

Gallbladder disease

The gallbladder is a small, pouch-like organ found underneath the liver. Its main purpose within the body is to store and concentrate bile. Bile is a liquid produced by the liver to help digest fats.

Bile is passed from the liver into the gallbladder through a series of channels known as bile ducts.

The bile is stored in the gallbladder, and over time, it becomes more concentrated, which makes it better at digesting fats. The gallbladder releases bile into the digestive system when it's needed.

Gallstones are formed when substances, such as cholesterol, bile pigments and/or calcium salts, harden into a solid form. When gallbladder blockage by gallstones or another obstruction persists, it can cause gallbladder inflammation called cholecystitis.

Although cholecystitis is very treatable, if left untreated it can become severe.

This disease can develop rapidly in a matter of hours or reoccur over a longer period of time. Acute cholecystitis starts suddenly and causes severe pain in the abdomen (which can last longer than 6 hours).

Symptoms

Signs and symptoms may include:

- Severe abdominal pain, especially at the top right side or centre of the abdomen;

- Pain that spreads to the back or right shoulder blade;
- Nausea that occurs at the same time as abdominal pain;
- Abdominal pain that is linked to eating a fatty meal;
- Jaundice (yellowing of the skin or eyes);
- Clay coloured stools or dark urine.

Normally, the pain lasts for a period of 30 minutes but begins to subside after 1 hour. An attack of biliary colic usually lasts less than 6 hours.



CREW HEALTH ADVICE

Prevention

Good lifestyle choices can assist in reducing the risk of gallstones. In order to prevent gallstones, seafarers should understand the importance of avoiding crash diets or a very low intake of calories (i.e. less than 800 calories daily). It is important to seek out good sources of fibre – raw fruits and vegetables, cooked dried beans and peas, whole-grain cereals and bran, for example – and avoid eating too much fat.

Recent studies have shown that moderate consumption of olive oil (about 2 tablespoons a day) can lower the chances of developing gallstones. Researchers found that the incidence of gallstones is relatively low among people who live in areas where olive oil consumption is high.

Further, studies suggest that lecithin (a natural substance used as a thickener in

ice cream, mayonnaise etc.) may help to prevent gallstones by keeping cholesterol from solidifying in the gallbladder.

Treatment

The treatment of gallbladder disease depends on the type of disease present. When it comes to treating gallstones, there are generally three options – a “watch and wait” approach if there are no symptoms, surgery to remove the gallbladder and the stones, or medication to break up the gallstones.

