

Gallstones

What are gallstones?

The gallbladder is a small sac that lies under the liver and is part of the digestive system. The liver makes bile, a substance that helps digest the fats you eat. Bile ducts drain bile from the liver into the gallbladder and small intestines. Bile can contain cholesterol and other substances from the breakdown of old blood cells (bilirubin). If there is too much cholesterol or bilirubin in the bile, it can become solid, forming what is called a gallstone. Gallstones can stay in the gallbladder or they may move into the bile ducts. It's possible for stones to move into the main bile duct and block it. If the bile flow from the gallbladder is blocked, the gallbladder can become inflamed and infected. This condition is called cholecystitis. If the bile backs up in the liver, it can cause your skin and white part of your eyes to turn yellow (jaundice). Gallstones can also cause inflammation in the pancreas (pancreatitis) that can be life threatening.

You are more likely to have gallstones if:

- You are female
- You are pregnant, are on hormone replacement therapy, or take birth control pills
- You are overweight
- You have type 2 diabetes
- You are Native American
- You have sickle cell anemia or another disease that breaks down red blood cells
- Other members of your family have had gallstones

What can I expect in the hospital?

Several things may be done while you are in the hospital to monitor, test, and treat your condition. They may include:

Monitoring

- You will be checked often by the hospital staff.
- Your heart rate, blood pressure, and temperature will be checked regularly.

Testing

Testing may include:

- Blood tests to check for infection and liver function
- Tests to look for abnormalities in the gallbladder and bile ducts, which may include:
 - Ultrasound scan: Sound waves and their echoes are passed through the body from a small device (called a transducer) that is held against your skin to create pictures of the inside of the liver, gallbladder, and bile ducts abdomen, including the liver, gallbladder, bile ducts, and intestines

- Oral cholecystogram (OCG): Pictures of the inside of the liver, gallbladder, and bile ducts taken after you swallow dye in a pill to check for stones or blockages
- Nuclear gallbladder (HIDA or DISIDA) scan: A test in which dye is injected into your bloodstream and pictures are taken with a special camera (called a gamma camera) to see if the gallbladder or bile ducts are blocked or swollen
- Endoscopic retrograde cholangiopancreatography (ERCP). A test in which a slim, lighted tube with a camera) is passed through the stomach and into the small intestine and bile duct to check for stones or blockages
- Computed tomography (CT) scan: A series of X-rays taken from different angles and arranged by a computer to show thin cross sections of the liver, gallbladder, and bile ducts

Treatment

The treatment for gallstones depends on how severe your gallstones are, if there is a blockage or complication, and your general health. Treatment may include:

- You will have a small tube (IV catheter) inserted into a vein in your hand or arm. This will allow for medicine to be given into your blood system and to give you fluids, if needed.
- You may have a procedure called endoscopic retrograde cholangiopancreatography (ERCP). ERCP is a procedure in which a slim, lighted tube with a camera (called an endoscope) is passed through the stomach and into the small intestine and bile duct to check for stones or blockages. ERCP may be used in combination with a laparoscopic surgery to enlarge the opening from the common bile duct into the intestine. It may then be possible to remove the stones or allow them to pass through the enlarged opening. This may be done before or after surgery to remove the gallbladder.
- If your gallstones are causing more severe pain or a blockage you may need surgery to remove the gallbladder, called a cholecystectomy. The type of surgery you have to remove the gallbladder may be one of the following:
 - Open cholecystectomy (laparotomy): Surgery to remove the gallbladder and part of the tube from the gallbladder to the common bile duct through one larger cut in your upper abdomen
 - Laparoscopic cholecystectomy: Surgery to remove the gallbladder through several small cuts in the upper abdomen. Your healthcare provider inserts a lighted tube with a camera (called a laparoscope) through the cut and into your abdomen to help see and remove the gallbladder.
- You may have a procedure called extracorporeal shockwave lithotripsy (ESWL). This procedure uses sound waves to break up the gallstones.
- Your provider may prescribe medicine to:
 - Treat pain
 - Treat or prevent an infection
 - Prevent side effects, such as nausea or constipation, from other treatments
 - Dissolve gallstones

- If your gallstones are causing only mild pain and not blocking the flow of bile, you may be treated with a low-fat and high-fiber diet and pain relievers.

