

---

# Diverticular Disease

## QUESTIONS & ANSWERS



GLASGOW COLORECTAL CENTRE

---

[WWW.COLORECTALCENTRE.CO.UK](http://WWW.COLORECTALCENTRE.CO.UK)

GLASGOW COLORECTAL CENTRE

Ross Hall Hospital

221 Crookston Road

Glasgow

G52 3NQ

Phone :

0141 810 3151 (main hospital switchboard)

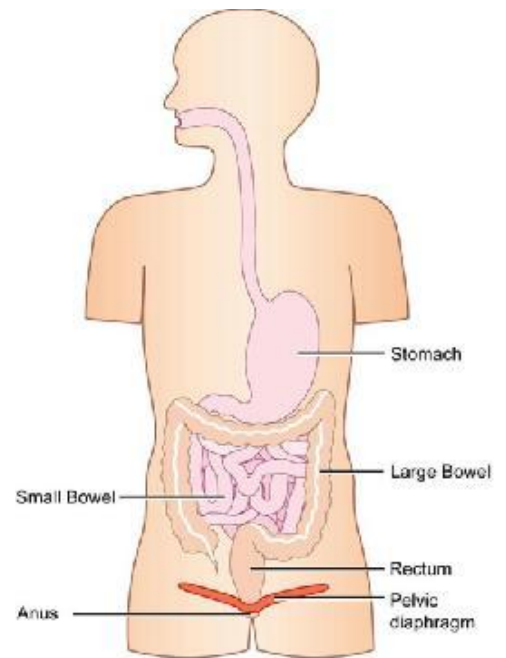
0808 101 0337 (general pricing and bookings enquiries)

---

## What is diverticular disease?

A diverticulum is the name given to a small pouch which bulges out from any hollow structure in the body. The plural of diverticulum is diverticula (used when there is more than one pouch). The terms diverticulosis or diverticular disease usually refer to diverticula bulging out of the colon, and that is what this leaflet is about.

Diverticular disease of the colon is a common condition that afflicts about 50 percent of Scottish adults by age 60 and nearly all by age 80. Only a small percentage of those with diverticular disease have symptoms and even fewer will ever require surgery.



## What is the difference between diverticulitis and diverticulosis?

Medical words ending in 'itis' usually mean there is inflammation. The word diverticulitis describes the condition which occurs when diverticula become inflamed and painful. Diverticulosis (or diverticular disease) just means they are present.

## How common is diverticular disease?

It is very common in western countries, especially with advancing age. About half the population of the UK who are over 70 years have diverticular disease. It is less common in Africa, possibly because of differences in diet (see diet below).



## What causes diverticular disease?

The cause of diverticulosis and diverticulitis is not precisely known, but it is more common for people with a low fibre diet. Increased pressure within the bowel probably forces pouches of bowel lining through points of weakness in the muscle layers to form diverticula.

---

Comparisons between different countries show that diverticular disease is more common in those countries with a western diet – high in animal protein and low in vegetable or cereal fibre. A low intake of fibre results in smaller volume of material passing through the colon, and in these circumstances the pressures produced inside the colon are higher. Thus, diverticular disease is thought to be one result of a low fibre diet.

### Now that I have diverticular disease, will it ever go away?

Once diverticula have formed they are permanent, but that does not mean to say that they necessarily cause trouble. Most patients with diverticular disease have no symptoms at all.

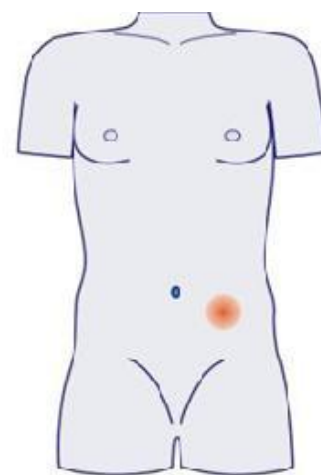
### Is diverticular disease associated with cancer?

