Clinical effectiveness and cost-effectiveness of cholecystectomy compared with observation/conservative management for preventing recurrent symptoms and complications in adults presenting with uncomplicated symptomatic gallstones or cholecystitis: a systematic review and economic evaluation

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Plain English summary

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Gallstones are common, especially in women, but in many people they do not cause any symptoms.

About one in three people with gallstones develop symptoms. Symptoms usually include a severe pain in the upper right-hand side of the abdomen (known as ‘biliary colic’), and sometimes nausea and vomiting. Sometimes the pain is accompanied by inflammation of the gallbladder (cholecystitis).

Once gallstones start giving symptoms, painkillers, anti-inflammatory medicines and antibiotics are usually prescribed.

Surgery to remove the gallbladder, known as cholecystectomy, is the most common way to treat biliary pain or cholecystitis due to gallstones. About 70,000 cholecystectomies are performed every year in the UK, with significant costs for the NHS.

In the UK, surgery is commonly offered to people who present at secondary care with pain or cholecystitis due to gallstones. However, it is known that some patients do not have any more symptoms after the initial episode of pain and that surgery may not be necessary. This assessment has shown that some people with mild symptoms do not experience a recurrence or suffer complications for many years. A policy of ‘conservative treatment’ (painkillers/antibiotics and lifestyle advice) could, therefore, be appropriate in this group of people. Our results indicate that, for the NHS, surgery is more expensive than ‘conservative treatment’ but is still the most clinically effective treatment for gallstones. There are, however, great uncertainties in the data. There is a need for new clinical studies to address these uncertainties.
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