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| Intervention | **099. Cholecystectomy** |
| For the treatment of | Gallstones or other gall bladder pathology |
| Commissioning Position | Surgery is commissioned and does not require prior approval if there is (are):   * Gallstone(s) causing any of the following:   + Acute cholecystitis   + Cholangitis   + Biliary colic   + Pancreatitis   + Obstructive jaundice   + Abnormal liver function tests   OR   * symptomatic or asymptomatic common bile duct stones   OR   * A high risk of gall bladder cancer. |
| Summary of Rationale | The majority of people with gallbladder stones remain asymptomatic and require no treatment. Patients with an incidental finding of stones in an otherwise normal gallbladder require no further investigation or referral.  For patients who are admitted to hospital with acute cholecystitis or mild gallstone pancreatitis, index laparoscopic cholecystectomy should be performed within that admission. These patients should have their gallbladders removed, ideally before discharge, to avoid further delay and prevent further potentially fatal attacks. If the patient is fit enough for surgery and same admission cholecystectomy will be delayed for more than 24 hours, it may be reasonable to make use of a virtual ward, where the patient can return home under close monitoring prior to undergoing surgery as soon as possible. Otherwise, patients diagnosed with acute cholecystitis should have their laparoscopic cholecystectomy on the same admission within 72 hours. If the operation cannot be performed during the index admission it should be performed within two weeks of discharge. This guidance may not be applicable in patients with severe acute pancreatitis. |
| References | [EBI Cholecystectomy (AOMRC)](https://ebi.aomrc.org.uk/interventions/cholecystectomy/)  [Gallstones - Commissioning Guide (RCSEng)](https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/gallstones-commissioning-guide/) |
| Effective from | January 2025 |
| Policy Review Date | January 2028 |