

Interim Clinical Commissioning
Policy: Laparoscopic
Cholecystectomy for
Asymptomatic Gall Stones

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Interim Clinical Commissioning Policy

Laparoscopic Cholecystectomy for Asymptomatic Gall Stones

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Policy Statement

NHS England will commission treatments for Asymptomatic Gall Stones in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Gallstones are small stones, usually made of cholesterol, that form in the gallbladder. In most cases they do not cause any symptoms. Gallstone disease is relatively straightforward to treat. The most widely used treatment is keyhole surgery to remove the gallbladder. Doctors refer to this as a laparoscopic cholecystectomy.

1. Introduction

Cholecystectomy is the surgical removal of the gall bladder. Prophylactic cholecystectomy is not indicated in most patients with asymptomatic gallstones. The removal of the gallbladder for asymptomatic gall stones is regarded as a procedure of low clinical value and therefore not routinely funded by the Commissioner.

Note: Patients with suspected gallbladder carcinoma or severe complications should be referred immediately, without delay.

2. Criteria for commissioning

Criteria to Access Treatment

- Patients with diabetes mellitus/transplant recipient patients/patients with cirrhosis who have been managed conservatively and subsequently develop symptoms
- Where there is clear evidence of patients being at risk of gallbladder carcinoma
- Where there is clear evidence of patients being at risk of gallbladder complications
- Confirmed episode of gall stone induced pancreatitis
- Confirmed episode of cholecystitis
- Episode of obstructive jaundice caused by biliary calculi

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

(Individual funding request policy, application form and contact details on NHS Internet – <http://www.england.nhs.uk/ourwork/d-com/policies/gp/>)

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

1. Afdhal N. Approach to the patient with incidental gallstones. *UpToDate* July 2006. Available at: <http://www.utdol.com/utd/content/topic>
2. Meshikhes A. Asymptomatic Gallstones in the Laparoscopic Era. *J.R. College of Surgery, Edinburg*. December 2002 742-748. Available at www.rcsed.ac.uk/journal/vol47_6/47600004.html
3. Gurusamy KS, Samraj K. Cholecystectomy for patients with silent gallstones. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD006230. DOI: 10.1002/14651858.CD006230.pub2.
4. McAlister V, Davenport E, Renouf E. Cholecystectomy deferral in patients with endoscopic sphincterotomy. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD006233. DOI: 10.1002/14651858.CD006233.pub2.