

## Patient information

### Diverticular Disease

#### Colorectal Department

Diverticular disease is a common condition affecting your digestive system, it happens when small bulges or pouches called diverticular, form in the wall of your bowel. It can be difficult to identify why these pouches occur.

Diverticular disease is extremely common and the likelihood of having the condition increases as we get older.

Less than one person in 20 has the condition before the age of 40, rising to a quarter by 60 years of age, with six in ten people getting the disease over the age of 70. Most people with diverticular suffer no symptoms or complications,

Diverticular are in the lower part of the large bowel called the colon, although some people can get them in other parts of the bowel.

Diverticular disease can cause episodes of pain in your lower abdomen as well as diarrhoea or constipation and on some occasions bleeding within the bowel.

#### **There are three terms used to describe the presence of diverticular in the bowel wall**

**Diverticulosis** – having diverticular without any symptoms.

Diverticular disease - A term mainly used in people who develop symptoms.

Diverticulitis - You may hear this term; this is when a single diverticulum or several diverticulum become inflamed.

#### **Symptoms of diverticulitis**

Many people with diverticular disease have little or no symptoms, but when a pouch becomes inflamed it can cause:

Persistent abdominal symptoms such as pain, often quite low down in the left side of the abdomen, together with bloating and irregular bowel habit. Some patients may be constipated whilst others have diarrhoea.

Some having irregular bowel habit with constipation for a period followed by days when they have diarrhoea. It can be very unpleasant if you need to reach a toilet in a hurry. Nevertheless, the pattern of symptoms does vary from one person to the next.

## **More severe symptoms when inflammation is present.**

- Diarrhoea.
- Blood in stools.
- Abdominal tenderness.
- Fever.
- Feeling generally unwell.

## **How is it diagnosed?**

The diagnosis of diverticular disease is primarily based on a colonoscopy; this is a procedure whereby a camera is introduced through the back passage to examine the large bowel.

Another diagnostic technique is computerised tomography (CT) scan of the abdomen, this is to assess there is no damage to the bowel wall, (local perforation)

Routine blood tests help establish infection within the blood.

A colonoscopy will require you to take something to clear out your bowel beforehand. It is very important that the doctor looks carefully for any other abnormalities that might cause your symptoms.

## **Treatment used for diverticular disease.**

- Most treatment can be at home with gentle painkillers. Non-steroidal such as aspirin or ibuprofen are not advised to be taken as they can cause upset stomachs and increase the risk of bleeding.
- Eating a high fibre diet can resolve your symptoms, it helps to soften the stools and helps to prevent constipation which decreases pressure in the colon and helps prevent flare ups of diverticulitis.
- In repeated cases of acute diverticulitis or complications such as bowel obstruction, surgery may be explored as an alternative intervention.

## **Good high fibre diet**

Keeping the stools relatively soft and bulky may reduce the likelihood of more diverticula developing and may reduce the risk that hard pellets of faeces lodge within the pouches.

In principle a diet high in fibre can assist with your symptoms. People with symptoms from diverticular disease respond differently to fibre in the diet. One person may be helped by increasing the amount of fibre in the diet, another may feel that their symptoms become worse.

It is not possible to make rules about diet which suits everyone, an element of trial and error in what we eat is often helpful in finding what foods are best for you.

## **High fibre foods**

- Beans and legumes.
- Bran – whole wheat bran and whole grain cereals such as oatmeal.
- Brown and wild rice.
- Fruits such as apples, bananas, and pears.
- Vegetables such as broccoli, carrots, corn and squash.
- Wholewheat pasta.
- Peas.
- Wholemeal pasta.
- Wholemeal biscuits (e.g. digestive, rye crisp bread, oat cakes).
- Nuts, seeds and dried fruit.

## **What complications can occur?**

Complications are fairly uncommon. When a diverticulum or several diverticula become inflamed, this leads to diverticulitis which causes unpleasant pain, fever and a feeling of being quite unwell. If the inflammation is exceptionally severe, the diverticulum can burst which can lead to you having to attend hospital.

Sometimes scar tissue can form around the inflamed diverticulum, this may lead to narrowing of the colon which, if it becomes narrowed enough, can cause a blockage.

Most people with diverticular disease never get any of these complications.

## **Medical treatment of symptoms**

There is no specific treatment for persistent pain, bloating or an irregular bowel habit. The dietary advice listed above may be helpful to you.

## **When is urgent medical help needed?**

You should go to your doctor if you unexpectedly develop severe pain and tenderness in your lower abdomen, especially if you feel you are developing a temperature. This might indicate your diverticula have become inflamed and that you have developed diverticulitis.

If your doctor suspects diverticulitis you are likely to be prescribed an antibiotic and you may also be advised to take oral fluids only. This treatment will rest your bowel and may allow the inflammation to subside. On some occasions admission into hospital is required.

## **Surgical intervention**

It may be advised from your surgeon that a surgical procedure may be required. This is where the surgeon will remove the affected segment of the bowel. It is very important to know that:

Most people with diverticular disease never get symptoms at all. If symptoms do arise, they are not likely to be serious. Relatively few patients ever get complications severe enough for them to attend hospital.

## Further information

**For further information on anything in this leaflet please contact:  
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