Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Gallbladder Removal in Patients 18 years and over
Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Criteria to Access Treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Symptomatic gallstones only

Cholecystectomy will be funded for patients with symptomatic gallstones where there is evidence of symptoms associated with gallstones. Elective patients only with one of the following:

- Calculus of gallbladder with *acute* cholecystitis

OR

- Calculus of bile duct with cholangitis (infection of the bile duct)

OR

- Calculus of gallbladder with impacted gallstone or recurrent Biliary Colic (*This must be clearly documented within the patient records of two* or more episodes resulting in pain/nausea.)*

In addition to the above a Cholecystectomy will be funded for patients in the following instances:

- Emergency presentation of acalculous cholecystitis where surgery is appropriate

OR

- After pancreatitis (if appropriate)

NOTE: Emergency presentation will be assessed by the clinical team and a clinical decision will be made.

Section B

Asymptomatic gallstones only

Prophylactic cholecystectomy is not indicated in most patients with asymptomatic gallstones.

The removal of the gallbladder for *asymptomatic* / silent gallstones will only be considered if the patient has one or more of the following *and this is clearly documented in the patient records:*

- Gallbladder polyp(s) as detailed in the ESGAR management pathway.

OR

- Sickle Cell disease or other chronic haemolytic diseases.

OR

- An increased risk of developing complications (with non-functioning gallbladder, choledocholithiasis and obstructive jaundice).

NOTE: Patients with Asymptomatic Gallstones under the care of a Cancer MDT are outside of the scope of this policy

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

Benefits

Removal of the gallbladder will stop the pain caused by gallstones. It can also prevent the gallstones from coming back.

Risks

Removal of gallbladder is considered a safe procedure however as with any surgery there is an element of risk of complications. Some people may develop a wound or internal infection after surgery. Some people can also experience blood clots after surgery.

There is also the risk of injury to the bile duct during the removal. In around 1% of cases bile leakage into the abdomen can occur post-surgery

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Gallbladder Removal– Plain Language Summary

Gallbladder removal surgery, also known as a cholecystectomy, is a very common procedure.

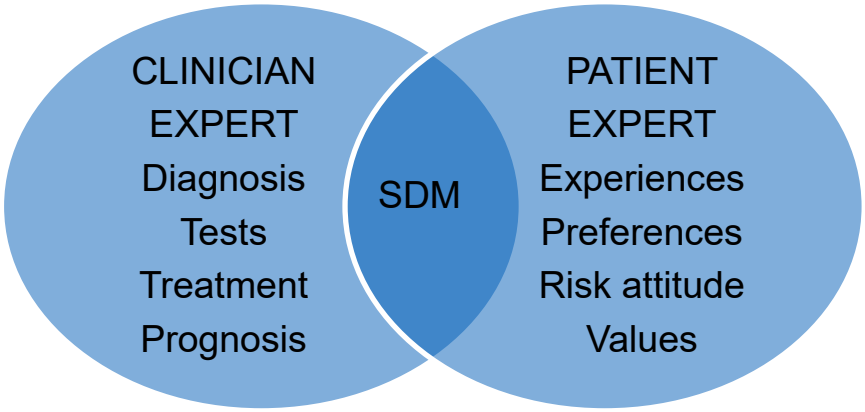
The gallbladder is a small, pouch-like organ in the upper right part of your tummy. It stores bile, a fluid produced by the liver that helps break down fatty foods.

You don't need a gallbladder, so surgery to take it out is often recommended if you develop any problems with it. Surgery to remove the gallbladder is usually carried out if you have painful gallstones. These are small stones that can form in the gallbladder as a result of an imbalance in the substances that make up bile. Gallstones often cause no symptoms and you may not realise you have them, but occasionally they can block the flow of bile and irritate the gallbladder (acute cholecystitis) or pancreas (acute pancreatitis). (NHS Website)

Shared Decision Making

If a person fulfils the criteria for Gallbladder removal is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

- What are my options? (see sections above)
- What are the pros and cons of each option for *me*?
- How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

- National Health Service (2019) Health A to Z: Gallbladder removal www.nhs.uk/conditions

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only): J181,J182,J183,J184,J185,J188,J189,J211
Must have any of (any secondary): Y75%

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: 0117 900 2655 or 0800 073 0907 or email them on BNSSG.customerservice@nhs.net.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board