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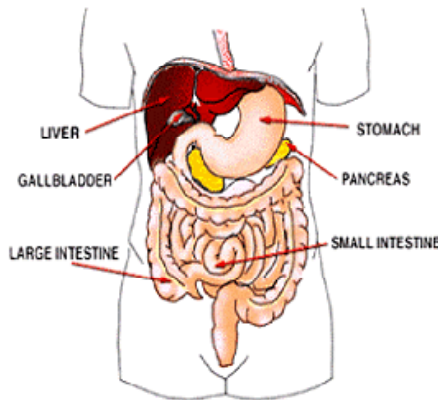
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Gallbladder

The gallbladder is a small sack about 4 inches long that is located just beneath the liver, in the upper right portion of the abdomen. The gallbladder acts as a reservoir to store bile, a substance made by



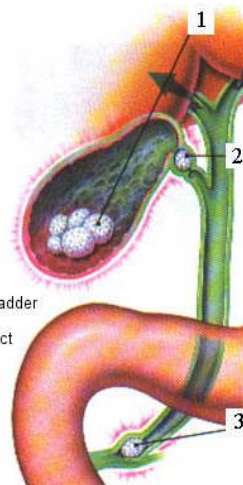
the liver. Bile slowly trickles from the liver through tubes called hepatic ducts, and into the gallbladder where it is stored. Bile contains chemicals which are necessary for the digestion of fat. During meals, the gallbladder releases its bile which flows through the bile duct and into the intestine. Once in the intestine, bile mixes with food and permits digestion and absorption of fat.

Bile contains cholesterol, bilirubin (a substance from the breakdown of blood cells), and other chemicals. When the mixture of these chemicals in bile is out of balance, small crystals of cholesterol and/or bilirubin may form in the gallbladder. Over time, this crystal may continue to enlarge into a stone. Some people may form a single stone, some may form multiple stones, and some form only

“sludge” or “gravel” in the gallbladder.

Up to a third or more of patients with gallstones have no symptoms. Others may suffer periodic meal-related nausea, abdominal pain or vomiting. If the stones flow out of the gallbladder, they may become stuck in the bile duct. This results in intense pain, initially in the middle of the abdomen, later moving into the upper right portion of the abdomen. The pain is also sometimes felt between the shoulder blades, or in the right shoulder. The pain is called colic, because it is intense and comes in waves. If the stone either finally passes through the duct or falls back into the gallbladder, the attack will fade over several hours. If the stone remains stuck in the bile duct, however, an infection will set

- 1 Stones in gallbladder
- 2 Stone escaping gallbladder
- 3 Stone stuck in bile duct



up within the gallbladder. This represents a need for urgent hospitalization, treatment with antibiotics, and — in most cases — surgery with removal of

the gallbladder. If this condition goes untreated, there is a risk that the gallbladder will become gangrenous and possibly rupture.

What should you do? Patients who have gallstones but have no symptoms, generally require no treatment. Patients with gallstones and periodic attacks of symptoms should be properly evaluated by their physicians to see if the gallstones are actually the cause of the symptoms.

If the gallstones are found to be responsible for the symptoms, surgery will be recommended. Other methods of treatment, such as using medication to dissolve the stones or shock waves (“lithotripsy”) to break up the stones, have not proved to be beneficial.

Surgical treatment of gallstones is the removal of the gallbladder. Laparoscopic surgery, using medical telescopes inserted into the body through tiny incisions, has less postoperative pain, shorter length of hospital stay and an overall shorter recovery time compared to traditional “open” surgery. Laparoscopic gallbladder surgery is performed whenever possible.

Fortunately, removal of the gallbladder in most cases does not alter the normal digestive pattern. Bile continues to flow from the liver and into the intestine; therefore, patients who have undergone gallbladder surgery may eat a normal diet, and generally continue to lead normal lives.