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Cholecystitis

Cholecystitis is a painful condition caused by an inflamed gallbladder. The most common cause is [gallstones](#).

What is cholecystitis?

Cholecystitis means inflammation of the gallbladder. Most cases are caused by [gallstones](#). Women are affected more often than men.

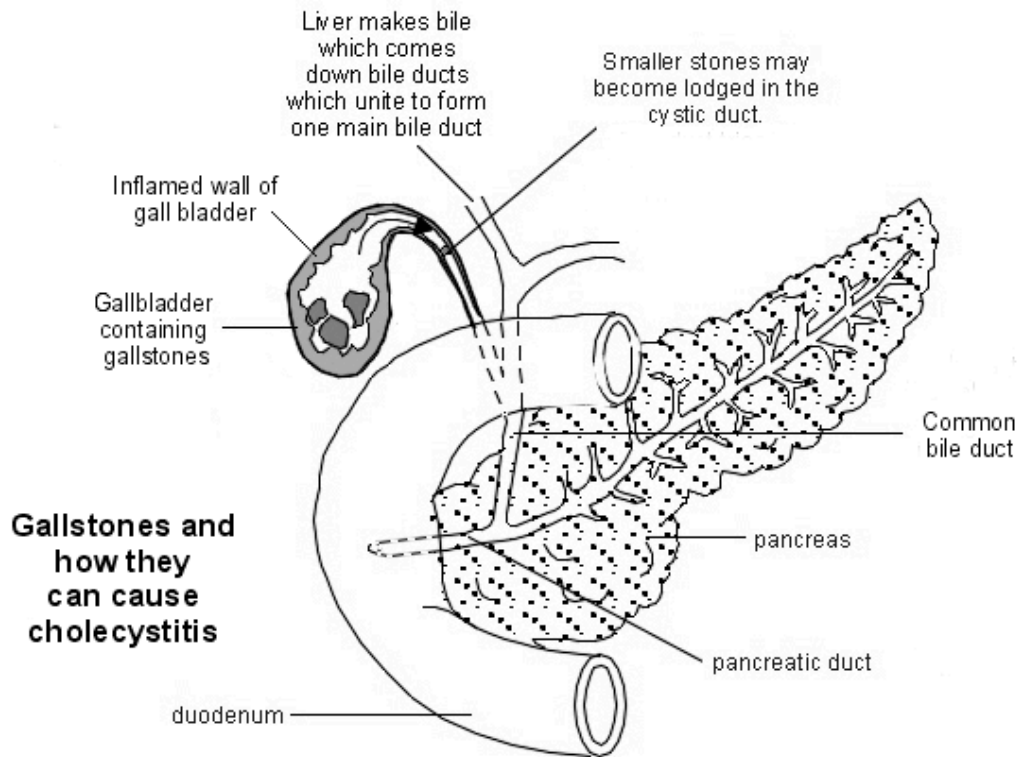
People with acute cholecystitis are normally admitted to hospital for treatment with painkillers, antibiotics, and fluids given through a drip into a vein.

The inflammation may settle down with treatment. Surgery to remove the gallbladder is usually advised to prevent further bouts of cholecystitis. For some people, a procedure to drain bile from the gallbladder is needed, particularly if they can't have surgery.

You can find out more about the [gallbladder and gallstones in our separate leaflet called Gallstones and Bile](#).

How do gallstones cause cholecystitis?

Most people with gallstones do not have any symptoms or problems and do not know they have them. Commonly, the stones simply stay in the gallbladder and cause no harm. However, in some people, gallstones can cause problems. [See the separate leaflet called Gallstones and Bile for more details](#).



Cholecystitis is one problem that can occur with gallstones. About 19 in 20 cases of cholecystitis are thought to be caused by gallstones.

What seems to happen is that a gallstone becomes stuck in the cystic duct (this is the tube that drains bile out from the gallbladder into the bile duct).

Bile then builds up in the gallbladder, which becomes stretched (distended). Because of this, the walls of the gallbladder become inflamed. In some cases the inflamed gallbladder becomes infected. An infected gallbladder is more likely to lead to complications.

Cholecystitis symptoms

The symptoms of acute cholecystitis tend to be quite characteristic. They usually come on rather quickly and people with it often feel very unwell. They are:

- Pain in the upper tummy (abdomen) - the main symptom. It is usually worse on the right side, under the ribs. The pain may travel (radiate) to the back or to the right shoulder and tends to last several hours. The pain tends to be worse on breathing in deeply.
- Feeling of sick (nausea).
- Vomiting.

