NHS
Harrogate and Rural District
Clinical Commissioning Group

Clinical Thresholds

Condition or Treatment	Cholecystectomy
Commissioning Threshold	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 • Asymptomatic gallstones with abnormal liver function tests results • 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 **Secondary Care Services** Surgical threshold for elective Cholecystectomy 1. Symptomatic gallstones 2. Gall bladder polyps larger than 8mm or growing rapidly 3. Common bile duct stones 4. Acute pancreatitis
Referral guidance	Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval. **Referral Form**
Effective from	April 2013
Summary of evidence / rationale	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. 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 • A recent ultrasound report conducted within 2 months at the point of referral • A recent liver function test report conducted within 1 month at the point of referral Cholecystectomy should be performed laparoscopically in patients with an uncomplicated abdomen and in the absence of contra-indications. (The standard laparoscopic approach uses several small incisions in the abdomen). Cholecystectomy should be offered as a day case procedure in the absence of contra-indications. Routine laparoscopic cholecystectomy does not generally require a consultant outpatient follow up. If the gall bladder is sent for histological examination, the results should be reviewed by the requesting consultant and communicated to the GP.
Date	October 2014
Review Date	October 2016
Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

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