

CLINICAL GUIDELINE FOR MANAGEMENT OF GALLSTONES PATHOLOGY IN ADULTS

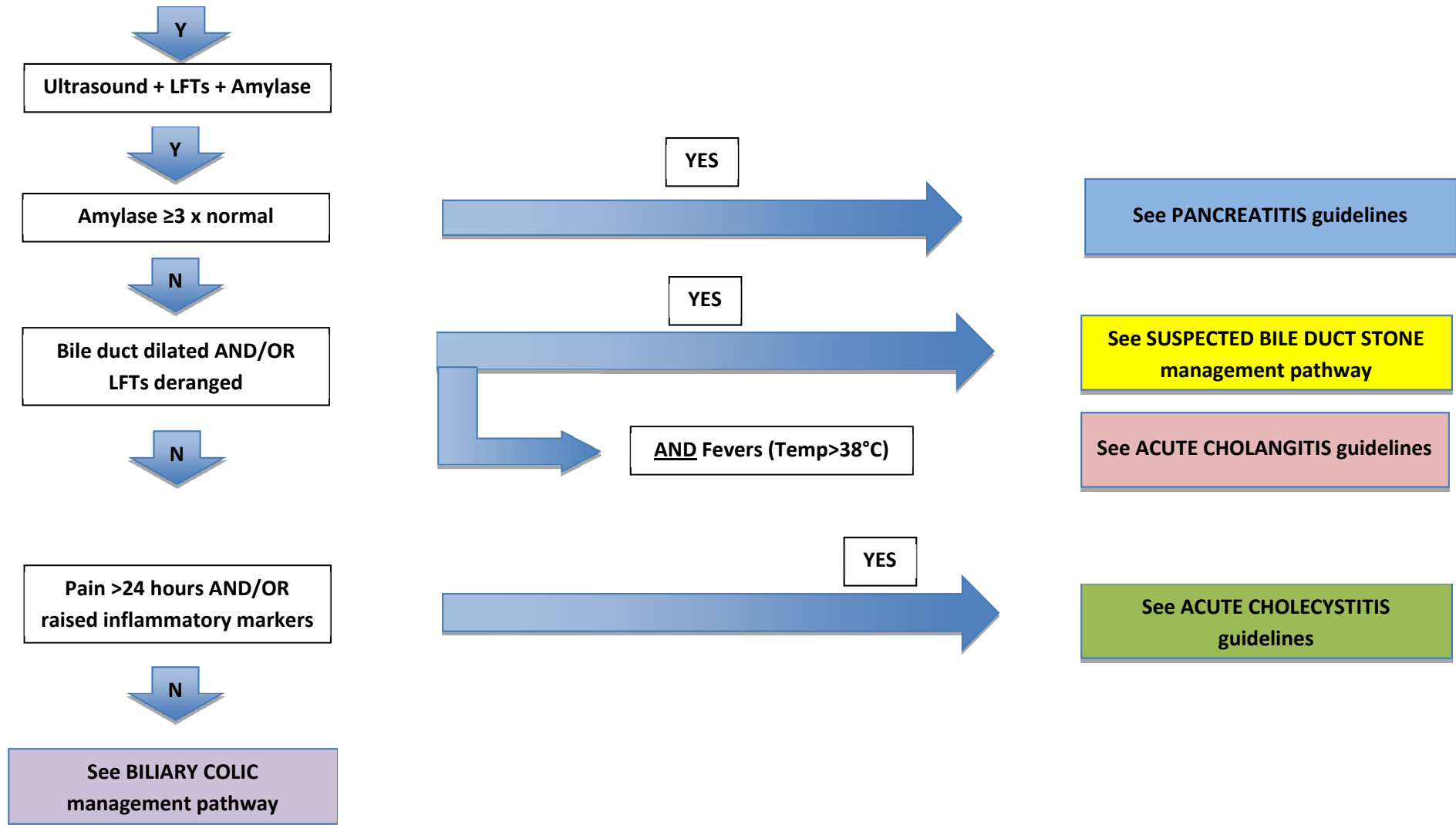
1. Aim/Purpose of this Guideline

This guideline is for the management of gallstones pathology in adults. It has been benchmarked against national guidelines to provide a detailed guidance of clinical management of gallstones pathology in line with best practice guidelines. This guideline applies to all healthcare professionals involved in the treatment of gallstones pathology.

