

## Hampshire and Isle of Wight Integrated Care Board Priorities Committee

<b>Policy title</b>	<b>Policy 12: Cholecystectomy for asymptomatic gallstones</b>
<b>Policy position</b>	<b>Not Normally Funded</b>
<b>Date of issue</b>	January 2023
<b>Update</b>	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE).

Most people with gallstone disease are asymptomatic and will remain asymptomatic. Asymptomatic gallstones are defined as gallstones found incidentally in patients who have no abdominal symptoms or have symptoms thought to be unrelated to gallstones.

The Priorities Committee have reviewed the evidence for cholecystectomy (gallbladder removal) for patients with **asymptomatic** gallstones and recommends that:

- Cholecystectomy for asymptomatic patients with gallstones (or where gallstones are unlikely to be the cause of the symptoms) is **not normally funded**.
- Cholecystectomy as an opportunistic intervention in an incidentally found asymptomatic patient is **not normally funded**.

The following are not subject to criteria (therefore prior approval is not required) and should progress to treatment in line with national guidance:

Cholecystectomy for gallstones in the bile duct in line with NICE<sup>1</sup> guidance.

- Cholecystectomy for **symptomatic** gallbladder stones is part of routine practice. For patients who are admitted to hospital with acute cholecystitis or mild gallstone pancreatitis, index laparoscopic cholecystectomy should be performed within that admission in line with the Evidence Based Interventions programme<sup>2</sup>.
- Early endoscopic retrograde cholangiopancreatography (ERCP) in the treatment of acute gallstone pancreatitis should only be performed if there is evidence of cholangitis or obstructive jaundice with imaging evidence of a stone in the common bile duct in line with the Evidence Based Interventions Programme<sup>3</sup>.

Coding

ICD10:

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

References:

<sup>1</sup> NICE Clinical Guideline CG188 (2014) Gallstone disease: diagnosis and management.

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

<sup>2</sup> Academy of Medical Royal Colleges (2020) Evidence-based Interventions programme.

<https://www.aomrc.org.uk/ebi/clinicians/cholecystectomy/>

<sup>3</sup> Academy of Medical Royal Colleges (2020) Evidence-based Interventions programme.

<https://www.aomrc.org.uk/ebi/clinicians/early-endoscopic-retrograde-cholangiopancreatography-ercp-in-acute-gallstone-pancreatitis-without-cholangitis/>

<b>Version</b>	<b>Date</b>	<b>Reason for change</b>
Version 1.0	2016	Policy endorsed by Priorities Committee.
Version 2.0	2018	Policy update.
Version 3.0	2021 (Ratified by Board - July 2022)	3-yearly policy update and addition of recommendations from the Evidence Based Interventions programme guidance.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.