

Gallstones



KANAKIA
Health Care

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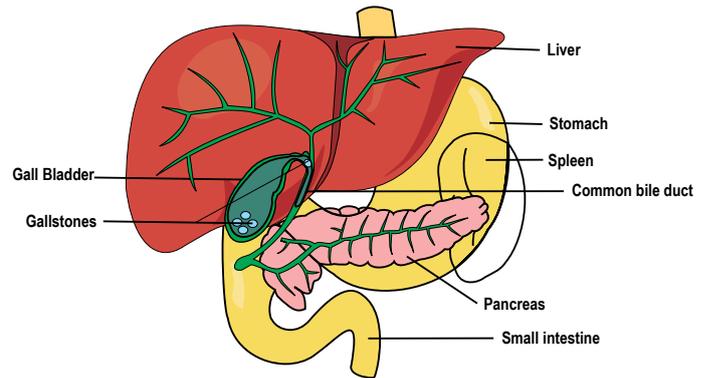
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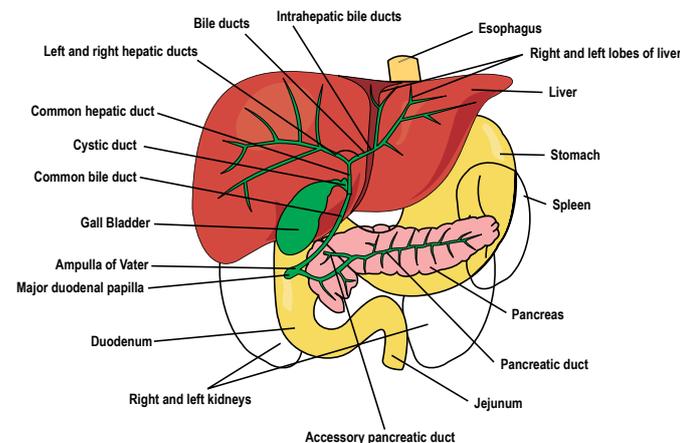
What is the gall bladder?

The gall bladder is a pear-shaped organ under the liver on the right side of the abdomen. Its function is to store the bile which is a digestive fluid made by the liver. This fluid is transported from the liver with the help of small tubes called bile ducts. The gall bladder contracts to release the bile into the intestine after meals via the common bile duct which unites with the pancreatic duct before it opens into the small intestine. Once digestion is over, the gall bladder relaxes to store bile again.



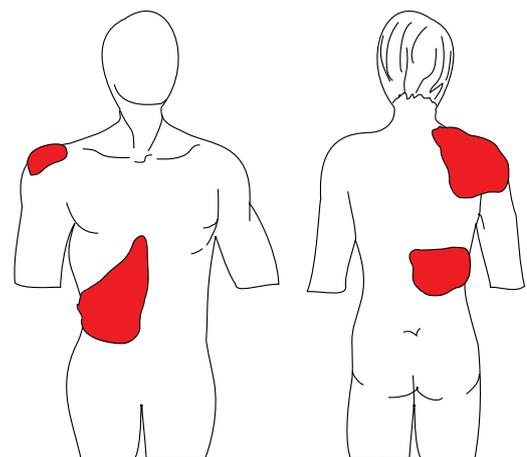
Who is more likely to get gallstones?

- A higher amount of cholesterol or bilirubin in bile
- Women
- Age over 40 years
- Family history
- Pregnancy
- Certain hormones and medicines
- Obesity
- Frequent fasting
- Rapid weight loss
- Lack of physical activity
- Diabetes
- Increased hemolysis
- Liver disease



What are gallstones?

Gallstones are small solid stones which form when substances in bile become hard or solidify. They may be like a grain of sand or as large as a golf ball, but the average size is less than 1 inch. They are of two types – cholesterol gallstones and pigment gallstones. The cholesterol gallstones are more common.



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How does a patient with gall bladder disease present?

- Asymptomatic, which usually requires no treatment.
- Gallstone pain or biliary colic –occurs in episodes, in the right upper abdomen below the lower ribs. It can be accompanied by sweating, nausea and vomiting. The pain may radiate to the right shoulder or back. Occurs typically after a heavy fatty meal when the gall bladder contracts and the stone obstructs the passage of the bile. Pain subsides as the gall bladder relaxes. Attacks may be separated by days, weeks, months, or even years. Repeated attacks are associated with complications.

What are the complications of gallstones?

Repeated attacks of gall stone pain are associated with complications. They are:

Acute cholecystitis is the inflammation of the gall bladder. It is associated with fever and the pain does not subside unlike simple biliary colic. It is a serious condition and requires immediate medical attention.

