Patient Name: Address: Date of Birth: NHS Number Consultant/Service to whom referral will be made:

Management of Gall bladder disease including mild pain incidental to gallstones

Instructions for use:
Please refer to policy for full details.
Secondary Care to complete the checklist and file for future compliance audit.

The CCG will **only** provide funding for cholecystectomy in *mild (see policy) gallstones if **one or more** of the following criteria are met:	**Delete as appropriate**	
*High risk of gall bladder cancer, e.g. gall bladder polyps ≥1cm, porcelain gall bladder, strong family history (parent, child or sibling with gallbladder cancer).	Yes	No
Transplant recipient (pre or post-transplant).	Yes	No
Diagnosis of chronic haemolytic syndrome by a secondary care specialist.	Yes	No
Increased risk of complications from gallstones, e.g. presence of stones in the common bile ductstones smaller than 3mm with a patent cystic duct, presence of multiple stones.	Yes	No
Acalculus cholecystitis diagnosed by a secondary care specialist.	Yes	No

* *(Annual USS for smaller asymptomatic polyps)*

*Patients who are ***asymptomatic*** will not be funded for cholecystectomy. Patients will only be funded after one episode of mild abdominal pain.

The SY ICB will continue to fund cholecystectomy for patients with moderate to severely symptomatic gallstones, and for acute cholecystitis or mild gallstone pancreatitis

Patient has moderate or severely symptomatic gallstones and agrees to surgery	Yes	No
*For a patient admitted to hospital with acute cholecystitis or mild gallstone pancreatitis, was index laparoscopic cholecystectomy performed within that admission?		

*This guidance may not be applicable in patients with severe acute pancreatitis

If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.

If patient meets the above criteria then prior approval is not required.