What can I do to help?

- You will need to tell your healthcare team if you have new or worsening:
 - Abdominal pain
 - Nausea or vomiting
 - Yellow skin or eyes.
 - Light colored bowel movements
 - Dark urine
 - Signs of infection around your surgical wound if you had surgery. These include:
 - The area around the wound is getting more red or painful
 - The wound area gets very warm to touch
 - You have blood, pus, or other fluid coming from the wound area
 - You have chills or muscle aches
- Ask questions about any medicine or treatment or information that you do not understand.

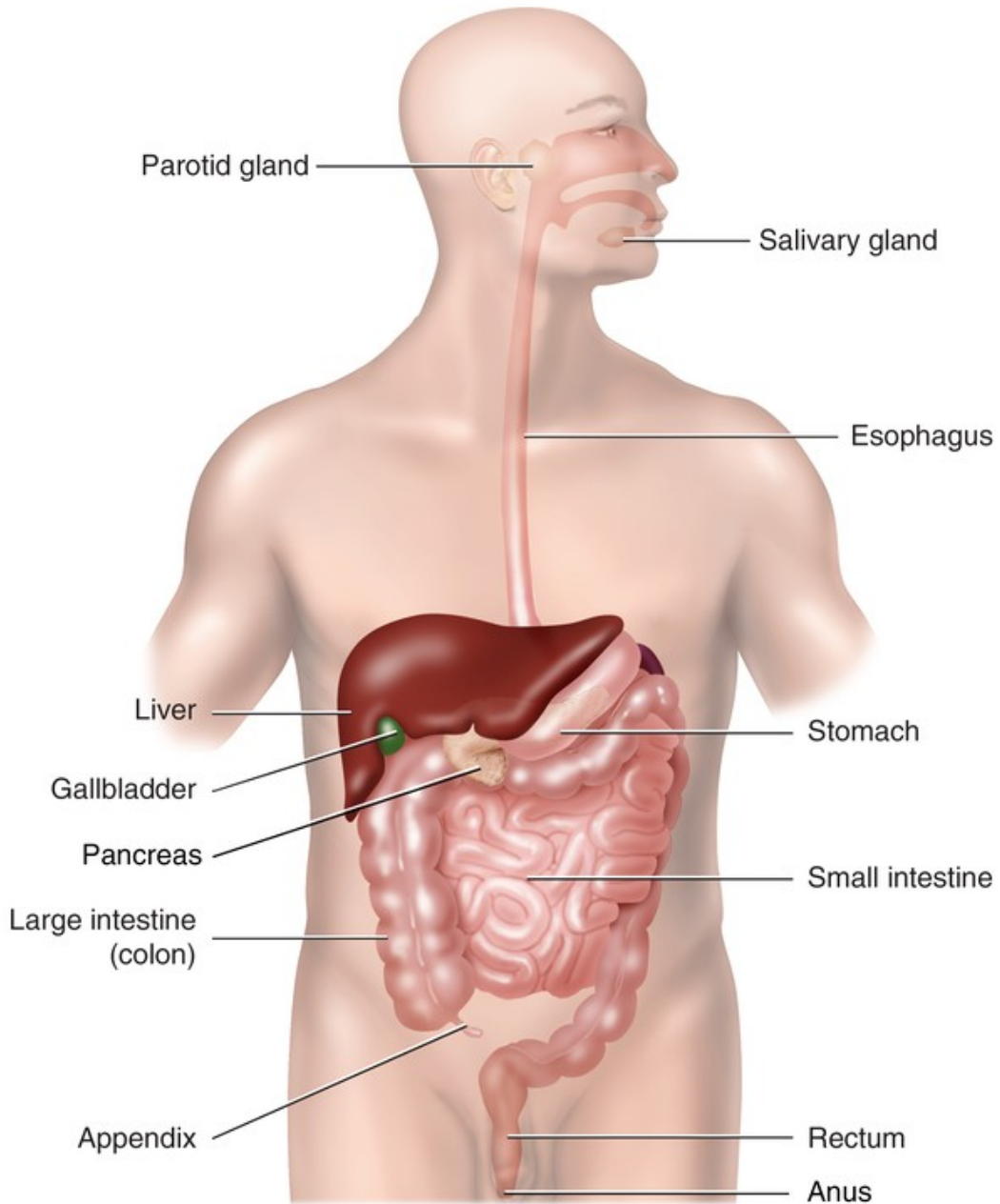
How long will I be in the hospital?

