## PRIOR APPROVAL REQUEST

**Adult Chalazia / Chalazion**

Academy of Medical Royal College’s guidance
National Evidence Based Intervention policy can be viewed at
<https://www.aomrc.org.uk/ebi/clinicians/chalazia-removal/>

The following should not be sent for prior approval and should be treated in secondary care:

* Any atypical features i.e. lash loss, bleeding.
* Any patient with previous history of Basal cell carcinoma (BCC) or Squamous cell carcinoma (SCC)
* Where malignancy is suspected (2 week wait).

.

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients priorapproval.hweicb@nhs.net Tel: 01992 566150
For Hertfordshire patients priorapproval.hweicb@nhs.net Tel: 01707 685354

|  |  |  |
| --- | --- | --- |
| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

|  |  |
| --- | --- |
| Date form completed |  |
| Patient Name |  |
| DOB |  |
| NHS No. |  |
| Hospital No. |  |
| Patient’s GP and practice |  |

|  |  |
| --- | --- |
| Applying Clinician’s Name |  |
| Job title |  |
| Contact details (including email) |  |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit.  |

|  |  |
| --- | --- |
| Specify Laterality  | Left Right |

 **Chalazia / Chalazion excision criteria**

|  |  |
| --- | --- |
| The ICB will fund Incision and curettage (or triamcinolone injection for suitable candidates) of chalazia if at least one of the following criteria have been met:  | **Please tick**  |
| Has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for 4 weeks. |  |
| Interferes significantly with vision demonstrated by a visual field test. |  |
| Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy. |  |
| Is a source of infection that has required medical attention twice or more within a six month time frame. |  |
| Is a source of infection causing an abscess which requires drainage. |  |
| If malignancy (cancer) is suspected e.g. Madarosis/recurrence/other suspicious features in which case the lesion should be removed and sent for histology as for all suspicious lesions. |  |

|  |
| --- |
| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

|  |  |
| --- | --- |
| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:<https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

|  |  |
| --- | --- |
| **Planned anaesthetic**  | [ ]  Local (stop here)[ ]  General or spinal / epidural (complete smoking and BMI data below) |

|  |  |
| --- | --- |
| **Smoking status** | [ ]  Never smoked [ ]  Current smoker [ ]  Ex-smoker – date last smoked: - - / - - / - - For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery [ ]  |
| **Measurements**  | Height: ……….cm Weight: …………kg BMI ……….. kg/m²  **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).**BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30. [ ]  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider. Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….[ ]  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery. See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |