Gallstones

This information sheet answers some of the questions you may have about gallstones, including what they are and the possible treatment options. If you have any questions or concerns, please do not hesitate to speak to your consultant or nurse.

What does my gall bladder do?

Your gall bladder is a small sac that lies beneath your liver, below the right rib cage. It stores and concentrates bile, which is a greenish-brown liquid produced by your liver. The bile is then passed into your small intestine through bile ducts, to help with digestion, mainly of fats.

What are gallstones?

Gallstones are collections of crystals of various substances in the bile. They look like small stones or gravel and they grow in the gall bladder. Around 5.5 million adults in the United Kingdom have gallstones. They are more common in women than men, but overweight people and those over 60 seem to be more at risk. Gallstones may stay in the gall bladder or move into the bile duct (the tube between your liver and intestine).

What are the symptoms of gallstones?

Not all gallstones cause symptoms – often, people do not know that they have them. However, common symptoms of gallstones include:

- upper abdominal pain, which can be central or towards the right side of your body. This pain can be severe and last for hours. It may be difficult to find a comfortable position to sit or lie down in.
- longer lasting pain under the rib cage on the right-hand side, with tenderness or pain when you move.
- nausea/bloating.
All the above symptoms may be triggered by a fatty meal. If the gallstones move from your gall bladder into your bile duct, you may also experience:

- jaundice – yellowing of your skin or eyes, sometimes with dark urine or pale motions (stool). This may happen if the bile duct becomes blocked with gallstones.
- upper abdominal pain from inflammation (swelling) of your pancreas, known as pancreatitis.
- fever/high temperature caused by an infection from inflammation of the bile ducts (cholangitis) or the gall bladder (cholecystitis).

What tests are performed for gallstones?

Once gallstones are suspected, tests will need to be performed to confirm their presence and location. These include:

- **an abdominal ultrasound scan**: this is very similar to a pregnancy scan. Ultrasound devices use high frequency sound waves to create images of internal body structures. The sound waves bounce off tissues and are then picked up and displayed on a screen for your doctor to see. Ultrasound scans can identify the presence of gallstones, particularly in the gall bladder.
- **blood tests**: these may give information about the causes of your gallstones and whether they may have moved to the bile duct.
- **endoscopic procedures**: an instrument with a tiny camera or ultrasound on the end (called an endoscope) can be inserted through your mouth into the first part of the intestine to confirm the presence of stones in your bile duct.
- **Magnetic Resonance Imaging (MRI) or Computerised Tomography (CT)**: in some cases, other scans such as MRI or CT may be helpful in diagnosing gallstones. If you would like more information, please ask for the leaflets, **Having an MRI scan** and **Having a CT scan**.

What is the treatment for gallstones?

There are a number of treatment options:

**No treatment**: Many gallstones do not cause symptoms and your pain may be coming from another condition. In cases where there are no symptoms, it may not be necessary to treat your gallstones.

**Treatment with medicines**: In very occasional cases, your gallstones may be suitable for treatment with medicines that allow your stones to dissolve. The gallstones must be the right kind (cholesterol stones), must not contain calcium and must be small. Your gall bladder also has to be working well. Usually with this treatment, you need to take the medicines for eighteen months. There is a 10% chance every year after your treatment that the gallstones will come back.

**Surgery**: The standard treatment in the UK for problematic gall bladder stones is surgery to remove the gall bladder with the stones inside. It is usually performed as a keyhole or laparoscopic procedure, which is where several small incisions or cuts are made, rather than one large one. If you would like further information on surgical treatment for gallstones, please ask for the leaflet, **Having a laparoscopic cholecystectomy – the removal of the gall bladder**. Please note: we have two versions of this leaflet, depending on whether you have the surgery as an inpatient or in the Day Surgery Unit. Your doctor or nurse will be able to advise you on which one would be appropriate for you.
Endoscopic treatment: An endoscope with a tiny camera and an inflatable balloon on the end can be used to remove stones lodged in your bile duct. This is done during an Endoscopic Retrograde Cholangio Pancreatogram (ERCP) procedure. For more information, please ask for the leaflet, Having an ERCP.

Lithotripsy: Shock waves can be used to break bigger gall stones in your bile duct into smaller particles, which can then be removed using an endoscope.

Your consultant will discuss these treatment options with you in more detail if they apply to you. Please ask questions if you are uncertain.

You can live without your gall bladder – it is not essential for good health. If it is removed, bile flows to the intestines directly from the liver and digestion continues as normal.

Is there anything I can do to relieve my symptoms?
Eating fatty foods and large meals can often trigger the symptoms mentioned earlier. Reducing the size of your meals and eating a well balanced diet may reduce your symptoms whilst you are waiting to have treatment. If you need advice on healthy eating, please speak to your GP or consultant, who may consider a referral to a dietician.