

lets talk about gallstones

Categories : [Health talks with Dr Chireka](#)

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By Dr Brighton Chireka

Question - " Doc I was told I have gallstones. Is there any way I can remove them or do that will help me not get the attacks without going for an operation? Thanks for your help."

Answer: Thank you very much for your question about gallstones. I will address the whole topic about gallstones and in the process make sure that I answer your question in full. Gallstones in the UK are the most common cause of emergency hospital admission for people with abdominal pain. About 8% of the adult population has gallstones and 50 000 people a year have operation to remove their gallbladder.

What are gallstones?

Gallstones are small stones, usual made of cholesterol (fat) , that form in the gallbladder. In most cases they do not cause any symptoms and do not need to be treated.

What is a gallbladder ?

A gallbladder is a small , pear-shaped pouch in the right upper part of your tummy right below the liver. It stores bile , the digestive fluid produced by liver that helps to break down fatty foods. After a meal , bile is released by the gallbladder when the small intestine secretes a hormone (chemical) called cholecystokinin. Then the bile flows into small intestine and helps to break down fats - for example the bacon you will have just eaten.

What are the symptoms of gallstones?

One may not have any symptoms and may be unaware that they have gallstones unless there are detected during tests carried out for another reason .

Symptoms can develop when a gallstone temporarily blocked one of the bile ducts . Bile ducts are the tubes that carry bile from liver to the gallbladder and then to the intestines.

The most common symptom is sudden , severe tummy pain that usually last one to five hours but sometimes can last just a few minutes.

The pain can be felt:

in the centre of your abdomen, between your breastbone and belly button

just under the ribs on your right-hand side, from where it may spread to your side or shoulder blade

The pain is constant and is not relieved when you go to the toilet, pass wind or are sick. It is

sometimes triggered by eating fatty foods, but it can occur at any time of day and it may wake you up during the night. This pain can come and go such that one may have several months of pain free.

Other symptoms

In a small number of people, gallstones can cause more serious problems if they obstruct the flow of bile for longer periods or move into other organs (such as the pancreas or small bowel).

If this happens, you may develop:

a high temperature of 38°C (100.4°F) or above

more persistent pain

a rapid heartbeat

yellowing of the skin and whites of the eyes (jaundice)

itchy skin

Diarrhoea

chills or shivering attacks

confusion

a loss of appetite

The above mentioned symptoms are for severe condition and we call it complicated gallstone disease'.

When to seek medical advice?

One should make a routine appointment with the doctor if experiencing on and off tummy pain.

Contact your doctor immediately for advice if you develop:

abdominal pain lasting longer than eight hours

Jaundice (yellow eyes)

a high temperature and chills

abdominal pain so intense that you cannot find a position to relieve it

Gallstone disease can also cause inflammation of the gallbladder (cholecystitis). This can cause persistent pain, jaundice and a high temperature (fever) of 38°C (100.4°F) or above.

In some cases a gallstone can move into the pancreas, causing it to become irritated and inflamed. This is known as acute pancreatitis and causes abdominal pain that gets progressively worse.

Causes of gallstones.

It is thought that gallstones develop because of the imbalance in the chemical make- up of the bile inside the gallbladder. It is still unclear exactly what leads to this imbalance, but it is known that gallstones can form if:

there are unusually high levels of cholesterol inside the gallbladder – about four in every five gallstones are made up of cholesterol

there are unusually high levels of bilirubin (a waste product produced when red blood cells are broken down) inside the gallbladder – about one in every five gallstones is made up of bilirubin. The chemical imbalances cause tiny crystals to develop in the bile, which gradually grow (often over many years) into solid stones that can be as small as a grain of sand or as large as a pebble. Sometimes only one stone will form, but there are often several at the same time.

Who is at risk? (who is likely to get gallstones)

Gallstones are more common in the following groups:

women, particularly those who have had children

overweight or obese people – people who are overweight with a Body Mass Index of 25 or above
people aged 40 years or older (the older you are, the more likely you are to develop gallstones)

people with cirrhosis (scarring of the liver)

people with the digestive disorders Crohn's disease and irritable bowel syndrome .

people with a family history of gallstones (around a third of people with gallstones have a close family member who has also had gallstones)

people who have recently lost weight, either as a result of dieting or weight loss surgery such as gastric banding

people who are taking a medication called ceftriaxone, which is an antibiotic used to treat a range of infections.

Women who are taking the combined oral contraceptive pill or undergoing high-dose oestrogen therapy also have an increased risk of developing gallstones.

Treatment

If the gallstones are not causing any symptoms then the best option is to leave them alone.

If your symptoms are more severe and occur frequently, gallbladder removal surgery will usually be recommended. The gallbladder is not an essential organ and most people notice little difference without it.

In most cases, keyhole surgery will be used to remove your gallbladder if surgery is recommended.

This is known as a ***laparoscopic cholecystectomy***.

In some circumstances, a laparoscopic cholecystectomy may not be recommended. This may be due to technical reasons, safety concerns or if there is a stone in the bile duct that cannot be removed another way. In these circumstances, an open cholecystectomy may be recommended. Open surgery is just as effective as laparoscopic surgery, but it does have a longer recovery time and causes more visible scarring. Most people have to stay in hospital for up to five days and it typically takes six weeks to fully recover.

An endoscopic retrograde cholangio-pancreatography (ERCP) is a procedure that can be used to remove gallstones from the bile duct. However, the gallbladder is not removed during this

procedure so any stones in the gallbladder will remain unless removed using the surgical techniques mentioned above.

Medication to dissolve gallstones

If your gallstones are small and don't contain calcium, it may be possible to take ursodeoxycholic acid tablets to dissolve them.

However, these are not prescribed very often because they are rarely very effective, they need to be taken for a long time (up to two years) and gallstones can recur once treatment is stopped.

Preventing gallstones

From the limited evidence available, changes to your diet and losing weight (if you are overweight) may help prevent gallstones. Avoiding fatty foods and eating a healthy diet is recommended and will help to prevent gallstones.

more information on gallstone can be found in the link below.

[MORE INFORMATION ON NHS](#)

This article was compiled by **Dr. Brighton Chireka** who is a GP and a Health Commissioner in South Kent Coast in the United Kingdom. You can contact him at: info@docbeecee.co.uk and can read more of his work on his blog at [DR CHIREKA'S BLOG](#)

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