



Gallstones: a short guide

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What was found?

Gallstones may stay in the gallbladder without causing trouble. Typical attacks cause substantial upper abdominal pain, sometimes spreading to the back or right shoulder. Vague bloating or heartburn may have another cause.

What happens next?

I consider your symptoms, the stone location, blood tests and scans. Ultrasound usually checks the gallbladder. MRCP or endoscopic ultrasound may help if a bile duct stone is suspected. An ordinary gastroscopy cannot inspect the gallbladder or ducts.

Two different treatments

Gallstones found incidentally without symptoms or complications usually need no treatment. For recurrent typical attacks or complications, I can arrange a surgical opinion about gallbladder removal. It is usually done by keyhole surgery; an open operation with a larger cut is sometimes needed. You can live normally without a gallbladder, but surgery still has risks such as infection, bleeding, bile leakage or bile-duct injury, and recovery is longer after open surgery. ERCP can remove bile-duct stones or improve drainage, but does not remove the gallbladder. The surgeon will explain whether surgery is right for you and what recovery to expect.

Do not wait with warning symptoms

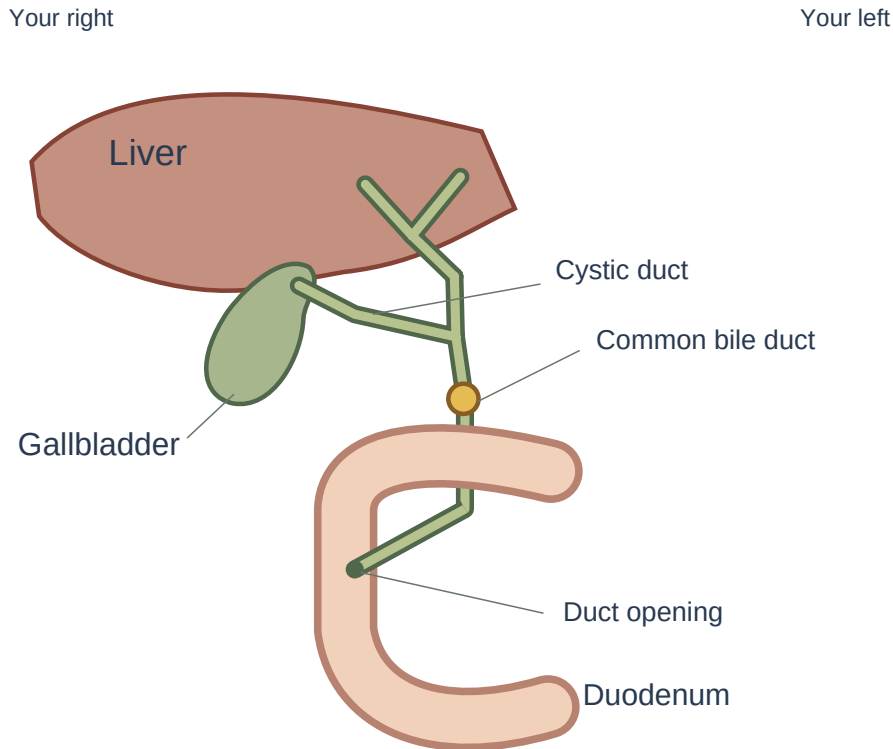
Seek urgent assessment for severe or continuing pain, fever or chills, yellow eyes or skin, or repeated vomiting. Fever with jaundice needs immediate help. Call 111 for collapse, confusion or severe illness with faintness, or if you cannot travel safely.





The position of a stone changes the problem

In the bile duct



Front-view cutaway. Other organs and some duct branches are omitted.

A duct stone may block bile drainage, cause jaundice or lead to infection. A stone near the shared drainage area can also trigger pancreatitis. Severe pain, fever or jaundice needs urgent assessment.

Read this illustration alongside the advice in this guide.

