

Ophthalmology Department

Removal of eyelid cysts or lesions

What are eyelid cysts or lesions?

There are many different types of eyelid cysts and lesions. A cyst is a lump that is filled with some sort of liquid material enclosed in a surrounding bag. There are watery fluid types of cysts (which appear clear or skin coloured) or oily fluid types of cysts (which appear more white in colour). The word lesion covers any other type of growth such as fatty growths, warty growths or skin tags.

Please ask the Nurse that sees you to explain what type of a cyst or lesion it is that you have.

What causes eyelid cysts and lesions?

Sometimes there are no obvious reasons for the cysts or lesions occurring but some lesions may be caused by high cholesterol levels or by viruses. The exact cause, if any, of your condition will be explained to you by the nurse that sees you.

How are eyelid cysts and lesions treated?

Most eyelid cysts and lesions are harmless and therefore do not have to be treated unless they are causing you concern. Most are also quite small in size but because they are located on the face they can be quite noticeable and if this troubles you then they can be removed by a very simple straightforward operation.



What does surgery involve?

- You would come to the hospital and be seen as a day case. The operation is performed under a local anaesthetic, which means that you would be awake during the operation but that an injection would be given to numb the eyelid. Once the eyelid is numb you should not feel any pain or discomfort, however, you will still feel some touching or pulling sensations.
- Most cysts are removed by making a small cut on the skin and then gradually exposing the cyst before it can be removed intact. Some of the cysts are very delicate and can burst before they are removed and if this happens then as much of the cyst remains as possible are removed. The skin edges can then be brought back together with dissolvable stitches.
- Removing other lesions can be a similar process to the one detailed above but for some of them it is a simple matter of numbing the eyelid and then just cutting off the lesion at the base. Heat treatment (cautery) is then used to stop any bleeding and, if relevant, to try to reduce any virus in the area.
- Most of the time you do not need to have an eye pad on following surgery but occasionally, if there is more bleeding than anticipated, you may be asked to wear an eye pad for an hour or two. You need to know that if you are wearing an eye pad you cannot drive a car as your insurance will not cover you.

Are there any other treatments for eyelid cysts or lesions?

The only options are to leave the eyelid cyst or lesion alone or to have surgery. Freezing treatment for various conditions is available but in most cases this is inappropriate.

Are there any risks/complications with surgery?

All operations have risks attached to them, which should be discussed with the patient before surgery. The risks with surgery to remove eyelid cysts and lesions are small but include:

- **Local anaesthetic** – It is important that you know what to expect when the local anaesthetic is first given. You will feel a sharp sensation, usually followed by a stinging or burning feeling, which lasts about 5 seconds until the eyelid begins to go numb. It is very important that

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you keep your head still whilst the local anaesthetic injection is being given. If you were to dramatically move your head there is a chance that you could move the tip of the needle in to other areas around your eye.

- **Reoccurrence** – The operation is relatively simple to perform and usually gives a good result. Unfortunately some people do experience a reoccurrence of the cysts or lesions. Please discuss the chances of this in more detail with the nurse who sees you.
- **Infection** – The eyelids usually heal very well and it is unusual to have problems with infection following surgery. However to reduce the chances further antibiotic ointment may be used immediately after the operation and some patients may be asked to continue with this for a week at home.
- **Bruising** – You need to be prepared that the eyelid will look worse immediately after surgery before it looks better. It is normal to get some bruising and slight swelling but this should settle on its own in about a week.
- **Scarring and skin colour changes** – If you have had any stitches in the skin around your eyelid you do need to know that long term you may have a small scar, dimple or pucker in the skin where they were. The skin around the eyelids heals very well but there is the chance that you may have a slight change in skin colouring if cautery has been used. If this does happen it is still usually less noticeable than the original problem but if this is of a concern to you please discuss it in more detail with the nurse that is undertaking your surgery.

Will I need to be seen again after surgery?

It is not routine for you to be seen again but you may be offered an appointment to be seen once in about one month for a check-up. If you are not offered a follow up appointment then you can always telephone the nurse for a verbal report on the laboratory results.

If you are at all concerned about your eyelids before you are due to be seen please contact the nurse that cared for you and they will arrange to see you as soon as possible. If you are unable to contact the nurse for any reason there is an Eye Casualty at the hospital that you could contact for advice on 024 7696 6627.

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If I leave the cyst or lesion alone is there anything else I should know?

Sometimes cysts can become infected. When they are infected the cyst may suddenly become bigger, red and angry looking and more tender to the touch. If this happens you will need to get some antibiotic ointment or tablets from your doctor. The antibiotics will only get rid of the infection but not the cyst.

There are skin cancers that can occur in the eyelids. It is usually more common in the older age range of patients but if the cyst or eyelid lesion changed and began to alter in colour or bleed it would be important that you ask for a further assessment. Visiting your own doctor first and asking him to refer you back to the service is the best way to do this.

For further information contact the Oculoplastics Specialist Nurse

Tel. 024 7696 6533

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the department where you had your treatment and we will do our best to meet your needs.

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