expected benefits, the alternatives, and the possible risks and complications, including pain, bleeding, infection, scarring, incomplete resolution, and recurrence. I understand that the chalazion may recur or regrow after surgery, that this may happen in around 1 in 5 patients, and that I may need further treatment or another procedure which may involve an additional cost to me.

Patient name (print): _____

Patient signature: _____

Date: ____ / ____ / _____

If signed by parent / guardian / authorised representative:

Name: _____

Relationship: _____

Signature: _____

Date: ____ / ____ / _____