Worcestershire Acute Hospitals NHS Trust

Clinical guideline for the management of Gallbladder Polyps

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline is a decision making tool using best current guidance for the management of incidentally or otherwise identified gallbladder polyps.

This guideline is for use by the following staff groups :

All clinicians and Sonographers.

Lead Clinician(s)

Dr A. Nilak and Dr S.Cader	Consultant Radiologist
Mr M Wadley	Consultant Upper GI surgeon
Approved by *Radiology Directorate Governance meeting*	14th October 2026
Review Date This is the most current version and should be used until a revised document is in place:	14th October 2029

Key amendments to this guideline

Date	Amendment	Approved by:
14.10.20	Reviewed and updated into clinical guideline template	Radiology directorate governance meeting
8th Nov 23	Updated guidance on timescales and management based on multiagency review	Radiology directorate governance meeting
14th October 2026	Document reviewed, no changes required at this time with a further review in 1 year following national guidance	Radiology Directorate Governance Meeting

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Introduction

The management of incidentally detected gallbladder polyps on radiological examinations is contentious.
The incidental radiological finding of a gallbladder polyp can therefore be problematic for the radiologist and the clinician who referred the patient for the radiological examination. To address this a joint guideline was created by the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), European Association for Endoscopic Surgery and other Interventional Techniques (EAES), International Society of Digestive Surgery – European Federation (EFISDS) and European Society of Gastrointestinal Endoscopy (ESGE).

In 2022, joint updated guidelines between ESGRA, EAES, EFIDS and ESGE was produced and published – these updates are reflected in the guidance below

Key Points

- Management of gallbladder polyps is contentious. Ultrasound is the primary method of assessment, but EUS and CEUS also have some use in specialist centres.
- Cholecystectomy is recommended for gallbladder polyps **>10 mm**
- Cholecystectomy is recommended for gallbladder polyps measuring **6-9mm** in patients with one or more associated risk factors.
- If the patient has either no risk factors for malignancy and a gallbladder polypoid lesion of **6–9 mm,** or risk factors for malignancy and a gallbladder polypoid lesion **5 mm or less**, follow-up ultrasound of the gallbladder is recommended at 6 months, 1 year and 2 years. Follow-up should be discontinued after 2 years in the absence of growth. Moderate strength recommendation, moderate-quality evidence
- If the patient has no risk factors for malignancy, and a gallbladder polypoid lesion of **5 mm or less**, follow-up is not required. Strong recommendation, moderate-quality evidence.
- If during follow-up the gallbladder polypoid lesion grows to 10 mm, then cholecystectomy is advised. If the polypoid lesion grows by 2 mm or more within the 2-year follow-up period, then the current size of the polypoid lesion should be considered along with patient risk factors. Multidisciplinary discussion may be employed to decide whether continuation of monitoring, or cholecystectomy, is necessary. Moderate strength recommendation, moderate-quality evidence.
- If during follow-up the gallbladder polypoid lesion disappears, then monitoring can be discontinued.