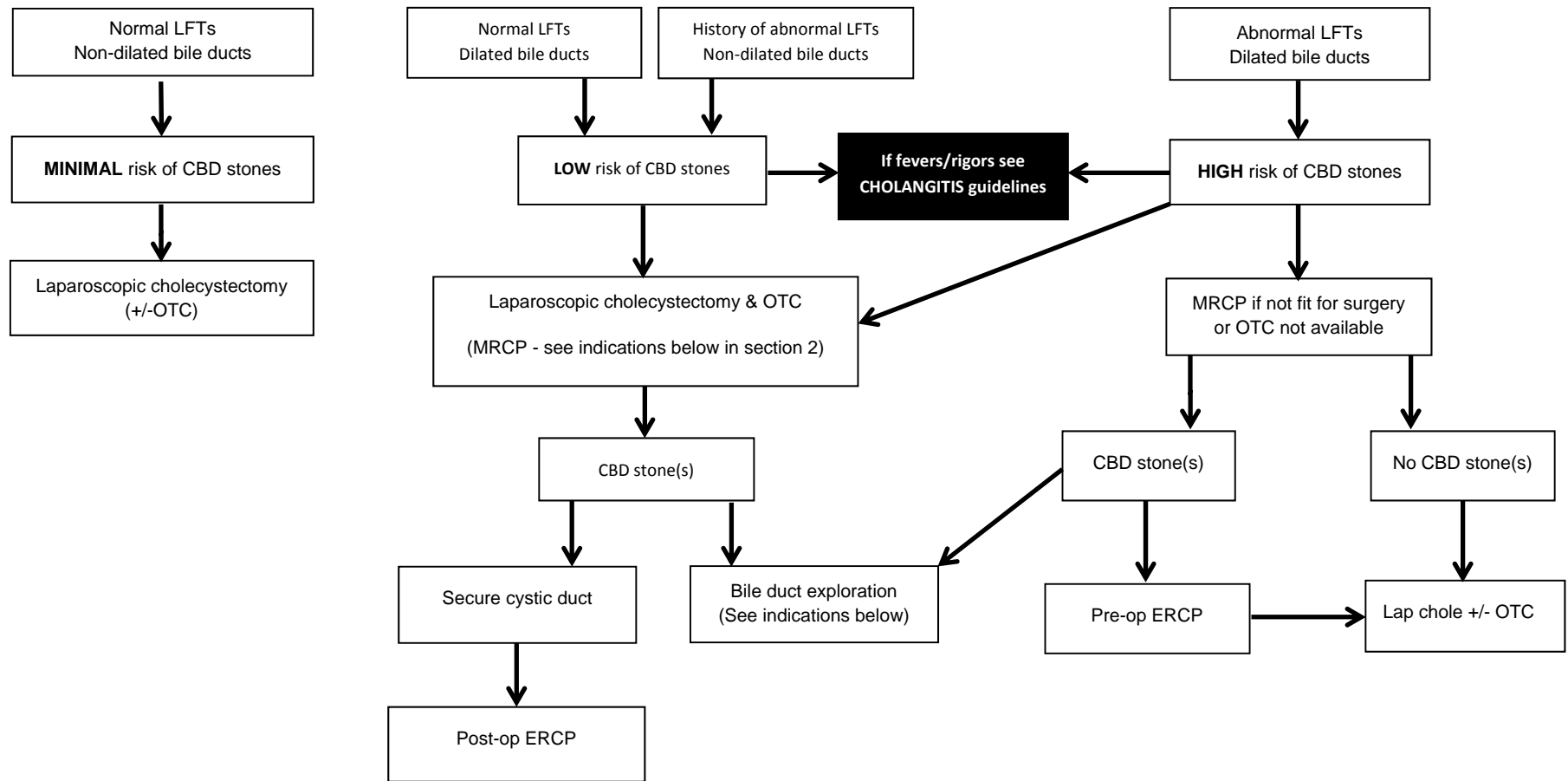
2. The Guidance

The following pathway should be followed.