Choledocolithiasis refers to one or more gallstones in the common bile duct that are blocking the exit of the bile. It causes:

- Jaundice
- Infection of the bile ducts or acute cholangitis which causes fever with chills and pain

- Acute pancreatitis or the inflammation of the pancreas

How are gallstones diagnosed?

- USG abdomen is the best and most sensitive way to diagnose stones in the gall bladder.
- Routine liver blood tests are helpful when bile flow is blocked by the gallstones.
- To find if gallstones are present in the bile duct, the following tests are useful:
 - Magnetic resonance imaging (MRI) scans.
 - Endoscopic ultrasound (EUS)
 - Endoscopic retrograde cholangiopancreatography (ERCP)

What is the treatment of gallstones?

Treatment of gallstones varies from patient to patient and depends on the clinical situation.

- No treatment – For asymptomatic gall stones, discovered on routine examination no intervention or treatment is advised.
- Surgery – This is advised for the symptomatic patient. It is called cholecystectomy. There are two methods of doing this surgery. One is the traditional open surgery, and the other is done via a small cut and with the help of a camera. This is the laparoscopic cholecystectomy.
 - Post surgery – although one can live and survive comfortably without the gall bladder, removing it causes some discomfort. Patients experience bloating, gas, diarrhea.
 - Other treatment modalities – These essentially preserve the gall bladder while the stones are removed. The only

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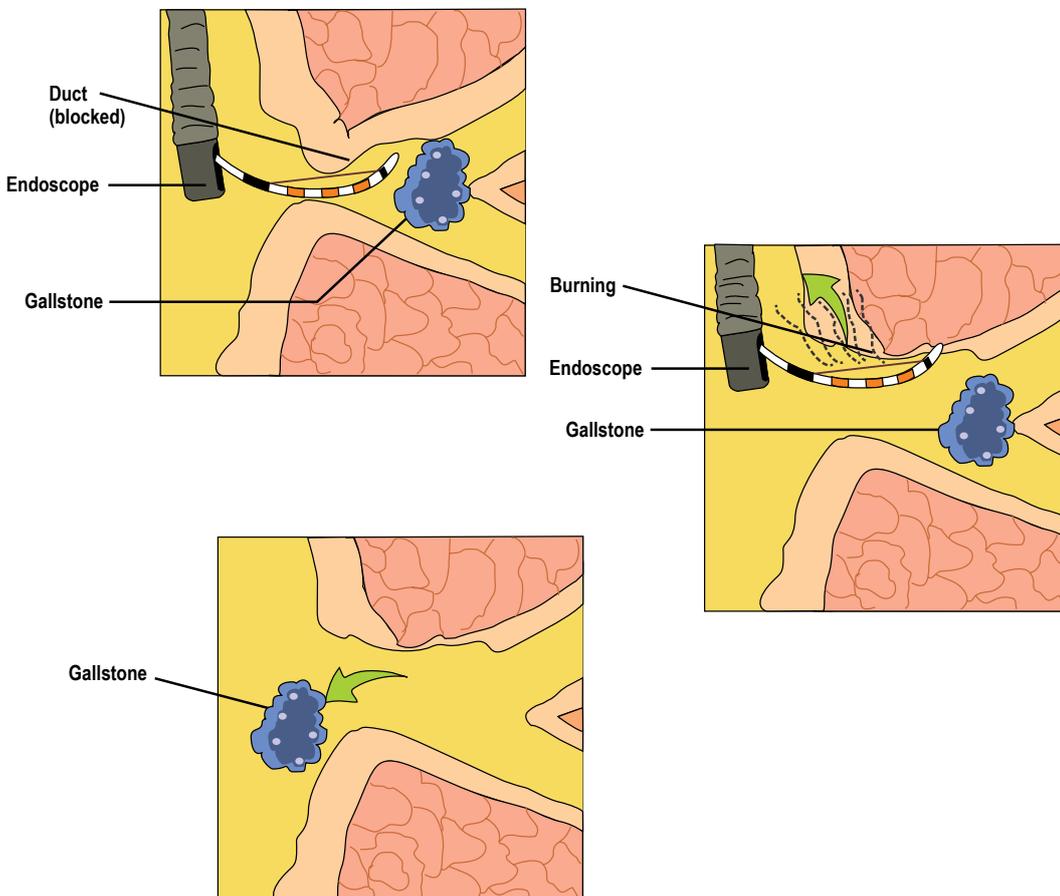
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problem is that the stones may recur.

- Medications to dissolve the stones
- Extracorporeal shock wave lithotripsy is used in a few centers. It is useful mainly for cholesterol stones.
- Endoscopic management of bile stones through ERCP and endoscopic sphincterotomy – This is indicated in patients who have stones in the common bile duct, or in those who have a recurrence or those patients who have done a surgery to remove the gall bladder but there is a retained stone in the common bile duct.

Sphincterotomy



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