Treating Gallbladder Cancer

General treatment information

After gallbladder cancer is found and staged, your cancer care team will discuss your treatment options with you. The doctors on this team may include:

- A surgeon or a surgical oncologist (a surgeon who specializes in cancer treatment)
- A radiation oncologist: a doctor who uses radiation to treat cancer
- A medical oncologist: a doctor who uses chemotherapy and other medicines to treat cancer
- A gastroenterologist (GI doctor): a doctor who treats diseases of the digestive system

Many other specialists might be part of your treatment team as well, including physician assistants (PAs), nurse practitioners (NPs), nurses, psychologists, social workers, rehabilitation specialists, and other health professionals. See Health Professionals Associated With Cancer Care for more on this.

It’s important to discuss all of your treatment options, including their goals and possible side effects, with your doctors to help make the decision that best fits your needs. It’s also very important to ask questions if there is anything you’re not sure about. You can find some good questions to ask in “What should you ask your doctor about gallbladder cancer?”

Take time to think about your choices. In choosing a treatment plan, factors to consider include the stage of the cancer, the possible side effects of treatment, your overall health, and the chances of curing the disease, extending life, or relieving symptoms. The main types of treatments for gallbladder cancer include:

- Surgery
- Radiation therapy
- Chemotherapy
Palliative therapy

Your treatment plan will depend on the stage of your cancer and other factors. See “Treatment options based on the extent of gallbladder cancer” for information about comment treatment plans.

If time allows, it is often a good idea to seek a second opinion, particularly for an uncommon cancer such as gallbladder cancer. A second opinion can provide more information and help you feel more confident about your chosen treatment plan.

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they are not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. You can also call our clinical trials matching service at 1-800-303-5691 for a list of studies that meet your medical needs, or see the Clinical Trials section to learn more.

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn’t mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor’s medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be dangerous.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision. See the Complementary and Alternative Medicine section to learn more.

Help getting through cancer treatment
Your cancer care team will be your first source of information and support, but there are other resources for help when you need it. Hospital- or clinic-based support services are an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, support groups, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists on call 24 hours a day, every day.

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don’t hesitate to ask him or her questions about your treatment options.

**Surgery for Gallbladder Cancer**

There are 2 general types of surgery for cancer of the gallbladder:

- Potentially curative surgery
- Palliative surgery

**Potentially curative surgery** is done when imaging tests or the results of earlier surgeries show there is a good chance that the surgeon can remove all of the cancer. Doctors use the term *resectable* to describe cancers they believe can be removed completely by surgery and *unresectable* to describe those that have spread too far or are in too difficult a place to be removed by surgery. Unfortunately, only a small portion of gallbladder cancers are resectable when they are first found.

If potentially curative surgery is being considered, you may want to get a second opinion or even be referred to a large cancer center. Nearly all doctors agree that surgery offers the only realistic chance for curing people with gallbladder cancer. But there are differences of opinion about how advanced a gallbladder cancer can be and still be treatable with surgery. The surgery needed for gallbladder cancer is often complex and requires an experienced surgeon. These operations are most often done at major cancer centers.

**Palliative surgery** is done to relieve pain or prevent complications, such as blockage of the bile ducts, if the tumor is too widespread to be removed completely. Palliative surgery is not expected to cure the cancer, but it can sometimes help relieve symptoms
and/or prolong a person’s life. Palliative surgery is described in more detail in “Palliative therapy for gallbladder cancer.”

Gallbladder cancer surgery can have serious side effects and, depending on how extensive it is, may require several weeks for recovery. Patients whose cancer is very unlikely to be curable need to carefully weigh the pros and cons of surgery or treatments that require a lot of recovery time. It’s very important to understand the goal of any surgery for gallbladder cancer, what the possible benefits and risks are, and how the surgery is likely to affect your quality of life.

Staging laparoscopy

Often, when gallbladder cancer is suspected, the surgeon will do a laparoscopy before any other surgery. This is done to help determine how far the cancer has spread and if it can be resected or not. Laparoscopy may let the surgeon see areas of cancer that were not detected with imaging tests.

In this procedure, a small cut is made so that a long, lighted tube called a laparoscope can be inserted into the abdomen. The doctor uses the laparoscope to look around inside the abdomen for signs of cancer spread. If the cancer is resectable, laparoscopy can also help plan the operation to remove it.

