



Gallstones

The gallbladder is situated below the liver, just below the rib cage on the right side of the upper abdomen. Bile is produced in the liver and passes down a tube (the bile duct) into the intestine. The gallbladder is like a cul-de-sac pouch off this tube which stores bile. Bile helps in the digestion of food, particularly fatty foods, but is not essential. After meals the gallbladder tends to contract and empty its stored bile back out into the bile duct and down into the intestines. Gallstones occur when the normally fluid bile forms stones. They may consist of lumps of cholesterol-like material that has solidified and hardened. Sometimes solidified bile pigments or calcium deposits form gallstones. Sometimes just a few small stones are formed, sometimes a great many and occasionally just one large stone is formed. About 1 in 3 women and 1 in 6 men will form gallstones.

Most people who have gallstones are not aware of their presence. They sit in the gallbladder doing no harm and giving no symptoms. Symptoms only arise if one or more of the stones becomes stuck in the entrance to the gallbladder or in the bile duct.

What are the possible symptoms?

The classical gallstone problem gives rise to biliary colic. This is a severe pain felt in the upper abdomen, often worse to the right-hand side over the gallbladder. The pain is due to a stone becoming stuck in the opening of the gallbladder. The gallbladder then squeezes excessively causing pain. As the gallstone is dislodged or falls back into the gallbladder, the pain eases and goes. Pain can last just a few minutes but more commonly can last several hours. This severe pain may only happen once in a lifetime, or it may become an intermittent problem. Sometimes less severe but niggly pains may occur repeatedly, particularly after a fatty meal. Jaundice is an uncommon complication that arises in a small number of people. This may occur if a gallstone comes out of the gallbladder and becomes stuck in the bile duct so bile cannot pass into the intestine but is absorbed into the blood stream.

Treatments

Leaving alone . If gallstones are present but cause little or no symptoms, it is often best just to leave them alone.

Surgery . For people with symptoms, removing the gallbladder by surgery is the usual treatment recommended. Depending on site, size and other factors, different techniques to remove the gallbladder may be recommended. 'Key-hole' surgery techniques to minimise the size of the operation and wound size is becoming more popular, but not suitable for all people. Many people with gallstones still require the traditional gall bladder operation (cholecystectomy). For the rare occasions of stones stuck in the bile duct, other sophisticated surgical procedures may be used.

Normal life and a normal diet can usually be enjoyed after the removal of the gallbladder. Occasionally, people who have had their gallbladder removed find that after eating a fatty meal they have some indigestion or abdominal bloating.

Drug treatments . In a minority of people where surgery is unsuitable, drugs are sometimes used to try and dissolve the stones. This may take years and is not always successful.

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