

CHOLECYSTECTOMY

CRITERIA BASED ACCESS

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.

Prophylactic cholecystectomy is a surgical procedure to remove the gallbladder in patients with silent gallstones to prevent risk of developing biliary colic or other biliary symptoms and its associated complications.

Note: Patients with gallbladder carcinoma or severe complications should be referred immediately, without delay.

Guidance: This policy covers elective cholecystectomy (to include laparoscopic cholecystectomy) for gallstones, via Criteria Based Access.

Cholecystectomy will be funded for patients with symptomatic gallstones with any of the following:

- Calculus of gallbladder with acute cholecystitis
- Calculus of gallbladder with other cholecystitis
- Calculus of bile duct with cholangitis
- Calculus of bile duct with cholecystitis
- Calculus of gallbladder with impacted Gallstone or Recurrent Biliary Colic
- Emergency presentation of acalculous cholecystitis where surgery is appropriate
- After pancreatitis if appropriate

Prophylactic cholecystectomy for patients with silent (asymptomatic) gallstones will only be funded if the patient also has one of the following indications:

- ❖ Where there is clear evidence of patients being at risk of Gallbladder Carcinoma. ❖ With family history of carcinoma of the gallbladder
- ❖ With single solitary gallstone of > 3 cm size
- ❖ With Porcelain gallbladder ❖ Gallbladder polyps >1 cm size
- ❖ With Sickle cell disease and other chronic haemolytic diseases
- ❖ Immunocompromised patients and transplant recipient patients
- 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)
- Patient with increased risk of developing complication (with non-functioning gall bladder, gallstones > 2cm size, choledocholithiasis and obstructive jaundice).
- For people with complex diabetes (uncontrolled glycaemia, diabetics with co-morbidities such as heart failure, renal failure, circulatory problems).