How long you need to stay in the hospital depends on many factors. The average amount of time to stay in the hospital with gallstones is 3 to 5 days.

Developed by RelayHealth.

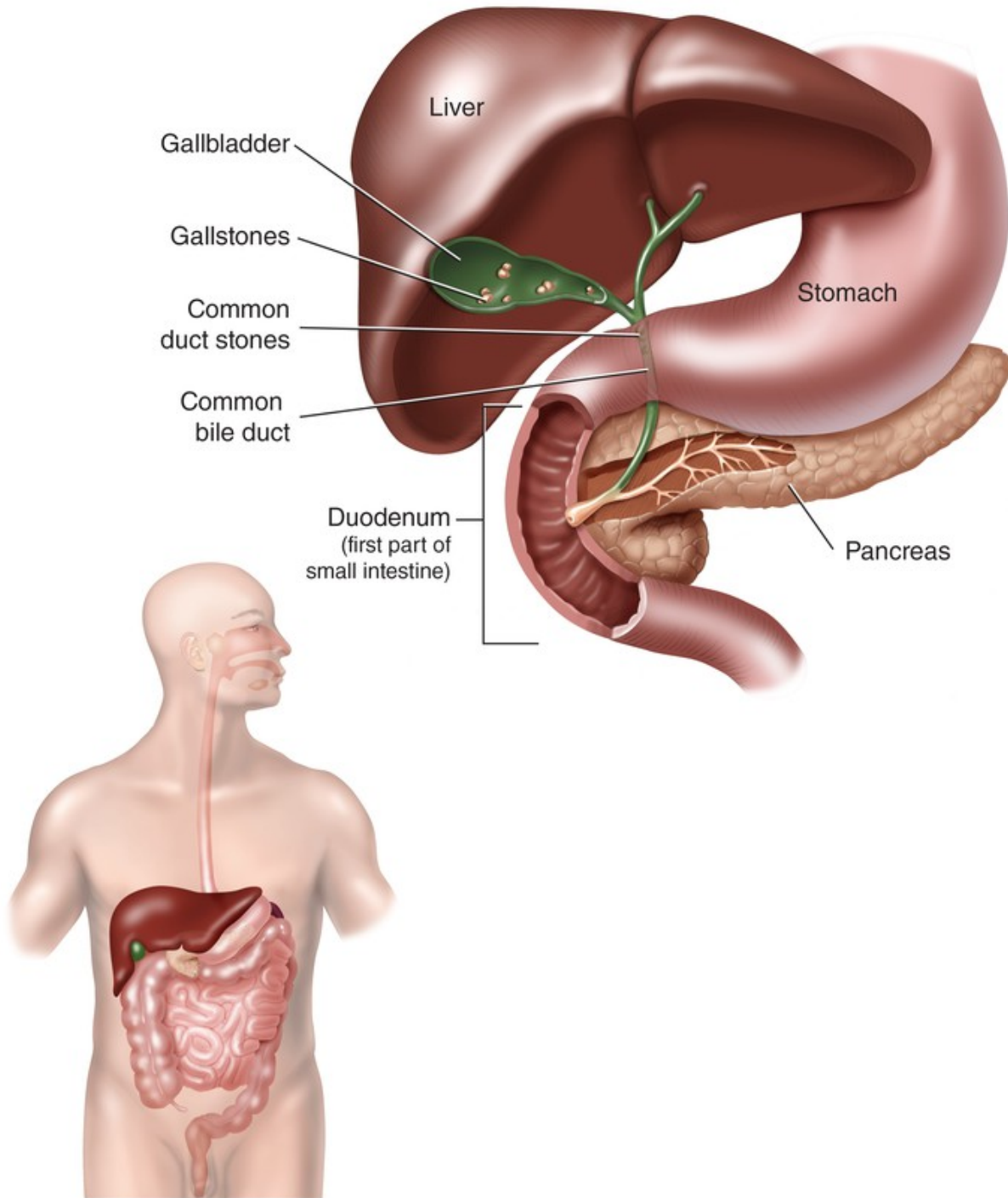
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Digestive System



