

## **Economic Plan**

This document identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

Gallstone disease: Diagnosis and management of cholelithiasis, cholecystitis and choledocholithiasis

## 2 List of Modelling Questions

Clinical questions by scope area	Q4b: Which strategies should be used for managing symptomatic gallbladder stones?
	Q4c: Which strategies should be used for managing common bile duct stones (CBDS)?
	Q5a: In adults with acute cholecystitis or symptomatic common bile duct stones, should cholecystectomy be performed during the acute episode (early) or should intervention be delayed until the acute episode has subsided (delayed)?
Population	Q4b: Patients with symptomatic gallbladder stones
	Q4c: Patients who are suspected of symptomatic CBDS
	Q5a: Patients with symptomatic gallbladder stones and patients with symptomatic gallbladder stones who have had their CBDS treated by endoscopic retrograde cholangiopancreatography (ERCP)
Interventions	Q4b: Laparoscopic cholecystectomy with intraoperative
considered for	cholangiography versus Laparoscopic cholecystectomy Q4b: Laparoscopic cholecystectomy versus conservative
inclusion	management
	Q4b: Day case versus inpatient laparoscopic cholecystectomy
	Q4c: ERCP versus conservative management
	Q4c: Laparoscopic cholecystectomy with intraoperative bile duct
	exploration versus pre-, intra- or postoperative ERCP Q4c: Routine laparoscopic cholecystectomy versus laparoscopic
	cholecystectomy as required for patients who have already received an ERCP
	Q5a: Early laparoscopic cholecystectomy (within 1 week) versus delayed laparoscopic cholecystectomy (6-8 week delay)
	Q5a: Early laparoscopic cholecystectomy following ERCP (within 1 week) versus delayed laparoscopic cholecystectomy following ERCP(6-8 week delay)
Type of analysis	Cost-utility analysis