Cholecystectomy (simple cholecystectomy)

The operation to remove the gallbladder is called a cholecystectomy. If only the gallbladder is removed, the operation may be called simple cholecystectomy.

This operation is often used to remove the gallbladder for other reasons such as gallstones, but it is not done if gallbladder cancer is known or suspected (a more extensive operation is done instead).

Gallbladder cancers are sometimes found by accident after a person has a cholecystectomy for another reason, such as gallstones. If the cancer is at a very early stage (T1a) and is thought to have been removed completely, no further surgery may be needed. If there’s a chance the cancer may have spread beyond the gallbladder, more extensive surgery may be advised.

A simple cholecystectomy can be done in 2 ways:

Laparoscopic cholecystectomy: This is the most common way to remove a gallbladder for non-cancerous problems, such as gallstones. The surgeon uses a
laparoscope, a thin, flexible tube with a tiny video camera on the end that is inserted through a small cut in the skin of the abdomen. Long surgical tools are placed through other small openings to remove the gallbladder.

Laparoscopic surgery tends to be easier for patients because of the smaller incision size. But this type of operation is not used if gallbladder cancer is suspected. This surgery offers the surgeon only a limited view of the area around the gallbladder, so there is a greater chance that some cancer might be missed and left behind. It might also lead to the accidental spread of the cancer to other parts the body.

**Open cholecystectomy:** In this approach, the surgeon removes the gallbladder through a large incision (cut) in the abdominal wall. This method is sometimes used if a non-cancerous gallbladder problem is suspected (such as gallstones), which in some cases may lead to the discovery of gallbladder cancer. But if gallbladder cancer is suspected before surgery, doctors prefer to do an extended cholecystectomy.

**Extended (radical) cholecystectomy**

Because of the risk that the cancer will come back if just the gallbladder is removed, a more extensive operation, known as an extended (or radical) cholecystectomy, is done in most cases of gallbladder cancer. This can be a complex operation, so make sure your surgeon is experienced in treating gallbladder cancer.

The extent of the surgery depends on where the cancer is and how far it might have spread. At a minimum, an extended cholecystectomy removes:

- The gallbladder
- About an inch or more of liver tissue next to the gallbladder
- All of the lymph nodes in the region

If your surgeon feels it is needed and you are healthy enough, the operation may also include removing one or more of the following:

- A larger part of the liver, ranging from a wedge-shaped section of the liver close to the gallbladder (*wedge resection*) to a whole lobe of the liver (*hepatic lobectomy*)
- The common bile duct
- Part or all of the ligament that runs between the liver and the intestines
- Lymph nodes around the pancreas, around the major blood vessels leading to the liver (the portal vein and hepatic artery), and around the artery that brings blood to most of the small intestine and to the pancreas
- The pancreas
• The duodenum (the first part of the small intestine into which the bile duct drains)
• Any other areas or organs to which cancer has spread

Possible risks and side effects

The risks and side effects of surgery depend on how much tissue is removed and your general health before the surgery. All surgery carries some risk, including the possibility of bleeding, blood clots, infections, complications from anesthesia, and pneumonia.

Laparoscopic cholecystectomy is the least invasive operation and tends to have fewer side effects. Most people will have at least some pain from the incisions for a few days after the operation, although this can usually be controlled with medicines. The incision is larger for an open cholecystectomy, so there is usually more pain and a longer recovery time.

Extended cholecystectomy is a major operation that may remove parts of several organs. This can have a significant effect on a person’s recovery and health after the surgery. Serious problems soon after surgery can include bile leakage into the abdomen, infections, and liver failure. Because most of the organs removed are involved in digestion, eating problems may be a concern after surgery. Your doctor or nurse will discuss the possible side effects with you in more detail before your surgery.

For more general information about cancer surgery, see A Guide to Cancer Surgery.

- References
See all references for Gallbladder Cancer

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Radiation Therapy for Gallbladder Cancer

Radiation therapy uses high-energy rays (such as x-rays) or atomic particles to destroy
cancer cells. There are different kinds of radiation therapy.

For gallbladder cancer, a machine is used to create a beam of x-rays or particles that are aimed at the cancer. This is known as external beam radiation therapy (EBRT).