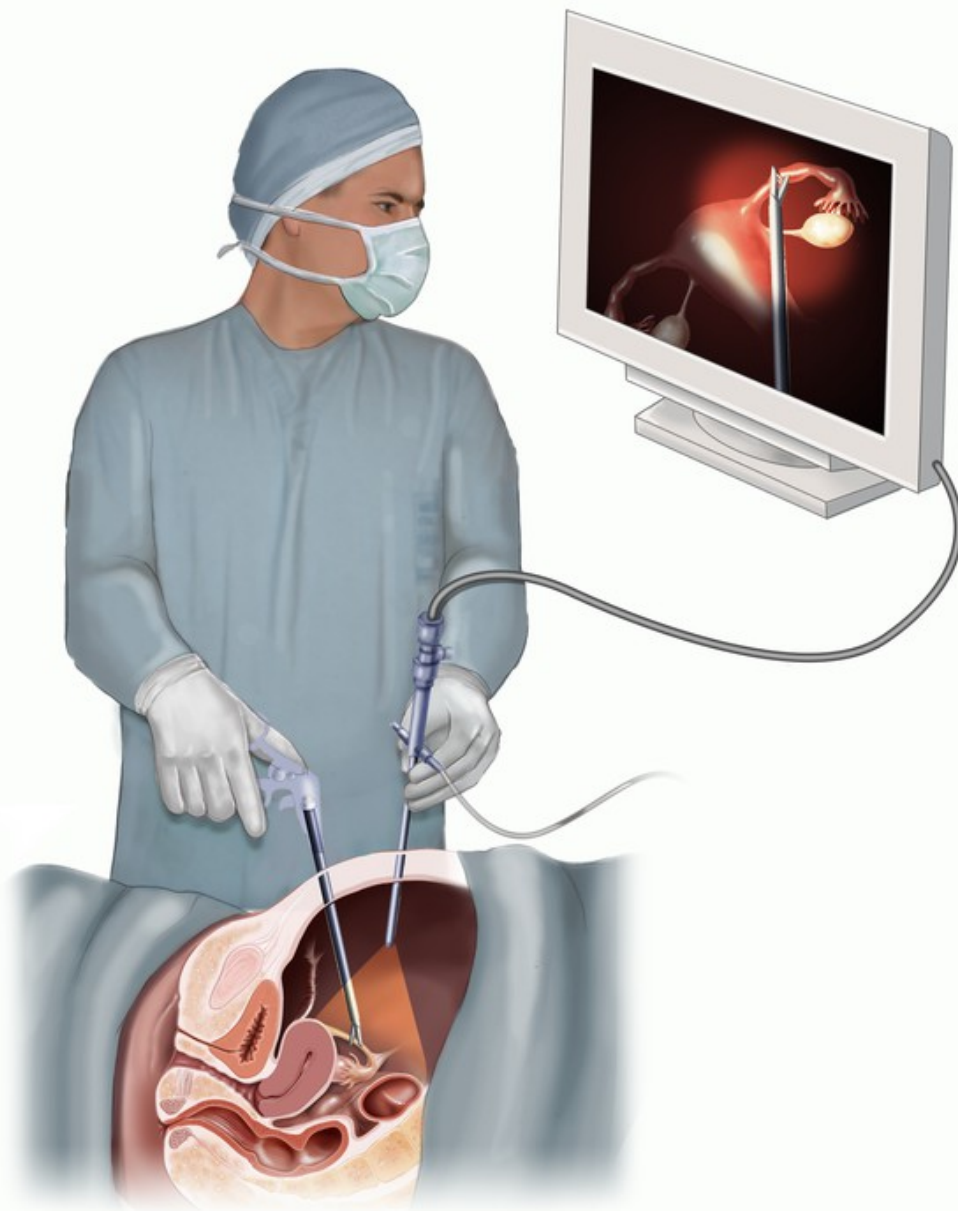
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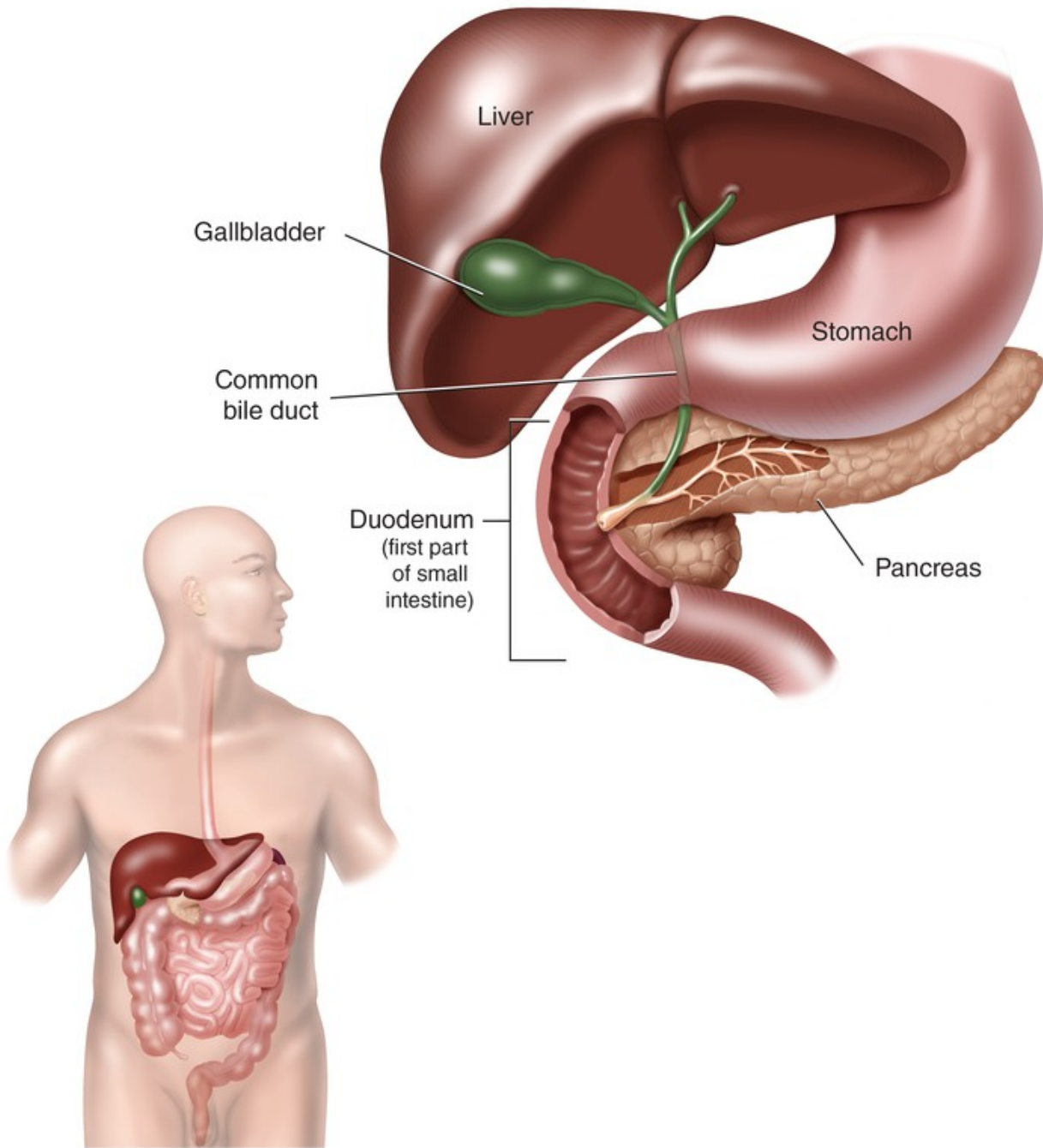
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Laparoscopy



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Liver, Gallbladder, and Pancreas



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