

Priorities Forum Statement

Number	60
Subject	Cholecystectomy
Date of decision	February 2016
Date refreshed	March 2017
Date of review	February 2019

GUIDANCE

Cholecystectomy is regularly performed in symptomatic patients with cholecystitis, cholangitis, biliary colic and after gallstone pancreatitis. Silent gallstones (cholelithiasis) are defined as stones (calculi) that do not cause 'biliary colic' (severe pain in the right upper abdomen or upper mid abdomen) or any other biliary symptoms. Two third of the patients diagnosed with gallstones are silent and without biliary symptoms. Prophylactic cholecystectomy is a surgical procedure to remove gallbladder in patients with silent gallstones to prevent risk of developing biliary colic or other biliary symptoms and its associated complications. A paper by the "world Gastroenterology organisation" concludes that cholecystectomy for silent gallstones confers no benefit to the patients and the risks of surgery outweigh the complications of gallstones. A Cochrane review 2009 also reports availability of insufficient evidence to either recommend or refuse cholecystectomy for patients with silent gallstones.

OPCS code: J18.

Cholecystectomy will be funded for patients with:

1. Calculus of gallbladder with acute cholecystitis (K80.0)
2. Calculus of gallbladder with other cholecystitis (K80.1)
3. Calculus of bile duct with cholangitis (K80.3)
4. Calculus of bile duct with cholecystitis (K80.4)
5. Calculus of gallbladder with impacted Gallstone or Recurrent Biliary Colic (K80.2)
6. After pancreatitis if appropriate (K85.x)

Prophylactic cholecystectomy for patients with silent (asymptomatic) gallstones will only be funded (K80.2) or (K80.5); if the patient also has *one* of the following indications:

1. Where there is clear evidence of patients being at risk of Gallbladder Carcinoma:
 - a. With family history of carcinoma gallbladder
 - b. With single solitary gallstone of > 3 cm size
 - c. With Porcelain gallbladder
 - d. Gallbladder polyps >10 mm size
2. With Sickle cell disease and other chronic haemolytic diseases
3. Immunocompromised patients and transplant recipient patients
4. Cholecystectomy can be performed in a patient who is undergoing abdominal surgery for other indications(e.g. cirrhosis of the liver or other Gastro-intestinal indications)

5. Patient with increased risk of developing complication (with non-functioning gall bladder, gallstones > 2cm size, choledocholithiasis and obstructive jaundice)
6. For people with complex diabetes (uncontrolled glycaemia, diabetics with co-morbidities such as heart failure, renal failure, circulatory problems).

Glossary:

Choledocholithiasis- Gallstones in the bile duct

Porcelain gallbladder- Calcified gallbladder

Cholangitis – Inflammation of the bile ducts

References:

1. *World Gastroenterology Organisation:*
http://www.worldgastroenterology.org/assets/downloads/en/pdf/guidelines/10_gallstone_en.pdf
2. *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.pub*

Human Rights and Equalities Legislation has been considered in the development of this guidance.