

Ectropion and Entropion Surgery

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssgccg.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Ectropion and Entropion Surgery

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Ectropion

1. The patient is suffering from severe ectropion which is posing a risk to the health of the eye and conservative management has failed, as evidenced in either the GP's referral letter or Consultant's clinic letter.

Entropion

1. The patient is suffering from moderate to severe entropion where it is posing a risk to the health of the eye as eyelashes are causing persistent and on-going irritation to the eye as documented in the patient's clinical records and it is inappropriate to manage this conservatively, as evidenced in either the GP's referral letter or Consultant's clinic letter.

OR

2. The patient is suffering from mild entropion, conservative management such as eye drops has failed to manage the condition and there is a significant risk to the health of the eye, as evidenced in either the GP's referral letter or Consultant's clinic letter.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Reduction of irritation

Improved eye health

Risks

Bruising, infection, scarring, recurrence requiring further surgery

Alternatives

Conservative management with lubricants

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Ectropion and Entropion– Plain Language Summary

Entropion

Entropion occurs when the eyelid turns inwards towards the eye. The lower lid is most commonly affected although it can rarely affect the upper lid. Entropion causes the eyelashes to rub against the front of the eye (the cornea). Severe entropion can be painful and cause vision loss by damaging the cornea. Occasionally, a corneal ulcer can form and become infected.

Some eye conditions can cause this to happen, but it is also known to occur in older people associated with weakness of the small muscles around the eyelid. (NHS Choices, 2016)

Ectropion

Ectropion is where the lower lid droops away from the eye and turns outwards. Most cases of ectropion are associated with ageing. They usually occur as the tissues and muscles of the eyelids become weaker as you get older. Less common causes of ectropion include facial paralysis such as Bell's palsy

The drooping eyelid can disrupt the drainage of tears, which can make the eyes:

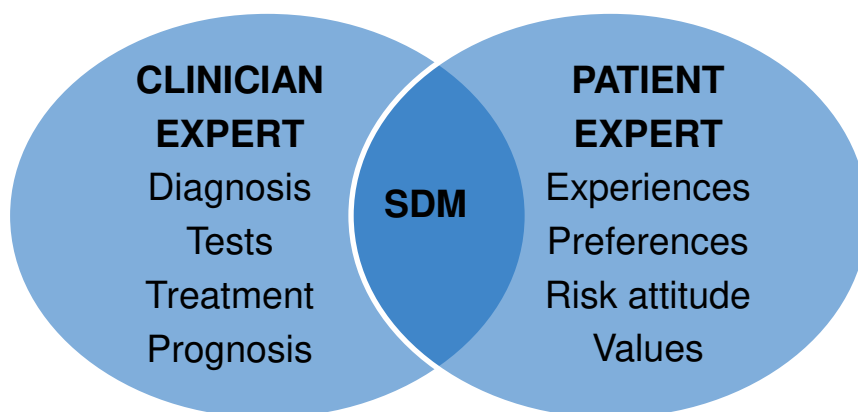
- sore, red and irritated
- water excessively
- feel very dry and gritty
- more vulnerable to bacterial infections, such as conjunctivitis

In severe cases that aren't treated, it's possible to develop a corneal ulcer that could affect vision. However, this is rare.

Shared Decision Making

If a person fulfils the criteria for ectropion and entropion surgery it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. [Ectropion - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only): C151,C152,C154,C155

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.