Before your treatments start, the radiation team will take careful measurements to determine the correct angles for aiming the radiation beams and the proper dose of radiation. The treatment is much like getting an x-ray, but the radiation is much stronger. The procedure itself is painless. Each treatment lasts only a few minutes, but the setup time getting you into place for treatment usually takes longer. Most often, radiation treatments are given 5 days a week for several weeks.

Newer radiation techniques now allow doctors to more accurately treat gallbladder cancers while reducing the radiation exposure to nearby healthy tissues. These may increase success rates and help reduce side effects.

**Three-dimensional conformal radiation therapy (3D-CRT):** 3D-CRT uses special computers to precisely map the location of the tumor(s). Radiation beams are then shaped and aimed at the tumor(s) from several directions, which makes it less likely to damage normal tissues.

**Intensity modulated radiation therapy (IMRT):** IMRT is an advanced form of 3D therapy. It uses a computer-driven machine that moves around the patient as it delivers radiation. Along with shaping the beams and aiming them at the cancer from several angles, the intensity (strength) of the beams can be adjusted to limit the dose reaching the most sensitive normal tissues. This lets doctors deliver an even higher dose to the cancer areas.

**Uses of radiation therapy**

Radiation therapy can be used in several ways to treat gallbladder cancer.

- **After surgery has removed the cancer:** Radiation may be used to try to kill any cancer that might have been left after surgery but was too small to see. This is known as adjuvant therapy. Radiation therapy is often given along with a chemotherapy drug such as 5-fluorouracil (5-FU) or capecitabine, which can make the radiation more effective. Giving chemotherapy and radiation together is called chemoradiation. Some studies have shown that giving chemoradiation after surgery may help patients live longer, especially those whose cancer had spread to lymph nodes.
• **As part of the main therapy for some advanced cancers:** Radiation therapy can also be used as a main therapy for some patients whose cancer is not resectable but has not spread widely throughout the body. Most often it is given along with chemotherapy (chemoradiation). The treatment in this case does not cure the cancer, but it may help patients live longer. More research is needed to find out how useful such therapy is and to figure out the best way to give it.

• **As palliative therapy:** Radiation therapy is often used to help relieve symptoms if the cancer is too advanced to be cured. It may be used to relieve pain or other symptoms by shrinking tumors that are blocking passageways for blood or bile, or are pressing on nerves.

**Possible side effects of radiation therapy**

Side effects of radiation therapy can include sunburn-like skin problems where the radiation enters the body, nausea, vomiting, diarrhea, fatigue, and poor appetite. Often these go away after treatment. When radiation is given with chemotherapy, the side effects are often worse. Ask your doctor or nurse what side effects to expect and how you might prevent or relieve them.

To learn more about radiation therapy, see the Radiation Therapy section or Understanding Radiation Therapy: A Guide for Patients and Families.

• **References**

See all references for Gallbladder Cancer

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**Chemotherapy for Gallbladder Cancer**

Chemotherapy (chemo) is treatment with anti-cancer drugs that are usually given into a vein or taken by mouth. These drugs enter the bloodstream and reach all areas of the body, making this treatment useful for cancers that have spread beyond where they started. Chemo can help some people with gallbladder cancer, but so far its effects against this type of cancer has been found to be limited.
For resectable gallbladder cancers, chemo may be used after surgery (often along with radiation therapy) to try to lower the risk that the cancer will return. This is called adjuvant treatment. Doctors aren’t yet sure how useful it is in treating gallbladder cancer.

Chemo can also be used (with or without radiation therapy) for more advanced cancers. Chemo does not cure these cancers, but it might shrink or slow the growth of tumors for a time. This can help relieve symptoms from the cancer, and may help people live longer.

Doctors give chemo in cycles, with each period of treatment followed by a rest period to allow the body time to recover. Chemo cycles generally last about 3 to 4 weeks. Chemo is often not recommended for patients in poor health, but advanced age by itself is not a barrier to getting chemotherapy.

**Hepatic artery infusion (HAI):** Because giving chemo into a vein is not always helpful for gallbladder cancer, doctors have studied giving it a different way – directly into the main artery going into the liver, called the hepatic artery. Since the hepatic artery also supplies most gallbladder tumors, more chemo goes to the tumor. The healthy liver then removes most of the remaining drug before it can reach the rest of the body. This can lessen the chemo side effects. HAI may help some people whose cancer couldn’t be removed by surgery live longer, but more research is needed. This technique may not be useful in some patients because it often requires surgery to insert a catheter into the hepatic artery, an operation that many gallbladder cancer patients may not tolerate well.