Suspected Gallstones

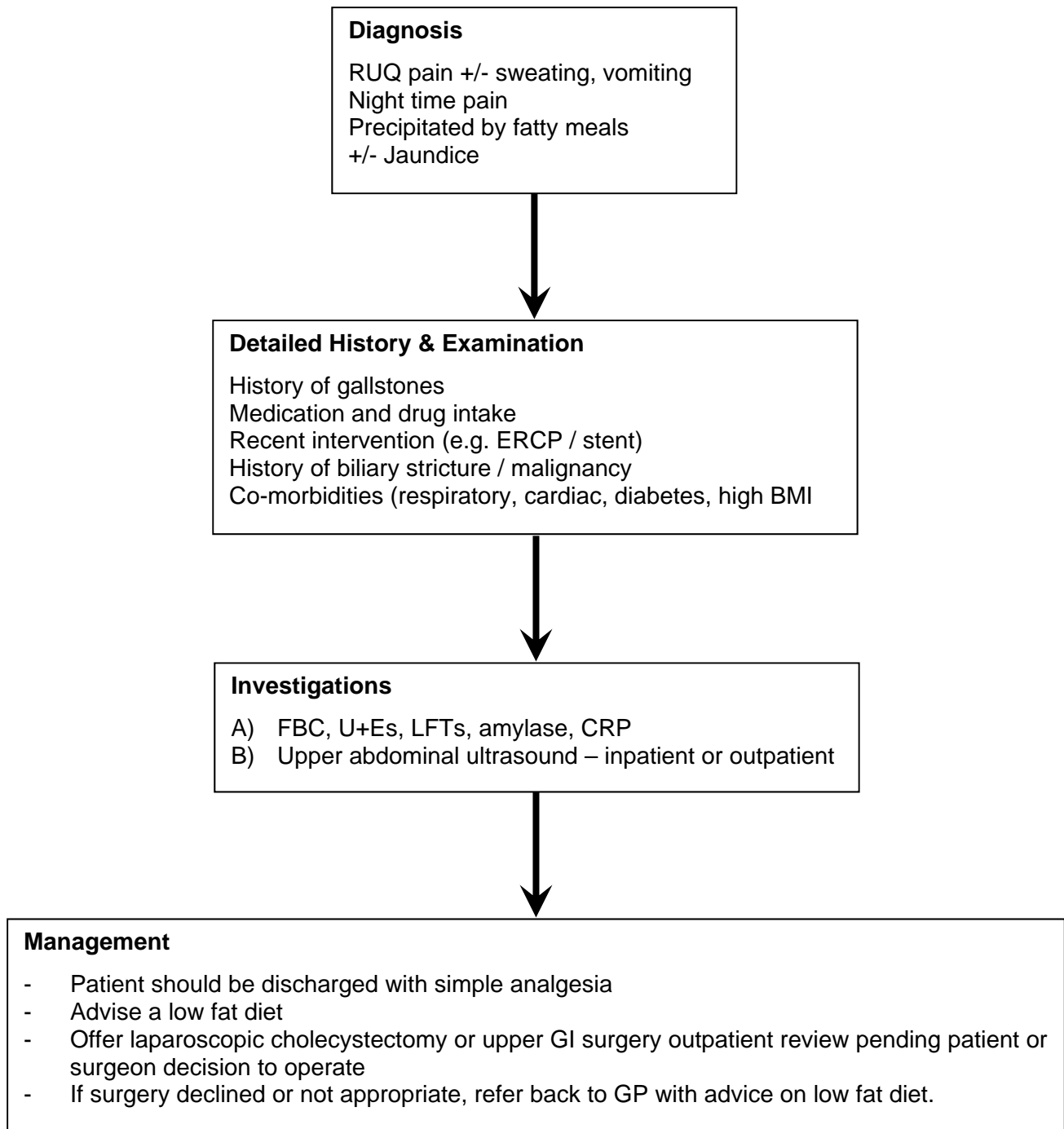


A) SUSPECTED BILE DUCT STONE – Management Pathway



Key

LFT	Liver function tests
CBD	Common bile duct
OTC	Intraoperative On-Table Cholangiogram
USS	Ultrasound Scan
ERCP	Endoscopic Retrograde Cholangio-Pancreatography

B) BILIARY COLIC – Management Pathway

3. Specific Guidelines Regarding Management

3.1 Ownership – Patients admitted acutely with gallstone related disease should be managed by the acute GI surgery team UNLESS a definite diagnosis of acute cholangitis is made, in which case they should be admitted under medical gastroenterology.

3.2 Imaging

○ **Gold standard first line investigation is USS abdomen**

○ **MRCP indications:-**

- **Persistent** LFT derangement and/or CBD dilation on ultrasound where intraoperative cholangiogram not available and bile duct stone suspected.
- As above where surgery not being considered or patient not fit for surgery.
- Suspected biliary stricture

○ On table cholangiogram indications:-

- History of abnormal LFTs and/or dilated bile ducts

3.3 Biliary Drainage (ERCP +/- Percutaneous Transhepatic Cholangiography)

○ Indications include:-

- Common bile duct stone with jaundice where surgery not suitable
- Common bile duct stone without jaundice where surgery not suitable
- Suspected or definite acute cholangitis
- Previous cholecystectomy with retained stone

3.4 On-table Cholangiogram / Intra-Operative Ultrasound

○ Either procedure, determined by surgeon preference, should be performed on all patients undergoing cholecystectomy with persistent or transient:

- Normal LFTs and dilated bile ducts,
- Abnormal LFTs and normal bile ducts or