REF 1

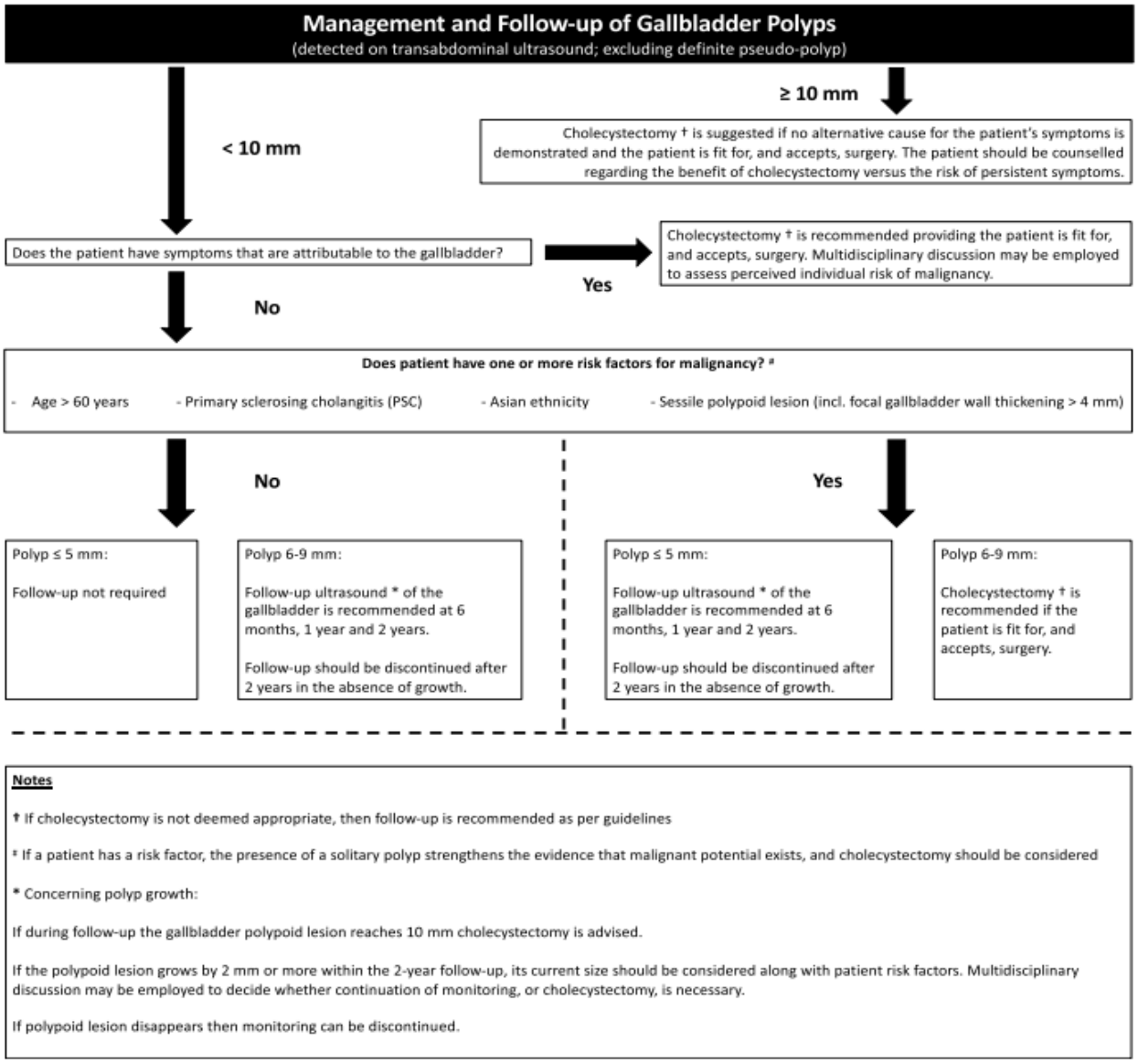


Fig. 1 Management algorithm

Ultrasound Dept Information

If a GB polyp is identified :-

1. Review previous ultrasound examinations to determine if this a new finding.
2. If this a follow up scan – please state interval in report and make direct comparison to the previous scan.
3. Report is to include a description of polyp and include maximum size diameter and location.
4. GB polyps are to be managed by primary care until the guidance suggests referral to specialist.
5. All reports for GB polyps (new and follow up) are to include link to this clinical guideline document on the treatment pathways page. (Short code polyp ALT+P)
6. Primary care is to make follow up scan requests as suggested in the flowchart above. These will only be accepted up to 1 year in advance.
7. During vetting if a follow up scan is requested, these must be placed on the planned list at the appropriate interval from the previous scan date.

- *"Polypoid lesions of the Gallbladder" refers to any elevated lesion of the mucosal surface of the gallbladder wall*
- *Cholesterol polyps account for the vast majority of all polyps (approximately 62%) (3)*
- *Adenomas, which account for approximately 6%, have malignant potential. (3)*
- *On the basis of their morphologic features, gallbladder polyps are stratified into three categories: extremely low risk, low risk, and indeterminate risk.(2)*
- *Extremely low risk polyps are pedunculated with a "ball-on-the-wall" configuration or thin stalk; low risk polyps are pedunculated with a thick or wide stalk or sessile configuration; indeterminate risk polyps have focal wall thickening adjacent to the polyp.(2)*

REFERENCES

1. Foley, K. Lahaye, M. Thoeni, R. Soltes, M. Dewhurst, C. et al (2022). Management and follow-up of gallbladder polyps: updated joint guidelines between ESGAR, EAS, EFIDS and ESGE. European Journal of Radiology. May:32(5); 3358 -3368 Management and follow-up of gallbladder polyps: updated joint guidelines between the ESGAR, EAES, EFISDS and ESGE - PubMed (nih.gov)

2. Kamaya. A, Fung. C, Szpakowski, J. Fetzer. D, Walsh.A, Alimi. Y. et al. (2022). Management of Incidentally Detected Gallbladder Polyps: Society of Radiologists in Ultrasound Consensus Conference Recommendations. Radiology: Vol305. No,2. Management of Incidentally Detected Gallbladder Polyps: Society of Radiologists in Ultrasound Consensus Conference Recommendations | Radiology (rsna.org)

3. Metman M, Olthof P, Van der Wal J, Van Gulik T, Roos D, Dekker J. Clinical relevance of gallbladder polyps; is cholecystectomy always necessary? HPB, 22 (4): 506-510 (2020) https://doi.org/10.1016/j.hpb.2019.08.006

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
US lead sonographers
US Lead Radiologist
Upper GI Radiologist
Upper GI Surgeon / Clinical Lead.

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Radiology directorate governance meeting group

Worcestershire Acute Hospitals NHS Trust

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	☒	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Julia Rhodes	**Q/G lead radiographer**	**Julia.rhodes1@nhs.net**
Date assessment completed	**15.10.20**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Guideline** Clinical guideline for the management of Gallbladder Polyps				
What is the aim, purpose and/or intended outcomes of this Activity?	Clinical guideline				
Who will be affected by the development & implementation of this activity?	❑ x ❑ ❑	Service User Patient Carers Visitors	x ❑ ❑ ❑	Staff Communities Other _____	
Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?				
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic	Management and follow-up of gallbladder polyps', Eur Radiol (2017) 27:3856-3866				

information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Best current practice
Disability		x		Best current practice
Gender Reassignment		x		Best current practice
Marriage & Civil Partnerships		x		Best current practice
Pregnancy & Maternity		x		Best current practice
Race including Traveling Communities		x		Best current practice
Religion & Belief		x		Best current practice
Sex		x		Best current practice
Sexual Orientation		x		Best current practice
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Best current practice
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Best current practice

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?	**N/A**			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**N/A**			

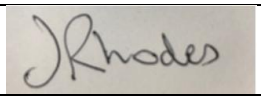
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	19.10.20
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.