

<b>Policy statement:</b>	<b>Gall Stones/Cholecystectomy</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

M&SECCGs commission cholecystectomy on a restricted basis.

Cholecystectomy is routinely commissioned for **symptomatic gallstones** as a day-case laparoscopic cholecystectomy for people having it as an elective planned procedure, unless their circumstances or clinical condition make an inpatient stay necessary.

M&SECCGs **do not routinely fund cholecystectomy** for **asymptomatic** gallstones because the risks of surgery outweigh the benefits.

Asymptomatic gallstones are defined as the presence of gallstones detected incidentally in patients who do not have any abdominal symptoms, or have symptoms that are not thought to be due to gallstones.

The following tables indicate appropriateness of indication versus risk due to patient comorbidity.

**Indications for cholecystectomy:**

<b>Indication</b>	<b>Investigative Findings</b>	<b>Comorbidity</b>
Vague Symptoms	Stone in CBD	No+low
Single attack of biliary colic	Stone(s) in GB or CBD or non-functioning GB	No+low
Multiple attacks of biliary colic	Stone(s) in GB or CBD or non-functioning GB	No+low
Confirmed acute cholecystitis	Stone(s) in GB or CBD or non-functioning GB	No+low
Suspected acute cholecystitis	Stone(s) in GB or CBD	No+low
Porcelain gall bladder	Stone(s) in GB or CBD	No
Silent onset of jaundice	Stone in CBD or dilated CBD	No+low
Acute pancreatitis with and without appreciable alcohol intake	Stone(s) in GB or CBD	No+low
Acute recurrent pancreatitis – no significant alcohol intake	Stone(s) in GB or CBD	No, low +med
Acute recurrent pancreatitis – appreciable alcohol intake	Stone in CBD	No + low
Incidental cholecystectomy + compatible symptoms		No

### Inappropriate Indications for cholecystectomy:

Indication	Investigative Findings	Comorbidity
Vague Symptoms	Stone in GB or chronic cholecystitis Any	Med+high High
Single attack of biliary colic	Stone(s) in GB or non-functioning GB	High
Suspected acute cholecystitis	No Stones Stones but no complications	High High
Porcelain gall bladder		High
Silent onset of jaundice	No Stones Stones in GB only Stone in CBD only	All Low+med High
Acute pancreatitis with and without appreciable alcohol intake	No Stones Stones in GB only	All High
Acute recurrent pancreatitis – no significant alcohol intake	No Stones	Med+high
Acute recurrent pancreatitis – appreciable alcohol intake	No Stones Stones in GB only	All High
Incidental cholecystectomy + Asymptomatic		Med + high
Long term TPN	Symptoms only Stones only Symptoms + stones Incidental findings	Med + high Med + high High Med + high
Asymptomatic cholecyternteric fistula		Med+high

**Exceptions** to this policy could include patients with asymptomatic gallstones **and**

- Sickle cell disease.
- Calcified 'porcelain' gallbladder or a family history of gallbladder carcinoma immunosuppression, as they would be at higher risk if they develop an infective complication i.e. cholecystitis or cholangitis.

<https://www.nice.org.uk/guidance/CG188>

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.