**Drugs used to treat gallbladder cancer**

The chemo drugs most often used for gallbladder cancer include:

- Gemcitabine (Gemzar®)
- Cisplatin (Platinol®)
- 5-fluorouracil (5-FU)
- Capecitabine (Xeloda®)
- Oxaliplatin (Eloxatin®)

In some cases, 2 of these drugs are combined to try to make them more effective. For example, combining gemcitabine and cisplatin may help people live longer than getting just gemcitabine alone. When chemo is given with radiation, most often 5-FU or capecitabine is used.

**Possible side effects**
Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells in the body, such as those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, also divide quickly. These cells can also be affected by chemo, which can lead to side effects.

The side effects of chemo depend on the type and dose of drugs given and the length of time they are taken. Side effects can include:

- Hair loss
- Mouth sores
- Loss of appetite
- **Nausea and vomiting**
- Diarrhea
- **Increased chance of infections** (from having too few white blood cells)
- Easy bruising or bleeding (from having too few blood platelets)
- **Fatigue** (from having too few red blood cells)

These side effects are usually short-term and go away after treatment is finished. There are often ways to lessen these side effects. For example, drugs can be given to help prevent or reduce nausea and vomiting. Be sure to ask your doctor or nurse about medicines to help reduce side effects.

Along with the possible side effects above, some drugs can have their own specific side effects. For example, cisplatin and oxaliplatin can damage nerves (called *neuropathy*). This can cause numbness, tingling, weakness, and sensitivity to cold or heat, especially in the hands and feet. This goes away in most patients after treatment stops, but in some cases the effects can be long lasting. For more information, see [Peripheral Neuropathy Caused by Chemotherapy](#).

Report any side effects you notice while getting chemo to your medical team so that they can be treated promptly. In some cases, the doses of the chemo drugs may need to be reduced or treatment might need to be delayed or stopped to prevent the effects from getting worse.

To learn more about chemo, see the [Chemotherapy](#) section.

- **References**
  - See all references for Gallbladder Cancer

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Palliative Therapy for Gallbladder Cancer

Palliative therapy is treatment given to help control or reduce symptoms caused by advanced cancer. It does not try to cure the cancer. If the cancer has spread too far to be removed completely by surgery, doctors may advise palliative operations, radiation, chemotherapy, or other treatments to help make you feel better or to help prevent possible complications from the cancer. Because gallbladder cancers tend to advance quickly, doctors try to use palliative therapies that are less likely to affect a person’s quality of life, when possible.

Biliary stent or biliary catheter

If cancer is blocking a duct that carries bile from the gallbladder or liver to the small intestine, it can lead to jaundice and other problems. The doctor may insert a small tube (either a stent or a catheter) into the bile duct or the gallbladder to help the bile drain out. This may be done as part of a cholangiography procedure such as endoscopic retrograde cholangiopancreatography (ERCP) or percutaneous transhepatic cholangiography (PTC) (see “How is gallbladder cancer diagnosed?”) or, in some cases, during surgery.

- A stent is a small metal or plastic tube that keeps the duct open to allow the bile to drain into the small intestine.
- A catheter is a thin, flexible tube that drains into a bag outside the body through a small hole in the skin of the abdomen. The bag can be emptied when needed. If you have a catheter, your doctor or nurse will teach you how to care for it.

These procedures are often done to help relieve or prevent symptoms from more advanced cancers, but they can also be done to help relieve jaundice before potentially curative surgery is done. This helps lower the risk of complications from the surgery.

The stent or catheter may need to be replaced every few months to reduce the risk of it becoming blocked, which could lead to jaundice or gallbladder inflammation.

Biliary bypass
In people who are healthy enough, another option to allow bile to drain from the liver and gallbladder is to use surgery to create a new way for bile to get past the blockage in the bile ducts caused by the cancer.

There are several different biliary bypass operations, and the decision on which one to use is based on the location of the blockage.

