

Information about

Symptomatic Gallstone and Laparoscopic Cholecystectomy



What are gallstones?

Gallstones are 'stones' that form in your gallbladder. They are common and can run in families. The risk of developing gallstones increases as you get older and if you eat a diet rich in fat.

How do gallstones develop?

Your liver produces a fluid called bile that is concentrated by, and stored in, your gallbladder. When you eat food, your gallbladder empties bile into your intestines to help digest fats. Stones can develop in bile, particularly if you eat a diet rich in fat.

Gallstones are very common, with about 10-15% (10-15 out of 100) of UK adults suffering from gallstones. However, only 1 in 5 people with gallstones develop symptoms and need medical treatment.

What are the symptoms of gallstones?

The most reported symptom is pain (known as 'biliary colic') in the upper right-hand side of the abdomen. Some people may also suffer from inflammation of the gallbladder (cholecystitis). Painkillers and occasionally antibiotics are prescribed to control gallstone symptoms and surgery is often advised for patients who are medically fit.

For some people gallstones can cause severe symptoms, with repeated attacks of abdominal pain being the most common. Pain is due either to stones blocking the gallbladder duct (cystic duct) and preventing your gallbladder from emptying (biliary colic) or to inflammation of your gallbladder (cholecystitis). The pain can be severe enough to need admission to hospital. If this happens, the medical teams responsible for your care might consider surgery.

Self-care to manage the symptoms of gallstones

In the past, people with gallstones were sometimes advised to adopt a very low fat diet to stop the gallstones growing. However, recent evidence suggests this isn't helpful, because rapid weight loss resulting from a very low fat diet can actually cause gallstones to grow.

It is advisable to adopt a healthy and balanced diet based on the Eatwell guide, which can be accessed from [🌐 https://www.gov.uk/government/publications/the-eatwell-guide](https://www.gov.uk/government/publications/the-eatwell-guide) This involves eating a variety of foods – including moderate amounts of fat – and having regular meals.

Some people may experience symptoms of bloating and diarrhoea after eating fatty or spicy food. If certain foods do trigger symptoms, you may wish to avoid them in the future.

A healthy diet won't cure gallstones or stop any symptoms, but it can improve your general health and help control any pain caused by gallstones.

Medical Management of gallstones

Medical management means you won't receive surgical treatment for your gallstones instead you may be prescribed painkillers, antibiotics and given lifestyle advice. This may help some people.

You should let your GP know if you notice any troublesome symptoms.

We can prescribe medicines to help dissolve the gallstones. This is the least effective treatment and is unlikely to be helpful for most patients.

You can manage gallstone symptoms with simple pain-killers such as paracetamol, ibuprofen or buscopan if you have no allergies or sensitivities.

As a general rule, the longer you go without symptoms, the less likely it is that you will have any further problems.

Many people have no further episodes of pain. If you do have further episodes of abdominal pain (biliary colic), treatment will depend on how much the pain affects your everyday activities. If the episodes are mild and infrequent, we may prescribe painkillers to control further episodes. We will give you advice about eating a healthy diet and foods to avoid that trigger symptoms to prevent further attacks of pain.

If your symptoms do become more severe and occur frequently, or you develop any complications, then we may recommend surgery.

Surgical Management of gallstones

When gallstones are causing blockage of the bile duct we may remove them using a camera test (endoscopy). This does not, however, remove the source of the gallstones (gallbladder). Therefore surgery to remove the gallbladder may be considered later on.

Surgery to remove the gallbladder, known as cholecystectomy, remains the most common treatment. Surgical treatment is commonly carried out via laparoscopic cholecystectomy which is a keyhole procedure where your gallbladder is removed.

In the UK, surgery is commonly offered to medically fit people who attend hospital with symptoms or complications due to gallstones. However, up to half of people may not have further symptoms after their initial episode of pain and surgery may not be necessary.

Up to half of people with uncomplicated gallstone disease, may not have further symptoms after the initial episode of pain for up to 10 years, and surgery may not be necessary.

Risks of surgical treatment

It is well known that a surgical option carries a 10% (1 in 10) risk of major and minor complications. Moreover, up to 20% (1 in 5) of people who have surgery still experience pain and need on-going pain management.

In describing the size of a risk, some patients have found the table below a useful way to interpret the numbers.

Term	Equivalent numerical ratio	Equivalent environment
Very common	1/1 to 1/10	One person in a family
Common	1/10 to 1/100	One person in a street
Uncommon	1/100 to 1/1000	One person in a village
Rare	1/1000 to 1/10,000	One person in a small town
Very rare	Less than 1/10,000	One person in a large town

Any surgical procedure has its risks and potential problems.

The following are possible problems that you may experience:

- **Anaesthetic risks:** This is rare unless you have specific medical problems. Death is very rare. Your anaesthetist will discuss with you in detail.
- **Bleeding:** The risk of major bleeding, which is severe enough to need a blood transfusion, is uncommon but it can happen with any surgery.
- **Infection:** The risk of infection at any of the wound sites is common, and you might receive antibiotics in theatre to reduce such risk. Serious hospital acquired infections (e.g. MRSA and Clostridium Difficile) are rare.

- **Deep Vein Thrombosis (DVT):** A clot in the deep veins of the leg. While the overall risk is common (4-5%), the majority pass unnoticed and resolve themselves. It is rare for a clot to move to the lungs and cause serious problem following day surgery (affecting less than 1% of those who get a clot). However, there have been deaths following such clots and, therefore, special stockings and, an injection to thin the blood are provided to all patients.

Specific Complications of a Cholecystectomy (removing the gallbladder)

Complication		Risk
Injury to the bowel	0.1%	(uncommon)
Bile leak (requiring further surgery, endoscopy)	1-3%	(common)
Injury to the bile duct	0.2%	(rare)
Major bleeding (more than 500 ml)	1-2%	(common)
Post-operative collections requiring antibiotics or drainage	1-3%	(common)
Re admission to the hospital	5%	(common)
Hernia at the site of port insertion	1%	(common)
Severe biliary type pain persisting after surgery	4-9%	(common)
Post cholecystectomy diarrhoea	10-15%	(common)
Post cholecystectomy syndrome. (Persistent pain requiring further investigations to look for other causes)	13-37%	(Very common)

Possible complications with Medical management

There is a 0.7% per year risk (uncommon) of developing any of these complications for people on medical management*.
(Life time risks are mentioned in the table below.)

Complication	Lifetime risk	
Acute inflammation of gallbladder (acute cholecystitis)	10-20%	(common)
Infection/pus in gallbladder (empyema)	5-10%	(common)
Inflammation of pancreas (acute pancreatitis)	2-5%	(common)
Stones in bile duct with or without jaundice	15%	(common)
Perforation of the gallbladder	1-2%	(common)

*People with gallstones and without symptoms (asymptomatic gallstones) who are not offered surgery are also susceptible to 0.3% per year risk (uncommon) of developing similar complications.

If any of these symptoms occur urgent medical attention is required.

It is well known that gallstones, irrespective of symptoms, can cause complications (e.g. pancreatitis or jaundice etc.) and in a minority of people (0.7% risk per year), an emergency hospital admission and further surgical treatment or specific medical procedures may be needed (endoscopy).

What do I do now?

We do not routinely provide a hospital appointment.

After reading this leaflet if you think that you do not need to discuss surgical treatment at the moment, you do not need to take any further action. You can get advice from us directly in the future if your symptoms continue or get worse.

If you wish to come to clinic to discuss the surgical treatment options, please book an appointment with us by telephoning us on the number provided in the covering letter.

