



UNDERSTANDING GALL BLADDER DISEASE

THE GALL BLADDER IS AN IMPORTANT PART OF the digestive system, storing and releasing bile at appropriate times to aid the digestion and absorption of essential nutrients we ingest. Bile is produced in the liver and stored in the gall bladder under resting conditions. After a meal, when the body senses a rise in the amount of fatty substances in the duodenum, the gall bladder is signaled to release the stored bile into the duodenum in order to efficiently digest the fatty components of the meal. In this sense, bile is an essential enzyme for the breakdown of lipids in the gastrointestinal tract.

Diseases of the gall bladder, therefore, may lead to impaired digestion of fats in the small intestines. This may cause an excess of unabsorbed fats in the distal parts of the digestive tract, resulting in a form of malabsorptive diarrhoea known as steatorrhoea. Besides assisting in the digestion of fats, bile also plays an important role in the absorption of vitamin K. Vitamin K is a crucial micronutrient required for the formation of blood clotting factors II, V, VII and

IX. It also has significant roles in bone and vascular physiology. Therefore, deficiency in Vitamin K due to malabsorption can lead to a host of illnesses such as bleeding disorders and fractures.

One of the most common gall bladder diseases is gallstone. Gallstone is a condition characterised by the formation of solid "stones", known medically as "calculi", within the gall bladder. Large stones can obstruct the ductal system downstream of the gall bladder, causing immense pain in the medical condition known as "biliary colic". The classic presentation of a gallstone attack occurs after a fatty meal and is characterised by pain in the right upper quadrant of the abdomen, often accompanied by referred pain between the shoulder blades or below the right shoulder. The patient may also feel nauseous and become sick.

If gallstones are detected but are not causing any symptoms, no treatment is necessary. However, when symptoms begin to show, treatments such as oral painkillers and cholecystectomy may be considered. Cholecystectomy is the surgical removal of the gall bladder and it can be done either in the conventional open-abdomen way or laparoscopically, but because of the invasiveness and the subsequent complete loss of gall bladder, this procedure is usually performed only if the pain is severe and impacts greatly on the patient's quality of life.

Age and weight have been shown to be linked to gallstone formation. Overweight, pre-menopausal women aged 40 and above are considered most at risk, though there have been no conclusive studies linking diet to the disease. However, since being overweight is a known and modifiable risk factor, being watchful over one's diet and staying fit and healthy may be the best way to prevent gallstones. ■