



## Eye cyst removal

**This leaflet aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.**

A general anaesthetic requires your child to be starved beforehand.

**Morning admission:**

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

**Afternoon admission:**

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

*Please be aware that milk and chewing gum is considered food.*

**If you do not follow these instructions your child's procedure may be delayed or even cancelled.**

### Why does my child need surgery?

Cysts in the eyelids (also known as Chalazion or Meibomian cysts) are very common and usually develop in the tiny, oil producing glands of the lid margin. They start as small swellings in the lid, but can become infected and if that happens they become much bigger, red and cause considerable discomfort. Occasionally, they arise in groups so that a child may have several cysts affecting the lids of both eyes.

### Are there any alternatives to surgery?

These cysts will often heal without any need for an operation, but unfortunately, some persist for many months and run the risk of repeated infections. If this happens, it may be necessary to remove the cyst with an operation.

### How is cyst removal surgery performed?

The operation is carried out under general anaesthetic. Your child will usually be away from the ward for approximately 45-60 minutes.

The operation removes the cyst by scraping out its contents. The site of the cyst is identified on the inside of the eyelid and a small cut made into the cyst. With a small 'spoon' called a curette, the contents of the cyst are scraped out and then some ointment is applied to the inside of the lid. There is usually no need for stitches, but there is a slight ooze of blood from the eyelid over the next few hours. For that reason, your child may wake with a firm eye pad. This is usually removed before your child leaves hospital.

## **What are the risks of the procedure?**

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic, some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived. There may be some bruising and swelling of the lid, but that will settle over the first week after the operation.

## **What shall I bring to hospital?**

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

## **What happens on admission?**

The surgeon will explain the procedure to you on the ward and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

## **What happens after the operation?**

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this, if the vomiting persists.

## **When can we go home?**

Your child may go home when both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount.

## **Advice following eye cyst removal surgery**

It is important to make sure that if your child is prescribed ointment/drops, these are used as instructed. Wash your hands thoroughly before and after using the drops/ointment. Keep the eye clean. Use cooled boiled water and clean cotton wool for this purpose. Do not let your child touch or rub their eye or rub or knock the operation site. You will be advised before you leave hospital when your child can resume sports and swimming activities.

## **If your child experiences:**

- **Bruising** – this is quite normal after this type of operation and will fade within a week.
- **Pain** – take paracetamol (Calpol) or Ibuprofen, following the dosage on the bottle.
- **Stickiness** – if the eye becomes very sticky, hot or swollen please contact Kempton Day Bed Unit on 0118 322 7512 / 8754 or visit Eye Casualty.

## **Contact us**

Pre-op nurse: 0118 322 7518

Kempton DBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

Eye Casualty (Triage Nurse): 0118 322 8855

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Paediatric Unit, February 2025

Next review due: February 2027