

Greenwich Hospital

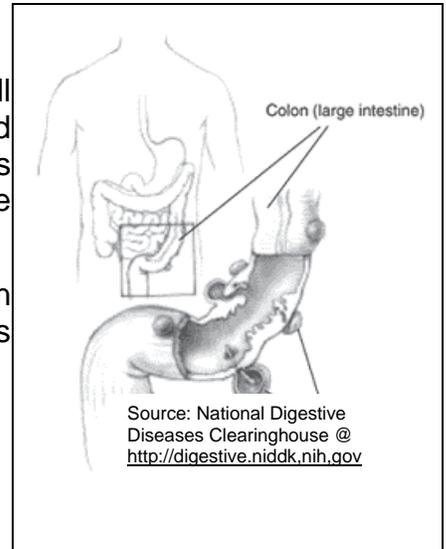
What is Diverticulosis and Diverticulitis?

PATIENT/FAMILY INFORMATION SHEET

What is Diverticulosis and Diverticulitis?

Diverticulosis is a common condition in which small pouches in the colon (large intestine) bulge outward through weak spots in the intestinal wall. These pouches are called diverticula. When these pouches become infected or inflamed, this is then called diverticulitis.

If one of these infected diverticula ruptures, the infection could spread to the whole abdomen. This is known as peritonitis, which can be life-threatening.



What causes Diverticulosis?

A low-fiber diet and constipation are thought to be causes of diverticular disease. This disease was first noticed when low-fiber processed foods were introduced in the American diet. Since this time, diverticular disease has become common in developed and industrialized countries, such as the United States, England, and Australia, where diets low in fiber are common.

A low-fiber diet may result in constipation. This constipation causes hard, difficult bowel movements that require the colon to exert more pressure to push along. This increased pressure over time causes these weak spots in the colon to bulge out and become diverticula.

Diverticulitis is thought to be caused when stool and bacteria become caught in the diverticula. Diverticulitis can develop suddenly and without prior symptoms.

What are the symptoms?

Diverticulosis

- There may be no symptoms
- Mild cramps
- Bloating
- Constipation
- Rectal Bleeding

Diverticulitis

- Abdominal pain, cramping, vomiting
- Tenderness around the left side of the abdomen
- Symptoms of infection: fever, nausea, vomiting, chills

What are the complications of Diverticulitis?

Diverticulitis can lead to bleeding, infections, abscesses, perforation (tears in the colon), peritonitis (infection of the whole abdomen), and/or intestinal blockage. These complications are serious and require immediate treatment.

How are Diverticulosis and Diverticulitis diagnosed?

Your doctor will obtain a health history and perform a medical exam, along with ordering diagnostic tests, such as a colonoscopy, sigmoidoscopy, or barium enema. These are all procedures which enable your doctor to visualize the colon.

Diverticulosis is usually found when tests are performed for other ailments because there usually are no symptoms associated with this condition.

How are Diverticulosis and Diverticulitis treated?

For Diverticulosis, your doctor may recommend to increase both fluid and fiber in your diet to reduce constipation and the potential for diverticulitis. A high fiber diet along with extra fluids helps to keep bowel movements soft and to lower pressure inside the colon so that the bowel contents will move along easier. (Refer to the High Fiber Diet Patient Information sheet.)

The recommendation to avoid nuts, seeds, popcorn and stringy vegetables has been questioned by health care professionals recently. Ask your gastroenterologist if you should limit or avoid these foods.

Treatment for diverticulitis may include taking antibiotics, limiting diet to clear liquids to rest the colon, and minimizing complications. If this is not successful or if the attack of diverticulitis is severe, your doctor may advise surgery to remove the affected part of the colon.

Emergency surgery is performed when there is an abscess, perforation, peritonitis, bleeding, or an obstruction. This surgery usually involves two operations:

- First to clean the infected abdominal cavity and to remove the diseased section of colon. A temporary colostomy may be created to allow for healing. A colostomy is the end of a small portion of the colon that is brought through a surgical opening in the abdomen. This piece of intestine is called a stoma. A wafer and pouch system is worn at the stoma site to collect bowel contents.
- A second surgery is then performed approximately 6 weeks later after the bowel has healed to rejoin the two ends of the colon.

References: National Digestive Diseases Clearinghouse. Retrieved 12/04 from <http://digestive.niddk.nih.gov>

The Patient Education Institute, Inc. Retrieved 12/04 from www.X-Plain.com

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