

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC75 Management of Asymptomatic Gallstones
Date of BOB ICB Adoption	February 2024

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE Clinical Guidance for gallstone disease. The Committee supports cholecystectomy as per NICE Clinical Guideline CG188 Gallstone disease: diagnosis and management:

- Reassure people with asymptomatic gallbladder stones found in a normal gallbladder and normal biliary tree that they do not need treatment unless they develop symptoms.
- Offer laparoscopic cholecystectomy to people diagnosed with symptomatic gallbladder stones.

Asymptomatic gallstones: Stones that are found incidentally, as a result of imaging investigations unrelated to gallstone disease in people who have been completely symptom free for at least 12 months before diagnosis.

Symptomatic gallstones: Stones found on gallbladder imaging, regardless of whether symptoms are being experienced currently or whether they occurred sometime in the 12 months before diagnosis. For patients who are admitted to hospital with acute cholecystitis or mild gallstone pancreatitis, index laparoscopic cholecystectomy should be performed during that admission and within 72 hours. 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.

Clinical Coding

ICD10 Diagnosis code will not normally be funded unless gallstones are symptomatic as defined by NICE3:

- K80.% Cholelithiasis in primary diagnostic position

OPCS Procedure codes:

- J18.% Excision of gall bladder in primary procedure position **WITH**
- Y75.2 Laparoscopic approach to abdominal cavity NEC in a secondary position

NOTES:

- Potentially exceptional circumstances may be considered by a patient’s ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual’s health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Recommendation made by TVPC	January 2018 Updated March 2021
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