Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GASTROENTEROLOGY AND SURGERY

Gallstones

when they are harmless, and when they are not

Gallstones are extremely common and most people who have them never know. Problems arise when a stone blocks the outlet, producing severe pain, or moves further and causes complications. The distinction between an attack of pain and a complication is what determines how urgently you need help.

Go to an emergency department if you have

- pain lasting **more than six hours**, or pain with a **fever and shivering**
- **yellowing of the skin or eyes**, dark urine or pale stools
- **severe pain spreading through to the back** with persistent vomiting
- a **tender, rigid abdomen**, or pain on the slightest movement
- **confusion, low blood pressure** or feeling seriously unwell

Fever with gallstone pain suggests infection of the gallbladder or bile duct; jaundice suggests a stone has blocked the bile duct; severe back pain with vomiting suggests pancreatitis. All three are emergencies. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What an attack feels like

Biliary colic is a steady, intense pain in the upper right abdomen or centrally under the ribs, often radiating to the right shoulder blade. Despite the name it does not come and go in waves — it builds, plateaus for anywhere from 30 minutes to a few hours, then eases. It commonly begins in the evening or at night, frequently after a fatty meal, and is often accompanied by nausea and vomiting.

30 min–6 hrs
typical attack duration

Over 6 hrs
suggests a complication

Most
gallstones never cause symptoms

During an attack

- Take paracetamol, or an anti-inflammatory if it suits you.

- Avoid food until the pain settles; sip clear fluids.
- A warm compress may help. Movement often makes it worse, so find a position and stay in it.
- If the pain has not settled within a few hours, or you develop fever or jaundice, seek help rather than waiting it out.

Diet

Diet does not dissolve gallstones, but reducing fat reduces how often the gallbladder contracts and therefore how often attacks happen. This buys time and comfort; it is not a cure.

Reduce

- Fried food, pastry, cream, butter and full-fat dairy
- Fatty meats, sausages and processed meat
- Chocolate, cakes and biscuits
- Large meals, particularly late in the evening

Better tolerated

- Lean protein, fish, pulses and vegetables
- Wholegrains and fruit
- Smaller, more frequent meals
- Steady weight loss rather than rapid — crash dieting causes gallstones

Treatment

Stones found incidentally with no symptoms are usually left alone. Once they have caused symptoms, however, attacks tend to recur and complications become more likely, so removal is generally recommended.

- **Laparoscopic cholecystectomy** — keyhole removal of the gallbladder — is the definitive treatment. It is usually a day case, with most people back to normal activity within one to two weeks.
- You **do not need a gallbladder**; bile simply flows continuously into the intestine instead.
- Around one in ten people has looser stools afterwards, usually temporary. Persistent diarrhoea after gallbladder removal is often bile acid diarrhoea, which is easily treatable — and frequently missed.
- **ERCP** is used to remove stones that have passed into the bile duct.
- Medicines to dissolve stones are rarely effective and are seldom used.

> **Book an appointment if** you have had episodes of upper abdominal pain, particularly after fatty meals. We can arrange an ultrasound — the test of choice for gallstones — and blood tests on site, usually the same day, and refer for surgery without a wait.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Ultrasound** · **Gastroenterology** · **Minor surgery** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CG188 guidance on gallstone disease. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.