

Programme Title: Clinical Policies

Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	General Surgery – Cholecystectomy Version: v1.0
Commissioning position:	Criteria Based Access
Scope:	<p>Covers</p> <ul style="list-style-type: none"> • Surgical removal of the gallbladder (laparoscopic or open) • For management of gallbladder stones and common bile duct stones • Applies to elective and emergency pathways <p>Out of scope:</p> <ul style="list-style-type: none"> • Surgery for malignancy or trauma
Cohort:	Adults with symptomatic gallstone disease Adults with common bile duct stones Selected high-risk patients with asymptomatic gallstones
Other relevant Clinical Policy	TBC

Treatments routinely funded:	<p>Cholecystectomy is routinely funded for patients with:</p> <ul style="list-style-type: none"> • Symptomatic gallstone disease: <ul style="list-style-type: none"> ○ Acute cholecystitis or cholangitis; or ○ Biliary colic; or ○ Gallstone-induced pancreatitis; or ○ Obstructive jaundice due to gallstones; or ○ Diabetes mellitus, transplant recipients and cirrhosis • Common bile duct stones, whether symptomatic or asymptomatic, including bile duct clearance where clinically indicated
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	<ul style="list-style-type: none"> • Asymptomatic gallstones, only where the patient meets at least one of the following high-risk criteria: • Clear evidence of being at risk of gallbladder carcinoma: <ul style="list-style-type: none"> ○ With family history of gallbladder carcinoma ○ With single solitary gallstone of > 3 cm size ○ With porcelain gallbladder ○ Gallbladder polyps > 10 mm size. • Sickle cell disease or other chronic haemolytic disease • Immunocompromised or transplant recipient • Patient is undergoing abdominal surgery for other indications (e.g., cirrhosis of the liver or other gastro-intestinal indications) • Patient with increased risk of developing complications (i.e. with any of the following: non-functioning gallbladder, multiple gallstones >2 cm size, choledocholithiasis and obstructive jaundice) • People with complex diabetes (uncontrolled glycaemia, diabetes with co-morbidities such as heart failure, renal failure, and cardiovascular problems)
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Treatments not funded:	Prophylactic cholecystectomy for uncomplicated asymptomatic gallstones where high-risk criteria are not met.
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<p>Rationale:</p> <p>Cholecystectomy is an effective intervention for patients with symptomatic gallstone disease and selected high-risk conditions. NHS commissioning is focused on interventions that treat disease or restore function; evidence shows limited benefit and unnecessary surgical risk for routine removal of asymptomatic gallstones, so surgery is only funded where clear clinical benefit is demonstrated.</p>
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<p>IFR Statement Clinical Exceptionality:</p> <p>Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.</p>
<p>Coding list:</p> <p>OPCS: J18.1–J18.9 (excision of gall bladder)</p>

Policy document record:	General Surgery – Cholecystectomy Version: v1.0
Ratification date:	1 st April 2026
Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK)

Planned review date:	TBC
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Document Environmental Impact statement:

Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.