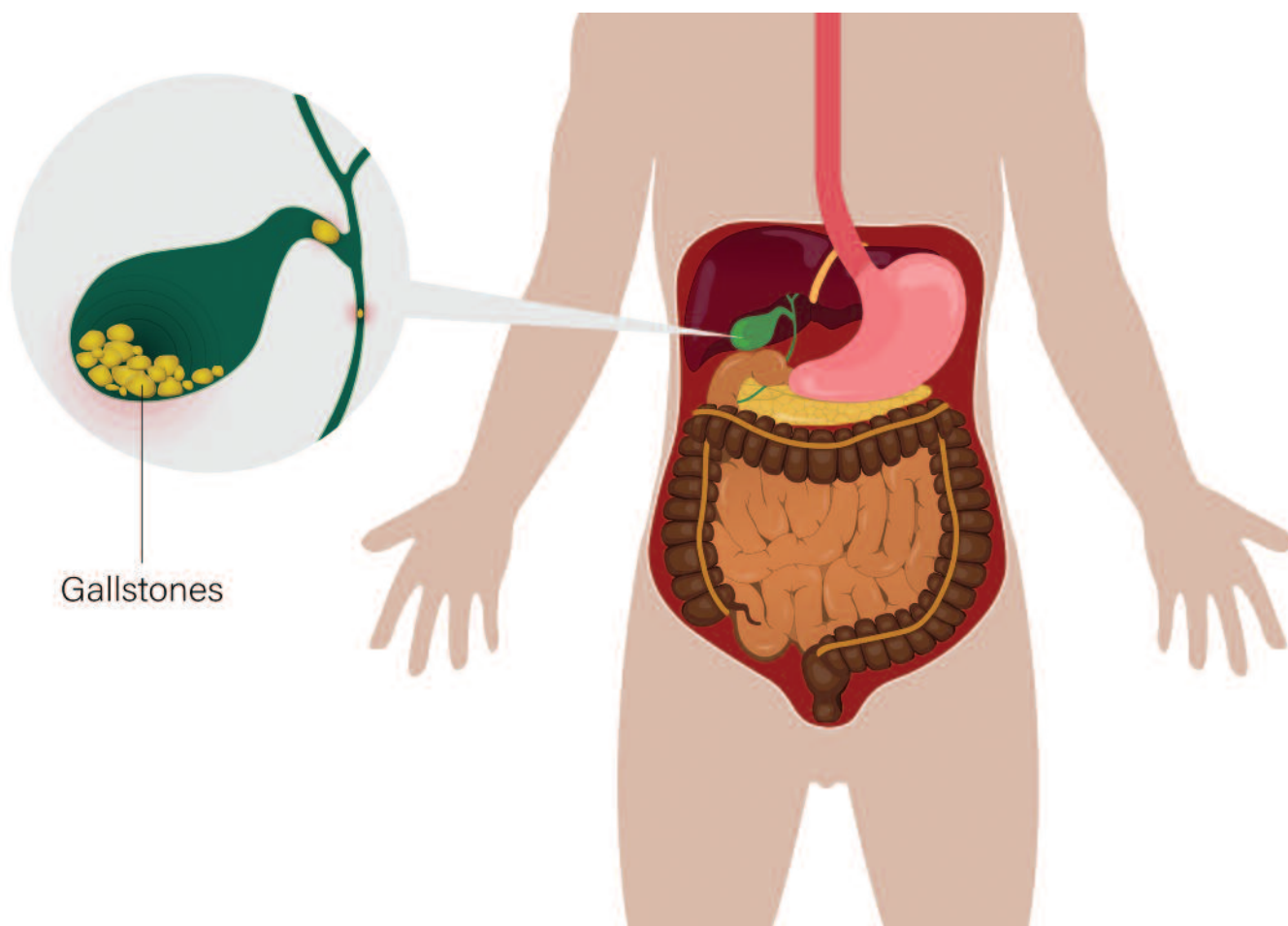
As mentioned previously, the most common manifestation of gallbladder disease is gallstones. However, most gallstones cause no symptoms and therefore do not warrant treatment. When they do cause pain, though, surgery is generally warranted. Medications are rarely used to treat gallstones, although they are used to treat the pain of gallbladder disease.

Gallstone and gallbladder diseases only require treatment if they cause symptoms (such as abdominal pain) or complications (such as jaundice or acute pancreatitis). In these cases, keyhole surgery to remove the gallbladder is recommended.

The prescribed treatment will depend on how the disorder is affecting the seafarer and if they are at risk for ongoing gallbladder disease and accompanying pain. Gallbladder removal is the most common treatment for gallstones that causes ongoing signs and symptoms, infections or other complications.

Alternatively, if the gallbladder removal surgery is deemed too risky, gallstones can be dissolved with drugs taken orally.

This document is for information purposes only and does not constitute or replace medical advice.



CREW HEALTH PROGRAMME

The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

Sophia Bullard

Crew Health Programme Director

Direct: +44 20 7204 2417

Email: sophia.bullard@thomasmiller.com



Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

Saidul Alom

Crew Health Fees Administrator

Direct: +44 20 7204 2968

Email: saidul.alom@thomasmiller.com



Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

Stuart Last

Crew Health Member Administrator

Direct: +44 20 7204 2413

Email: stuart.last@thomasmiller.com



Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.