

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC75

Management of asymptomatic gallstones

**Recommendation made by
the Priorities Committee:**

January 2018/ Updated March 2021¹

Date of issue:

May 2021

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE Clinical Guidance for gallstone disease. The Committee supports cholecystectomy as per NICE Clinical Guideline CG188 Gallstone disease: diagnosis and management:

- Reassure people with asymptomatic gallbladder stones found in a normal gallbladder and normal biliary tree that they do not need treatment unless they develop symptoms.
- Offer laparoscopic cholecystectomy to people diagnosed with symptomatic gallbladder stones

Asymptomatic gallstones: Stones that are found incidentally, as a result of imaging investigations unrelated to gallstone disease in people who have been completely symptom free for at least 12 months before diagnosis.

Symptomatic gallstones: Stones found on gallbladder imaging, regardless of whether symptoms are being experienced currently or whether they occurred sometime in the 12 months before diagnosis.

For patients who are admitted to hospital with acute cholecystitis or mild gallstone pancreatitis, index laparoscopic cholecystectomy should be performed during that admission and within 72 hours. If the patient is fit enough for surgery and same admission cholecystectomy will be delayed for more than 24 hours, it may be reasonable to make use of a virtual ward, where the patient can return home under close monitoring prior to undergoing surgery as soon as possible.

¹ This policy has been updated to reflect the Evidence-Based Intervention List 2 Guidance on index cholecystectomy; no other changes have been made.

² <https://www.nice.org.uk/guidance/cg188>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>

Clinical coding:

Diagnosis code (ICD10) **will not normally be funded** unless gallstones are symptomatic as defined by NICE³:

- K80.% Cholelithiasis in primary diagnostic position

OPCS Procedure codes:

- J18.% Excision of gall bladder in primary procedure position **WITH**
- Y75.2 Laparoscopic approach to abdominal cavity NEC in a secondary position

³ <https://www.nice.org.uk/guidance/cg188>