

Patient information from BMJ

Last published: Sep 20, 2021

Gallstones

Gallstones are small stones that form in your gallbladder. They can hurt a lot, and they can sometimes cause more serious problems, such as an infection in your gallbladder. The usual treatment is an operation to take out your gallbladder.

What is the gallbladder and what are gallstones?

Your gallbladder is a little pouch that sits under your liver. It stores the digestive juices that your liver makes, called bile. Bile helps your body break down food in your bowel. Your liver makes bile all the time. But it only goes into your bowel when you eat or drink. The rest of the time it is stored in your gallbladder.

Sometimes bile gets too thick and forms gallstones. Gallstones can be as small as a grain of sand or as big as a golf ball. You may have just one gallstone or hundreds.

Lots of people have gallstones and don't know it. In most people, they don't cause any problems. But sometimes they block the tubes that carry bile. This can cause severe pain in your abdomen.

You are more likely to get gallstones as you get older. Women get them more often than men. Other things that increase your chances of getting gallstones are:

- being very overweight
- being pregnant
- losing a lot of weight quickly (for example, after weight-loss surgery), and
- having a close family member who has had gallstones.

What are the symptoms?

Most people don't get symptoms from gallstones. Sometimes people only find out they have them when they have an imaging test for something else.

But if gallstones block a tube carrying bile they can cause bad, steady, cramping pain. Most people feel it in the upper-right side of their abdomen. Doctors call it biliary pain or biliary colic.

Gallstones

Your first attack of gallstone pain can be frightening, because it hurts so much. Usually, painkillers such as paracetamol and ibuprofen don't work for this kind of pain. Moving around or passing wind doesn't help either. You may also feel sick and vomit.

The pain often comes on in the evening or at night. And it typically comes on fast, sometimes after you eat. It usually lasts several hours. With time, the gallstone may pass, moving into your bowel and out in your stool.

If you have pain that could be caused by gallstones, your doctor will do an imaging test to check whether gallstones are causing your symptoms. The most common test is an ultrasound. You may also have blood tests to look for signs of infection and other problems that could be causing your symptoms.

What treatments work?

The standard treatment for gallstones that are causing pain is an operation to take out your gallbladder. If you don't want or can't have an operation, other treatments are sometimes used.

Surgery to take out your gallbladder

This is recommended as the best treatment for most people with painful gallstones.

There are a couple of ways to take out your gallbladder. You may be able to have **keyhole surgery**(also called laparoscopic surgery) where the surgeon makes several small cuts and uses a tiny camera and tools to take out your gallbladder.

Or you may need **open surgery**, where the surgeon makes a larger cut to see directly into your abdomen. Occasionally surgeons need to switch to open surgery after attempting a keyhole operation.

Keyhole surgery is better for most people. You are likely to recover faster. You may be able to go home the next day after your operation. If you have open surgery, you may need several days in hospital.

If gallstones get lodged inside one of the tubes that carries bile from your gallbladder to your bowel, you will need extra treatment to remove the stones.

This is done through a device called an endoscope, which is put in your mouth and down into your digestive tract to reach the stones. This is usually followed by surgery to remove your gallbladder.

Lots of people have surgery to remove their gallbladder, and most of these operations are successful.

But all operations have some risks. You might have an allergic reaction to the anaesthetic, or get an infection in your wound. Some people have problems with bleeding during or after surgery. Very few people die during surgery.

You can live a healthy life without your gallbladder. After you have had your gallbladder taken out, your body still makes digestive juices. But they go straight into the bowel instead of being stored in the gallbladder first.

Gallstones

This can affect your digestion, although it doesn't usually cause serious problems. Some people find they pass stools more often than before. They might also sometimes need medicine for diarrhoea.

Other treatments

The best treatment for painful gallstones is surgery. But some people can't have surgery because of medical problems, such as trouble with their heart. And some people just don't want to have surgery.

In these instances, doctors sometimes prescribe tablets to try to dissolve the gallstones. However, this treatment isn't suitable for everyone. It can also cause side effects, and new gallstones may form after treatment is stopped.

What will happen to me?

If you've had an attack of painful gallstones your doctor will probably recommend that you have surgery to remove your gallbladder. This will prevent future attacks as well as more serious problems, such as an infected gallbladder or a hole in your gallbladder.

Although these problems aren't common, they are worth considering when you're deciding on treatment. Your doctor can help you decide what is best for you.

The patient information from *BMJ Best Practice* from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2021. All rights reserved.