There is no increased risk of cancer in diverticular disease. However since diverticular disease and bowel cancer may cause similar symptoms, your doctor may want to be entirely sure that he/she has excluded cancer by arranging a CT scan of your colon and, possibly, a sigmoidoscopy or colonoscopy (a telescopic inspection of the bowel).

### What are the symptoms of diverticular disease?

Most patients with diverticular disease do not have any symptoms, and go through life unaware of the condition. Some patients experience:

- a change in bowel habit (either more constipated or more loose than usual)
- colicky discomfort, especially on the left side of the abdomen
- distension of the abdomen



A common site of pain with diverticular disease

---

Occasionally, there may be:

- pain, which arises because the diverticula become inflamed (diverticulitis)
- blood in the motions. If this occurs for the first time it is important to tell your doctor.

### How is uncomplicated diverticular disease treated?

A high-fibre diet is often helpful. This will include:

- wholemeal bread
- brown rice
- wholemeal pasta
- plenty of fruit and vegetables
- bran cereals

For many patients simply increasing vegetables in the diet will relieve their symptoms and return their bowel activity to normal. Fibre intake can be supplemented by adding coarse bran to food (e.g. to yoghurt, soups, gravy, mashed potatoes, cereals etc). The doctor may prescribe dried fibre bulking agents:

- Ispagula husk – Fybogel, Regular, Isogel, Metamucil, Vi-Siblin
- Sterculia – Normacol
- Methycellulose – Celevac, Cellucon, Cologel

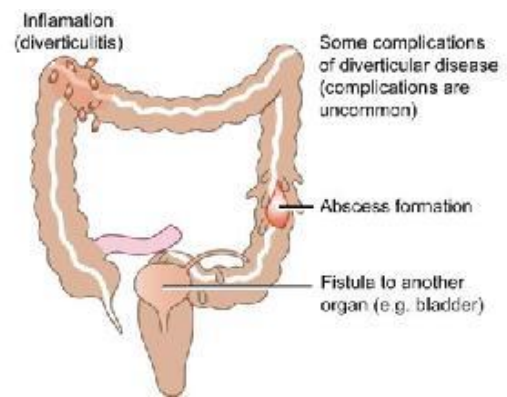
These are other sources of fibre – often of natural origin (e.g. seed husks). A few patients who still experience colicky pain and distension need treatment with drugs called antispasmodics or peppermint oil. These reduce the spasm in the colon which is often the cause of these symptoms.

Diverticulitis requires different management. Mild cases may be managed with oral antibiotics, dietary restrictions and possibly stool softeners. More severe cases require hospitalization with intravenous antibiotics and dietary restraints. Most acute attacks can be relieved with such methods.

## What complications may occur?

There are four main complications:

- Diverticulitis. This means inflammation of the diverticular disease. It is probably due to bacterial infection, and is usually treated by antibiotics. If the symptoms are severe, admission to hospital may be required and, rarely, a surgical operation.
- Perforation (bursting) of a diverticulum with acute peritonitis (generalised inflammation of the whole abdominal cavity). This is serious and requires urgent surgery.
- Abscess formation (a local collection of pus close to the colon due to a local perforation). The abscess may have to be drained surgically and the perforated piece of colon removed.
- Very rarely, formation of a fistula – perforation of a diverticulum into another structure, such as the bladder or vagina, and forming a connection. Odd symptoms, such as passing air in the urine or a discharge from the vagina, may develop. Surgery is the only treatment.



---

## When is surgery necessary?

Surgery is reserved for patients with recurrent episodes of diverticulitis, complications or severe attacks when there's little or no response to medication. Surgery may also be required in individuals with a single episode of severe bleeding from diverticulosis or with recurrent episodes of bleeding.

Surgical treatment for diverticulitis removes the diseased part of the colon, most commonly, the left or sigmoid colon. Often the colon is hooked up or "anastomosed" again to the rectum. Complete recovery can be expected. Normal bowel function usually resumes in about three weeks. In emergency surgeries, patients may require a temporary colostomy bag. Patients are encouraged to seek medical attention for abdominal symptoms early to help avoid complications.

Sometimes a colostomy is needed temporarily after an operation, but it is very rare to need one permanently

