

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

Please send this form with the referral letter.

Management of Gall bladder disease including **mild and asymptomatic/incidental gallstones

Instructions for use:

Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only provide funding for cholecystectomy in **mild (see policy) or asymptomatic gallstones if one or more of the following criteria are met:	Delete as appropriate	
	Yes	No
*High risk of gall bladder cancer, e.g. gall bladder polyps $\geq 1\text{cm}$, 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
Acalculis cholecystitis diagnosed by a secondary care specialist.	Yes	No

* (Annual USS for smaller asymptomatic polyps)

The CCG will continue to fund cholecystectomy for patients with moderate to severely symptomatic gallstones:

Patient has moderate or severely symptomatic gallstones and agrees to surgery	Yes	No
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**** Barnsley and Rotherham CCG patients will only be referred after one episode of mild abdominal pain. The threshold in respect of mild (one episode of mild abdominal pain) does not apply to Doncaster, Bassetlaw and Sheffield CCG**

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.