



## Summary of NICE Guidelines

Title	Gallstone disease: diagnosis and management
NICE Reference	CG188
Date of Review:	September 2017
Date of Publication	October 2014
Summary of Guidance (Max 250 words)	<p>Gallstone disease occurs when hard fatty or mineral deposits (gallstones) form in the gallbladder. In most patients gallstones are asymptomatic, however some irritate the gallbladder/block a part of the biliary system causing such symptoms as pain, inflammation and infection and if left untreated can cause life-threatening conditions; cholecystitis, cholangitis, pancreatitis and jaundice. This guideline addresses uncertainties in disease management.</p> <p><b><u>Diagnosing gallstone disease:</u></b></p> <ul style="list-style-type: none"><li>• Liver function tests (LFT) and ultrasound must be offered to patients with suspected gallstone disease, and patients with abdominal or gastrointestinal symptoms that have been previously unresponsive.</li><li>• Consider magnetic resonance cholangiopancreatography (MRCP) if ultrasound has not detected common bile duct stones but the bile duct is dilated and/or LFT are abnormal.</li><li>• Consider endoscopic ultrasound (EUS) if MRCP does not yield a diagnosis.</li></ul> <p><b><u>Managing gallbladder stones:</u></b></p> <ul style="list-style-type: none"><li>• Reassure patients with asymptomatic gallbladder stones found in a normal gallbladder and normal biliary tree that they do not need treatment unless they develop symptoms.</li><li>• Offer laparoscopic cholecystectomy to people diagnosed with symptomatic gallbladder stones.</li><li>• Offer early laparoscopic cholecystectomy (to be carried out within a week of diagnosis) to people with acute cholecystitis.</li><li>• Reconsider laparoscopic cholecystectomy for people who have had percutaneous cholecystostomy once they are well enough for surgery.</li></ul> <p><b><u>Managing common bile duct stones:</u></b></p> <ul style="list-style-type: none"><li>• Clear the bile duct either surgically at the time of laparoscopic cholecystectomy or with endoscopic retrograde cholangiopancreatography (ERCP) before or at the time of laparoscopic cholecystectomy.</li><li>• If bile duct cannot be cleared with ERCP, use biliary stenting to achieve drainage only as a temporary measure until definitive endoscopic or surgical clearance.</li></ul>
Impact on Lab (See below)	<input checked="" type="checkbox"/> None
Lab professionals to be made aware	N/A

Please detail the impact of this guideline (Max 150 words)	This NICE guideline has no impact on the provision of laboratory services.
--	--

**Impact on Lab**

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

**Written by: Karen Heverin**

**Reviewed by: Prof. Maria Fitzgibbon**