**REFERRAL FORM FOR CONSIDERATION OF GALLBLADDER SURGERY**

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| **PATIENT DETAILS** |
| Date of Referral: |  | Date Referral Received: |  |
| GP Practice: |  | Referring GP: |  |
| Patient Initials: |  | Patient DoB: |  |
| NHS Number: |  | Hospital Number (if known): |  |
| **POLICY CRITERIA – the full policy is accessible via this link**[**http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308**](http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308) |
| Please refer to the form overleaf and complete as appropriate in order to demonstrate compliance with the commissioning policy and appropriateness of referral. |

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| **EXAMINATION/PMH/DH/ALLERGIES** |
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| **OTHER CLINICAL CONSIDERATIONS** |
| Are there any co-morbidities that need to be considered before surgery?(Please provide details above) | Yes [ ]  No [ ]  |
| Have relevant co-morbidities been optimised as far as possible and the patient is willing to consider surgery at the time of referral? | Yes [ ]  No [ ]  |
| **PATIENTS NOT MEETING THE POLICY** |
| For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has clinically exceptional circumstances, an Individual Funding Request may be considered. The referring clinician should consult the Commissioner’s “Operational Policy for Individual Funding Requests” document for further guidance on this process. <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> |

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| **REFERRAL CRITERIA:** | **Please confirm presentation by ticking the signs and symptoms associated with the approved indication** |
| **Nature of Gallstones** | **Approved Indications for Referral (please indicate)** | **Symptoms**(required) | **Signs**(at least one required) |
| **Asymptomatic** | Haemolytic anaemias, including hereditary spherocytosis & sickle cell disease [ ] Porcelain gallbladder [ ] Gallbladder polyp (following advice of Upper GI Surgeon) [ ]  | [ ]  None | [ ]  Incidental finding on USS[ ]  Atypical presentation (as indicated) |
| **Uncomplicated Symptomatic**(biliary colic pain without complications) | 2 or more episodes within 6 months requiring opiate analgesia and time off work or medical consultation ( i.e. GP, paramedics, A&E, emergency surgical assessment) [ ] Date of **episode 1**: ……/….../..….. Date of **episode 2**: ……/……/….... | [ ]  RUQ pain[ ]  Nausea[ ]  Vomiting | [ ]  Gallstones on USS |
| **Complicated Symptomatic** | **Emergency hospital referral/admission of all suspected cases with evidence of:**Acute Cholecystitis [ ]  Cholangitis [ ] Pancreatitis) [ ]  | [ ]  High fever[ ]  Persistent RUQ pain[ ]  Tenderness[ ]  Nausea[ ]  Vomiting | [ ]  Gallstones on USS |
| **Common Bile Duct Stone** | **Hospital referral of all cases including:**Asymptomatic [ ]  Symptomatic [ ] Where a stone has been passed [ ]  **\*\*\* Urgent hospital referral is recommended if jaundiced \*\*\*** | [ ]  High fever[ ]  Persistent RUQ pain[ ]  Tenderness[ ]  Nausea[ ]  Vomiting | [ ]  Dilated CBD > 7mm [ ]  Overt duct stones on USS[ ]  Elevated LFTs in the absence of other causes☐ Jaundiced |
| **NOTES:** 1. **Sufficient clinical information must be provided to confirm the nature of gallstone and eligibility for surgery**
2. **The USS report should be provided with all referrals including bile duct findings**
3. **For clinical uncertainty or concern at any stage consider “Advice and Guidance” or “Consultant Connect”**
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