

Cholecystectomy threshold

Primary Care

Elective referral threshold into secondary care

1. Symptomatic gallstones
2. Dilated common bile duct on ultrasound
3. Asymptomatic gallstones with abnormal liver function test results
4. Asymptomatic gall bladder polyp(s) reported on ultrasound
5. Symptomatic gall bladder 'sludge' reported on ultrasound.

The GP referral letter should as a minimum contain:

- a clear indication of the grounds for referral against the threshold criteria
- any relevant medical history and current medication
- any known factors affecting the patients fitness for day surgery
- A recent ultrasound report conducted prior to referral
- A recent liver function test report conducted within 1 month at point of referral.

Surgical threshold for elective Cholecystectomy

1. Symptomatic gallstones
2. Gall bladder polyps larger than 8mm or growing rapidly
3. Common bile duct stones.
4. Acute pancreatitis

Further guidance for providers concerning Cholecystectomy

Cholecystectomy should be performed laparoscopically in patients with an uncomplicated abdomen and in the absence of contra-indications.

Cholecystectomy should be offered as a day case procedure in the absence of contra-indications.

Routine laparoscopic cholecystectomy does not generally require a consultant outpatient follow up. If the gall bladder is sent for histological examination the results should be reviewed by the requesting consultant and communicated to the GP.

It is expected that a trained laparoscopic surgeon should be able to achieve a minimum laparoscopic cholecystectomy rate of 50% for day case and a minimum 75% rate for day case including a 23-hour stay.