

Gall Stones/Cholecystectomy

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

| | | | | | |
|---------------------------|--|------------------------|--|-------------------|--|
| Patient First name | | Patient Surname | | Hospital | |
| NHS No. | | Date of Birth | | Consultant | |
| GP F-code | | CCG | | UBRN | |
| Hospital No. | | Referrer | | | |

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

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 table indicates appropriateness of indication versus risk due to patient co-morbidity.

PLEASE TICK THE RELEVANT INDICATION BELOW:

| Indication | Investigative Findings | Comorbidity | Please Tick <input type="checkbox"/> |
|-----------------------------------|---------------------------------------------|-------------|--------------------------------------|
| Vague Symptoms | Stone in CBD | No + low | <input type="checkbox"/> |
| Single attack of biliary colic | Stone(s) in GB or CBD or non-functioning GB | No + low | <input type="checkbox"/> |
| Multiple attacks of biliary colic | Stone(s) in GB or CBD or non-functioning GB | No + low | <input type="checkbox"/> |



| | | | |
|----------------------------------------------------------------|---------------------------------------------|---------------|--|
| 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 | |

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>

Please supply information clearly evidencing the selected criteria above

| | | | |
|-----------------------------------------------|---------------------|------------------------------------------|--|
| CCG USE: | Invoice ref: | Prior Authorisation requested by: | |
| Is the procedure approved or declined? | | Name of Clinician | |
| Please indicate: | | | |
| Name | | Contact number | |
| Signature | | Date | |
| Date | | | |