NHS
North Yorkshire
Clinical Commissioning Group

Commissioning Statement:

Condition or Treatment:	Cholecystectomy
Background:	Gallstones are small stones usually made of cholesterol that form in the gallbladder. The majority of people with gallbladder stones remain asymptomatic and require no treatment. Patients with an incidental finding of stones in an otherwise normal gallbladder require no further investigation or referral. Cholecystectomy is the surgical removal of the gall bladder. Prophylactic cholecystectomy is not indicated in most patients with asymptomatic gallstones. Possible exceptions include patients who are at increased risk for gallbladder carcinoma or gallstone complications, in which prophylactic cholecystectomy or incidental cholecystectomy at the time of another abdominal operation can be considered. Although patients with diabetes mellitus may have an increased risk of complications, the magnitude of the risk does not warrant prophylactic cholecystectomy. Primary and secondary care discussions with patients should include identifying options (surgery versus no surgery), including the risks and benefits of each.
Commissioning position:	**Primary Care** Referral for a surgical opinion should only be made if there are any of the following circumstances: • Symptomatic Gallstones • Dilated common bile duct on ultrasound. If no gallstones, consider other causes and undertake appropriate investigations. • Asymptomatic gallstones with abnormal liver function tests results • Asymptomatic gall bladder polyps on ultrasound • Symptomatic gall bladder 'sludge' on ultrasound In addition the following information should also be available: • A recent ultrasound report has been conducted prior to referral • A liver function test report has been conducted within 1 month of referral Documentation that the threshold criteria are fulfilled is mandatory in the referral letter or form and the referral letter should, as a minimum, contain: • A clear indication of the grounds for referral against the threshold criteria • Any relevant medical history and current medication • Any known factors affecting the patient's fitness for day surgery

	If the gall bladder is sent for histological examination, the results should be reviewed by the requesting consultant and communicated to the GP. NB: although this policy is not subject to NHS North Yorkshire CCG's Health Optimisation thresholds patients should be encouraged by their GP and surgeon to lose weight prior to surgery and given appropriate support to address lifestyle factors that would improve their fitness for surgery and recovery afterwards. GPs can refer patients for a surgical opinion whilst patients lose weight and surgeons (and anaesthetists) can consider the safety of surgery. There is a clinical balance between risk of surgical complications with obesity and with potential complications of gallstones whilst delaying surgery.
Referral Guidance:	Exceptional cases should be referred to the CCG's Individual Funding Request Panel for prior approval. • HRW/SR GP Practices: https://ifryh.necsu.nhs.uk/ • HaRD GP practices: Referral Form
Effective From:	1 July 2021
Date:	November 2020
Review Date:	July 2023
Contact:	Dr C Ives, Governing Body GP, North Yorkshire CCG

Additional Information/References:

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3. British Society of Gastroenterology (January 2017) Guidelines on the management of common bile duct stones: https://www.bsg.org.uk/resource/Updated-guideline-on-the-management-of-common-bile-duct-stones-(CBDS).html
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