- A [high temperature \(fever\)](#).

When examining the tummy (abdomen) of someone with cholecystitis, healthcare professionals might find something called 'Murphy's sign', meaning an increase in pain when the doctor places their hand under the ribs on the right hand side, and then asks the person to take a deep breath.

What does an ultrasound scan do?

An [ultrasound scan](#) is a generally painless test which uses sound waves to scan the tummy (abdomen). It takes around 30 minutes to complete the scan. An ultrasound scan can usually detect gallstones and also whether the wall of the gallbladder is thickened (as occurs with cholecystitis). If the diagnosis is in doubt then other more detailed scans may be done.

Are there any other tests I might need?

Other tests that might be done in hospital include:

- Blood tests, to look for signs of infection and inflammation, as well as to check the liver.
- A [computerised tomography \(CT\) scan](#) of the tummy (abdomen).

What else could cause cholecystitis symptoms?

The symptoms of cholecystitis are quite characteristic but other conditions can sometimes appear similar. These include [appendicitis](#), a [stomach ulcer](#), and [pancreatitis](#). [Pneumonia](#) of the bottom part of the right lung can cause similar symptoms.

All of these can make you seriously unwell so it's important to get the diagnosis right. The tests performed in hospital will help to check the diagnosis.

Cholecystitis treatment

The main treatments for cholecystitis are:

- Pain relief.

- Intravenous fluids (through a drip).
- Antibiotics; usually intravenously at first, and later switched to tablets.
- Surgery to remove the gallbladder. This is called a cholecystectomy.
- Sometimes, a plastic tube is inserted through the skin to drain infected bile from the gallbladder. This is called a percutaneous cholecystostomy.
 - This is often done when people are too unwell to have surgery.

Surgery for cholecystitis

For many people, surgery to remove the gallbladder (cholecystectomy) is recommended, because there is a high risk of cholecystitis occurring again, and it may cause serious problems. Removing the gallbladder stops cholecystitis from happening again.

Surgeons used to recommend waiting for 6–8 weeks, or longer, for the inflammation to settle down, before performing a cholecystectomy.

We now know that it's usually better to operate much sooner.

In the UK, the National Institute for Health and Care Excellence (NICE) recommends that people with cholecystitis are offered an operation to remove the gallbladder within a week of diagnosis. However, not all hospitals offer this. Surgeons might also recommend waiting longer if someone is too sick to have an operation.

Different techniques to remove the gallbladder may be used depending on various factors.

- Keyhole surgery is now the most common way to remove a gallbladder. The medical term for this operation is [laparoscopic cholecystectomy](#). It is called keyhole surgery as only small cuts are needed in the tummy (abdomen) with small scars remaining afterwards. The operation is done with the aid of a special telescope that is pushed into the abdomen through one small cut. This allows the surgeon to see the gallbladder. Instruments pushed through another small cut are used to cut out and remove the gallbladder. Keyhole surgery is not suitable for all people.

- Some people need a traditional operation to remove the gallbladder. This is called an open cholecystectomy. In this operation a larger cut is needed to get at the gallbladder.
- A newer approach called natural orifice transluminal endoscopic surgery (NOTES) is still in the development stage. An operating telescope is inserted into one of the natural openings of the body such as the mouth, anus or vagina to perform the surgery. As yet, there isn't enough evidence to recommend it over other approaches.

Do I have to have surgery?

Surgery is usually recommended for people with cholecystitis. Treatment with antibiotics, fluids, and pain relief can settle down the inflammation from cholecystitis, but there's a high chance of it coming back without surgery. In one study, about 1 in 3 people who had cholecystitis and didn't have surgery developed further problems from gallstones later on.

However, people can choose not to have surgery.

For some people, surgeons may also feel that surgery is too risky (for example, if they have serious medical conditions that mean they won't survive an operation).

Speak to your clinical team to find out what the options are. They should be able to tell you the risks and benefits of having surgery, as well as the risks and benefits of other options, such as not having an operation, to help you decide what's right for you.

What you can expect after surgery, including possible complications, is covered in our [separate leaflet called Gallstones and Bile](#).

Further reading

- [Gallstone disease](#); NICE Clinical Guideline (October 2014)
- [Gallstone disease](#); NICE Quality standard, December 2015
- [Gallstones](#); NICE CKS, June 2024 (UK access only)
- [Cholecystitis – acute](#); NICE CKS, July 2021 (UK access only)

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