- A **choledochojejunostomy** joins the common bile duct to the jejunum (the second part of the small intestine).
- A **gastrojejunostomy** (also known as a *gastric bypass*) joins the stomach directly to the jejunum.
- A **hepaticojejunostomy** joins the duct that carries bile from the liver to the jejunum. Sometimes these operations can be done through several small holes made in the abdomen using special long surgical tools. This is known as *laparoscopic* or *keyhole surgery*.

A biliary bypass can often give longer-lasting relief than a stent, which might need to be cleaned out or replaced. Still, this can be a major operation, so it’s important that you are healthy enough to withstand it and that you talk with your doctor about the possible benefits and risks before you have the surgery.

**Alcohol injection**

To relieve pain, doctors may deaden the nerves that carry sensations of pain from the gallbladder and intestinal area to the brain by injecting these nerves with alcohol. This can be done during surgery or by guiding a long, hollow needle into place with the help of a CT scan.

**Pain medicines**

Doctors can prescribe strong pain-relieving drugs if needed. Some people with cancer may be worried about taking narcotic drugs such as morphine for fear of being sleepy all the time or becoming addicted to them. But many people get very effective pain relief from these medicines without serious side effects. It’s very important to let your cancer care team know if you are having pain so that it can be treated effectively.

Pain medicines work best when they are taken on a regular schedule. They do not work as well if they are only used when the pain becomes severe. Several long-acting forms of morphine and other opioids are in pill form and only need be taken once or twice a day. There is even a long-acting patch that only needs to be applied every few days.
Common side effects of these drugs are nausea and feeling sleepy, which often get better over time. Constipation is a common side effect that does not get better on its own, so it needs to be treated. Most people on these drugs need to take laxatives daily.

To learn more about the options for managing cancer pain, see the Cancer Pain section, or our Guide to Controlling Cancer Pain.

- References

See all references for Gallbladder Cancer

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**Treatment Options Based on the Extent of Gallbladder Cancer**

The extent of a gallbladder cancer is an important factor in determining treatment options. Doctors use the TNM system to formally stage the cancer (as described in “How is gallbladder cancer staged?”). But for treatment purposes, doctors generally divide gallbladder cancers into 2 groups:

- **Resectable cancers** are those that doctors believe can be removed completely by surgery, based on the results of imaging tests and other tests.
- **Unresectable cancers** have spread too far or are in too difficult a place to be removed entirely by surgery.

In general, some cancers that have not spread far beyond the gallbladder may still be treatable by surgery, unless the cancer has spread into major blood vessels. For instance, if the cancer has only invaded the liver in one area and not too deeply, it may be possible to remove all of the cancer by surgery. On the other hand, if the cancer has spread to both sides of the liver, to the lining of the abdominal cavity, to organs far away from the gallbladder, or if it surrounds a major blood vessel, surgery is unlikely to remove it all.

In terms of stages, stage I and II cancers and some stage III cancers may be resectable. Still, other factors, such as whether a person is healthy enough for surgery,
can affect whether it’s a good option.

How the cancer is first found can also affect treatment options. For example, some cancers are found on imaging tests before surgery, while others are discovered only after surgery is done to treat another condition such as gallstones.

If gallbladder cancer is suspected or diagnosed, it’s a good idea to be seen by a surgeon with experience treating this type of cancer. Gallbladder cancer is uncommon, and not all surgeons are skilled at the more extensive operations needed to treat this cancer.

No matter what stage the cancer is, it’s very important that you understand the goal of treatment before it starts – whether it’s to try to cure the cancer or to help relieve symptoms – as well as the likelihood of the benefits and risks. This can help you make an informed decision when looking at your treatment options.

**Potentially resectable gallbladder cancers**

These are earlier stage cancers that doctors believe can be removed completely by surgery. Treatment of these cancers depends in part on how they are first found.

**Cancer found after surgery for another gallbladder problem**

Some gallbladder cancers are found when the gallbladder is removed to treat gallstones or chronic inflammation. The gallbladder is then looked at under a microscope in the lab, at which time the cancer is discovered. These are typically early stage cancers. If the cancer is confirmed to be only in the inner layers of the gallbladder (T1a), with no signs of spread outside the gallbladder, no further treatment may be needed, as there is a very good chance that all of the cancer was removed.

If the cancer is found to be more extensive within the gallbladder (T1b or greater), other tests will be done to look for any remaining cancer in the body and to determine if it is resectable. These tests may include CT or MRI scans and a staging laparoscopy.