- Abnormal LFTs and dilated bile ducts

3.5 Laparoscopic Cholecystectomy & Bile Duct Exploration

○ Indications include:

- Dilated CBD >8mm
- Fit for surgery
- Surgeon expertise and theatre availability
- No concurrent cholecystitis, cholangitis or pancreatitis
- Failed ERCP in presence of above indications

3.6 Laparoscopic Cholecystectomy for Biliary Colic

- Patients with symptomatic gallstones can be discharged once pain controlled on a low fat diet and with outpatient review or elective surgery planned with an upper GI surgeon.

3.7 References

- AUGIS. Pathway for the management of acute gallstone diseases. AUGIS 2015
- NICE. Gallstone disease: diagnosis and initial management. 2014 (CG188)

4. Monitoring compliance and effectiveness

Element to be monitored	All
Lead	Mr Michael Clarke
Tool	Patient documentation and Rolling audit
Frequency	Adult gallstones pathology patients who are reviewed by specialist teams. Audit 6 monthly
Reporting arrangements	Involved specialties governance committees. Repeated non-compliance to be reported via Datix
Acting on recommendations and Lead(s)	Hospital Working Group Michael Clarke (Consultant upper GI surgeon) - Chair Mohamed Abdelrahman (ST3 General Surgery) Ian Finlay (Consultant upper GI surgeon) Hyder Hussaini (Consultant gastroenterologist) Bill Stableforth (Consultant gastroenterologist) Madeline Strugnell (Consultant radiologist) Dushyant Shetty (Consultant radiologist) John Hancock (Consultant interventional radiologist) Mike Spivey (Consultant in Intensive Care)
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons learned or changes to practice will be shared with all stakeholders.

