



SEE MY SURGEON

— Mr. Peter Asaad —

CONSULTANT GENERAL & COLORECTAL SURGEON

Gallstones and Gallbladder Surgery

A patient guide

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Gallstones are common and many never cause problems. When they do cause symptoms, the important question is whether those symptoms are genuinely coming from the gallbladder and whether treatment is likely to help.

At a glance

- Gallstones without symptoms often need no treatment.
- Ultrasound is usually the first test used to look for gallstones.
- For troublesome gallbladder stones, the usual definitive treatment is keyhole removal of the gallbladder.
- Stones in the bile duct may need additional treatment such as ERCP.
- Surgery is usually very successful, but it cannot guarantee that every abdominal symptom will disappear.

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What are gallstones?

The gallbladder is a small organ beneath the liver that stores bile. Gallstones are solid deposits that form within it. Some people have one stone and others have several. They may remain present for years without causing symptoms.

What symptoms can gallstones cause?

Typical gallstone pain is usually felt in the upper abdomen, particularly on the right-hand side or in the centre. It may spread to the back or right shoulder and can occur after eating. Attacks can be severe and may last from around 30 minutes to several hours.

- Recurrent upper abdominal pain (biliary colic)
- Nausea or vomiting during attacks
- Inflammation of the gallbladder (cholecystitis)
- Jaundice or infection if a stone blocks the bile duct
- Pancreatitis if a stone blocks drainage from the pancreas

When to seek urgent medical help

Seek urgent assessment for severe or persistent abdominal pain, fever or shivering, yellowing of the skin or eyes, repeated vomiting, or if you feel significantly unwell.

How are gallstones investigated?

Your symptoms and examination are important because gallstones found on a scan do not always explain abdominal pain. Blood tests may look for inflammation or problems with the liver and bile ducts.

Ultrasound is usually the main imaging test. If there is concern about bile duct stones or another problem, further imaging such as MRI may be required.

Do all gallstones need treatment?

No. Gallstones found incidentally and never causing symptoms are often left alone. If attacks are mild or infrequent, some people choose to manage symptoms and avoid foods that clearly trigger them. Diet changes do not remove stones that have already formed. Repeated typical attacks, gallbladder inflammation or other complications make surgery more likely to be recommended.

The standard operation for symptomatic gallstones is laparoscopic cholecystectomy: removal of the gallbladder using keyhole surgery under a general anaesthetic. The gallbladder is removed together with the stones. Most operations are completed through several small cuts. Occasionally it is safer to convert to an open operation through a larger cut.

What if there are stones in the bile duct?

Stones that have moved into the common bile duct may require additional treatment. ERCP is an endoscopic procedure performed through the mouth that can remove bile duct stones. The sequence of ERCP and gallbladder surgery depends on your individual circumstances and local services.

Potential benefits

- Prevents further gallbladder attacks in most patients with typical biliary symptoms.
- Reduces the risk of future gallbladder inflammation and other gallstone-related complications.
- Most people can eat and live normally without a gallbladder.

Not every episode of abdominal pain in someone with gallstones is caused by the gallbladder. If symptoms are atypical, surgery may not make them disappear.

Potential risks

Most patients recover without a major complication. Relevant risks include:

- Pain, bruising, bleeding or wound infection
- A collection of fluid or bile inside the abdomen
- Bile leak
- Injury to the bile duct, sometimes requiring further procedures or major corrective surgery
- Injury to nearby structures such as bowel or blood vessels
- Retained stones in the bile duct, sometimes requiring ERCP
- Conversion from keyhole to open surgery if this is safer
- Blood clots, chest infection, heart or anaesthetic complications
- Persistent abdominal symptoms despite surgery
- Loose stools or a change in bowel habit in some patients

Your individual risk depends on your general health, previous surgery, inflammation around the gallbladder and the anatomy encountered at operation. These risks will be discussed with you before surgery.

Recovery after surgery

Many patients go home on the day of surgery or after an overnight stay. Wound discomfort and tiredness are expected initially. Shoulder-tip discomfort or bloating can occur for a short time because gas is used during keyhole surgery.

- Start gentle walking soon after surgery.
- Increase activity gradually as comfort allows.
- You can usually eat normally, although smaller or lighter meals may be easier initially.
- Return to work depends on your job and recovery; many people with desk-based work return within 1-2 weeks.
- Do not drive until you can control the car safely and perform an emergency stop without pain, and you are no longer affected by sedating medication.

When should I seek advice after surgery?

- Increasing or severe abdominal pain
- Persistent vomiting or inability to eat or drink
- Fever, shivering or feeling increasingly unwell
- Yellowing of the skin or eyes
- Increasing redness, swelling or discharge from a wound
- Breathlessness, chest pain or a swollen painful calf

Questions to ask at your consultation

- Are my symptoms typical of gallstones?
- Do I need further tests before deciding about surgery?
- What are the alternatives to surgery in my case?
- What are my individual risks?
- What should I expect during recovery?

About Mr Peter Asaad

Mr Peter Asaad is a Consultant General & Colorectal Surgeon. He assesses and treats patients with gallstone disease and performs laparoscopic gallbladder surgery in his general surgical practice.

Important information

This leaflet provides general information only. It does not replace an individual consultation, examination or consent discussion. The treatment that is appropriate for you depends on your symptoms, medical history and individual circumstances.

If you become acutely unwell, seek urgent medical attention rather than relying on this leaflet.