Gallstones (asymptomatic)

Commissioning Statement

Version 2.4 (3 April 2025)

Criteria

1. Surgery is only commissioned for asymptomatic gallstones occurring in the common bile duct. Where asymptomatic gallstones are found in the common bile duct:-

- Offer referral for bile duct clearance and laparoscopic cholecystectomy — although they are asymptomatic, there is a significant risk of developing serious complications such as cholangitis or pancreatitis.

NOTE: Please also see NHS England Evidence Based Interventions List 2 guidance 2Q Cholecystectomy: Academy of Medical Royal Colleges -Evidence Based Interventions guidance

2. All other symptomatic gallstones should be managed as follows:-

Clinicians are expected to diagnose, refer and manage patients in line with NICE CG188: Gallstone disease: diagnosis and management. NICE states for asymptomatic gallstones “clinicians should reassure people with asymptomatic gallstones found in a normal gallbladder and normal biliary tree that they do not need treatment unless they develop symptoms”.

NOTE: NICE guidance is more accessible in the form of the NICE Clinical Knowledge Summaries. Key points are listed here for ease of access:

For a person with asymptomatic gallstones found in a normal gallbladder and normal biliary tree:

- Reassure them that they do not need treatment unless they develop symptoms.
- Explain that asymptomatic gallstones are very common.
- Prophylactic treatments aimed at preventing future complications are not recommended (such as prophylactic cholecystectomy) as the risk of complications from surgical treatment outweighs the potential risk of developing complications from the stones.
- Prophylactic cholecystectomy in asymptomatic gallstone disease may be considered for people with a partially calcified 'porcelain' gallbladder.

Exclusions

1. Common bile duct (also known as CBD) stones may present with symptoms of jaundice, cholangitis or pancreatitis, or be asymptomatic. All Common Bile Duct stones should be referred for treatment because of the risk of potential severe complications and are excluded from this commissioning statement.

2. Symptomatic gallstones should be managed in line with the NHS England Evidence Based Interventions List 2 proposals 2Q Cholecystectomy and 2P ERCP in acute gallstones: Academy of Medical Royal Colleges -Evidence Based Interventions guidance

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.