5. Equality and Diversity

5.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

5.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Clinical Guideline for Management of Gallstones Pathology in Adults			
Date Issued/Approved:	23/02/2016			
Date Valid From:	23/02/2016			
Date Valid To:	23/02/2019			
Directorate / Department responsible (author/owner):	Mr Michael Clarke (Consultant Upper GI and Bariatric Surgeon) Mr Mohamed Abdelrahman (Upper GI Spr)			
Contact details:	Mr Michael Clarke (01872 252373)			
Brief summary of contents	This guideline is for the management of gallstones pathology in adults. This guideline applies to all healthcare professionals involved in the treatment of gallstones pathology.			
Suggested Keywords:	Gallstones, biliary colic, CBD stone.			
Target Audience	RCHT ✓	PCH	CFT	KCCG
Executive Director responsible for Policy:	Medical Director			
Date revised:	None			
This document replaces (exact title of previous version):	Nil			
Approval route (names of committees)/consultation:	Hospital working group Michael Clarke (Consultant upper GI surgeon) Ian Finlay (Consultant upper GI surgeon) Hyder Hussaini (Consultant gastroenterologist) Bill Stableforth (Consultant gastroenterologist) Madeline Strugnell (Consultant radiologist) Dushyant Shetty (Consultant radiologist) John Hancock (Consultant interventional radiologist) Mike Spivey (Consultant in Intensive Care) Divisional Governance Committee			
Divisional Manager confirming approval processes	Divisional Director Duncan Bliss			
Name and Post Title of additional signatories	<i>Not required</i>			
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}			
	Name:			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical / General Surgery			
Links to key external standards	None			
Related Documents:	Nil			
Training Need Identified?	No			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by <i>(Name and Job Title)</i>
01 09 15	V1.0	Draft for consultation	Michael Clarke – Consultant Upper GI and Bariatric Surgeon
23 Feb 16	V2.0	Approved for implementation	Michael Clarke – Consultant Upper GI and Bariatric Surgeon

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of Service, strategy, policy or project to be assessed (hereafter referred to as <i>policy</i>) : Clinical Management of Gallstones Pathology in Adults	
Directorate and service area: General Surgery	Is this a new or existing Policy? New
Name of individual completing assessment: Mr Michael Clarke	Telephone: 01872252373
1. Policy Aim* Who is the strategy / policy/proposal/service function aimed at?	To provide detailed guidance on the clinical management of acute cholangitis in line with best practice guidelines.
2. Policy Objectives*	<ul style="list-style-type: none"> To provide a consistent approach to the management of gallstones pathology at RCHT sites. To maintain patient safety and improve outcomes for patients experiencing gallstones pathology whilst inpatients at RCH sites
3. Policy – intended Outcomes*	<ul style="list-style-type: none"> Consistent management of gallstones pathology at RCHT sites. Prompt and safe management of gallstones pathology and follow up care.
4. *How will you measure the outcome?	<ul style="list-style-type: none"> Audit Datix Reporting Review of nursing/ medical documentation as required
5. Who is intended to benefit from the policy?	All patients who experience gallstones pathology in hospital at RCHT sites.
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	Yes
b) If yes, have these *groups been consulted?	Yes
C). Please list any groups who have been consulted about this procedure.	General surgery team (Audit meeting). Consultants (Radiology, Gastroenterology, Microbiology, Intensive care)

7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		x	
Sex (male, female, trans-gender / gender reassignment)		x	
Race / Ethnic communities /groups		x	
Disability - Learning disability, physical disability, sensory impairment and mental health problems		x	
Religion / other beliefs		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x	
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:			
<ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.			No
9. If you are not recommending a Full Impact assessment please explain why.			
Signature of policy developer / lead manager / director Michael Clarke, Consultant Upper GI and Bariatric Surgeon			Date of completion and submission 23 rd February 2016
Names and signatures of members carrying out the Screening Assessment	1. 2.		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____

Date _____