If the cancer is thought to be resectable after these tests, a more extensive operation will be done to remove part of the liver, nearby lymph nodes, and possibly parts of the bile duct. (If the initial surgery was a laparoscopic cholecystectomy, the skin around the original incision sites may be removed as well.) This may be followed by chemotherapy (chemo), with or without radiation, to try to prevent the cancer from coming back, but it’s not clear how helpful this is.
If the imaging tests or staging laparoscopy show that the cancer can’t be resected, the treatment will be the same as described for unresectable cancers.

**Cancer found during surgery for another gallbladder problem**

In some cases, gallbladder cancer is discovered during a simple cholecystectomy. The surgeon finds areas that look suspicious for cancer during the operation and sends samples to the lab to be checked quickly. Cancer cells are seen in the samples while the operation is still going on.

If the surgeon is experienced in treating gallbladder cancer and believes the cancer is resectable, he or she may change the operation to a more extensive operation called an extended cholecystectomy. (See “Surgery for gallbladder cancer.”)

If the surgeon isn’t experienced in treating gallbladder cancer or isn’t sure if the cancer is resectable, the operation may be stopped at this point. Other tests such as CT or MRI scans will then be done to look for any remaining cancer in the body and to determine whether or not it is resectable.

If the cancer is thought to be resectable after these tests, a more extensive operation will be done to remove part of the liver, nearby lymph nodes, and possibly parts of the bile duct. This may be followed by chemotherapy, with or without radiation, to try to prevent the cancer from coming back, but it’s not clear how helpful this is.

If the scans show that the cancer can’t be resected, the treatment will be the same as described for unresectable cancers.

**Cancer found on imaging tests or because of symptoms**

Sometimes, gallbladder cancer is suspected because a person is having symptoms such as jaundice. Imaging tests may then detect areas suspicious for cancer on or near the gallbladder. Further imaging tests and staging laparoscopy may be done to look for any other suspicious areas in the body. These tests can help the doctor determine if these areas are cancer and whether or not it is resectable.

If the cancer is thought to be resectable and the patient is healthy enough for surgery, an extended cholecystectomy (removing the gallbladder, part of the liver, nearby lymph nodes, and possibly the bile duct and other nearby organs) is the preferred treatment. If the patient has jaundice before the surgery, a stent or catheter may be placed in the bile duct first to allow the bile to flow. This can help relieve symptoms over a few days and might make a person healthy enough for the operation. After the surgery, doctors may advise chemotherapy, with or without radiation, to try to lower the chance the cancer will
come back, but it’s not clear how helpful this is.

If the imaging tests or a staging laparoscopy show that cancer is likely but that it can’t be resected, a biopsy may be done to confirm the diagnosis. Treatment will then be the same as described for unresectable cancers.

**Unresectable gallbladder cancers**

If the doctor feels that surgery is not a good option (for example, because of the size or location of the cancer or because of a person’s general health), the focus of treatment is usually on trying to control the cancer. This can help with symptoms and may help people live longer. Treatment with radiation therapy and/or chemo may be helpful for some people.

For those who are jaundiced because of bile duct blockage, a stent or catheter may be placed in the duct to allow the bile to flow. If needed, surgery to bypass the bile duct may be an option if the person is healthy enough. Relieving bile duct blockage is often the first palliative treatment done, before starting other treatments such as chemo.

For people having pain, radiation therapy, alcohol injections to the nerves around the gallbladder, and pain medicines may all be helpful.

Because these cancers can be very hard to treat with current options, you might want to consider taking part in a clinical trial of new treatments.

**Recurrent gallbladder cancer**

Cancer is called recurrent when it comes back after treatment. Recurrence can be local (in or near the same place it started) or distant (spread to organs such as the lungs or bone). If the cancer comes back after initial treatment, further treatment depends on where the cancer recurs, what kind of treatment was previously used, and on the patient’s health. Rarely, the cancer may recur in a small area near where it started, in which case surgery to try to remove it (perhaps followed by chemo and/or radiation therapy) might be an option. But in most cases the recurrent cancer is unresectable and is treated as described above.

Recurrent gallbladder cancer is usually very hard to treat, so you might want to consider taking part in a clinical trial of new treatments.

- References
  
  See all references for Gallbladder Cancer