Patient information factsheet

Surgery for benign lid lumps

What are benign lid lumps?
Benign means harmless or non-cancerous. There are many types of lumps that grow in the eyelids. They may cause concern because they are unsightly, irritating or simply because you are not sure what they are. They include:

- Meibomian cyst (chalazion) – see separate leaflet.
- Papilloma / wart / molluscum contagiosum. These are due to virus infections in the skin.
- Mole (naevus). These may be present from childhood, but may enlarge and/or darken later on.
- Cysts of Zeis. These contain fat and look yellowish.
- Cysts of Moll. These contain a clear fluid and are sweat gland cysts.
- Xanthelasma. Fatty deposits in the skin
- Granuloma. This is due to faulty healing following a chalazion, infection or foreign body.
- Pilomatrixoma. A bluish red nodule arising from a skin hair.

Does a benign lid lump need removing?
Often it is possible for your eye surgeon to decide what your lump is simply by looking at it. Most benign lid lumps don’t need removing if you don’t wish to have any surgery.

Sometimes an operation to remove the lump may be advised if the only way to decide what the lump is, is to remove it and send it to the pathology laboratory where special tests and microscopic examinations can be done.

How is the lump removed?
Most small lumps can be dealt with on the day that you attend clinic – one stop surgery. Operation under local anaesthetic is almost always advised. Exceptions include:

- Children who would not tolerate local anaesthetic injection. Surgery would be under general anaesthetic as a day case. A pre-assessment would be required.
- Lumps near the inner corner of the eye. This is where the tear ducts are situated, so removal needs extra time. Usually it is best to have surgery as a booked case on another day.
- Multiple lumps. One stop surgery is only available for short operations taking 15 minutes or less. If many lumps are to be removed it is better to book a longer time slot on a different day.

You will be asked to lie down on a couch and anaesthetic drops will be put in your eyes. The eyelids are cleaned with an antiseptic solution containing iodine. Local anaesthetic is injected under the lump which stings for 10-20 seconds. The eyelid is then numb. The lump is then cut out and may be sent to the pathology laboratory for microscopic examination. Cautery may be used to stop any bleeding. – you may hear
a buzzing noise. If stitches are needed then absorbable ones are used and these will
dissolve and fall out over the next few weeks.

At the end of the operation antibiotic ointment may be applied and an eye patch put on
for a while. You will be taken to a comfortable chair to rest and offered a hot drink. The
nurse will give you any drops or ointment you need to use at home and written
instructions. You should not drive home. You should rest quietly at home but may
return to normal activities after a few hours.

Your GP will be told that the surgery has taken place and will be sent the results of
any tests. Occasionally the tests reveal that further surgery is needed and if so, a
further appointment to discuss this with you will be arranged by phone or letter.

**Are there any problems after the operation?**

There may be some bruising, swelling and soreness of the eyelid for a few days. A
small scab may form which will drop off after a week or so. Usually eyelids heal very
well with little obvious scarring after a few months. An unsightly, persistent scar could
probably be helped by further surgery.

Occasionally wounds in the eyelid get infected and might then breakdown. In this
event you should contact the hospital as antibiotic tablets or drops would help to
correct this and allow the lid to heal. It might be necessary to re-stitch the wound once
the infection has been treated. Bleeding after the operation is usually slight and stops
within a short time. If bleeding continues you should contact the hospital in case
further treatment to correct this is required.

**Do I sign a consent form for surgery?**

Before the operation you will be asked to sign a consent form, which is signed by both
you and a doctor. A child who is old enough to fully understand what the operation
entails may sign for him/herself. For younger children, a parent or legal guardian will
need to come to the hospital to sign the form with the surgeon. The consent form is a
permanent record to show that the operation and the type of anaesthetic to be given
have been discussed with you. You will be given a copy of the form.

When you sign the consent form you are indicating that you wish the operation to go
ahead. If you are not happy with anything on the form you should not sign it until you
have had your worries discussed and resolved. You can refuse an operation.
Remember that you may need to bring your reading glasses to hospital to help you
read the form. If your sight is poor you can ask the surgeon or a friend to read it to you
and check it before you sign.

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