

What does it mean if you have diverticulosis or diverticulitis?

The terms diverticulosis and diverticulitis are used to describe conditions collectively known as diverticular disease. Diverticular disease is extremely common, affecting approximately 30 million Americans annually. It is estimated that by the age of 80, over 60% of our population will have diverticulosis. Although it has traditionally been known as a disease occurring in those older than 50, it is becoming increasingly recognized in the younger population.

Diverticulosis is the condition in which pockets (known as diverticula) develop along areas of the colon (the large intestine) wall. Although these can occur in any part of the colon, they typically form in a part of the colon known as the sigmoid colon. These pockets or pouches can become inflamed or infected, a condition called *diverticulitis*. Diverticula can also cause bleeding. Having any of these consequences of diverticulosis is termed having *diverticular disease*.

What are the symptoms?

Diverticulosis most often does not cause any problems. Only a small percentage of patients with diverticulosis develop symptoms. Some patients may experience intermittent abdominal cramping or changes in bowel habits. These symptoms can be difficult to distinguish from other disorders, such as irritable bowel syndrome, colorectal cancer, or colitis. Because the symptoms of diverticular disease are relatively non-specific, a colonoscopy is recommended to rule out such other conditions of the colon.

Inflammation of diverticula results in diverticulitis, causing abdominal pain (often in the lower left side), fever, chills, or change in bowel habits. Severe cases of diverticulitis can result in intra-abdominal infections or abnormal connections to other organs requiring emergency surgery. Diverticulosis can also cause gastrointestinal bleeding, which is uncommon but can be severe when it occurs.

What is the cause of diverticular disease – who is at risk?

Diverticulosis is an acquired condition; you are not born with it. A low-fiber diet over many years requires increased pressure within the colon to move stool (constipation), resulting in the formation of diverticula. Your risk of developing diverticulosis is also increased if someone in your family has had the disease.

How can diverticular disease be prevented?

Increase your fluid intake, drinking 6-8 glasses of water daily. It cannot always be protective, but a diet high in fiber (aiming for at least 25 grams per day) is recommended. For a listing of those foods rich in fiber, visit

www.rochestercolon.com

www.mayoclinic.com/health/high-fiber-foods/nu00582

www.health.gov/DIETARYGUIDELINES/dga2005/document/html/AppendixB.htm

How is diverticular disease diagnosed and treated?

Diverticulosis is diagnosed most often on routine colonoscopy. Your doctor may also obtain a barium enema, which is an x-ray study. The symptoms of diverticulitis may prompt a CT scan, which will reveal inflammation around the colon.

Diverticulosis does not require treatment unless symptoms develop. For mild symptoms, a high fiber diet with plenty of fluids is recommended. Avoiding nuts or seeds may also be helpful, but does not necessarily avoid flare-ups. If the symptoms of diverticulitis appear (abdominal pain or fever), antibiotics may be prescribed by your doctor. Depending on the severity of the episode, hospitalization may or may not be needed. In these cases, patients are placed on bowel rest and given intravenous antibiotics until improved. In rare situations, emergency surgery may be necessary.

Patients who experience multiple flare-ups of diverticulitis over time should meet with a colorectal surgeon to discuss removal of the diseased colon. Once individuals have had two or three episodes of diverticulitis, the risk of recurrence increases and the risk of needing emergency surgery may also increase. For this reason, elective surgery is recommended. Minimally invasive (laparoscopic or robotic) surgery can be performed, which reduces the incision size, amount of post-operative pain, and the risk of complications. The chance of a recurrence of diverticulitis following removal of the sigmoid colon is very low, whereas the risk of repeat episodes without surgery ranges from 30-50%. The majority of patients remain symptom-free after surgery.

Surgery is also recommended if you develop any of the other known complications of diverticular disease. These include abscess (a collection of bacteria and pus), obstruction or blockage (multiple flare-ups causing scarring, which narrows the colon), fistula (an abnormal tunnel connecting the intestine to other organs), or peritonitis (when a large abscess bursts and infection spreads throughout the abdomen).

What is a colon and rectal surgeon?

Colorectal surgeons are experts in the surgical and non-surgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal disease in addition to full training in general surgery. Many colorectal surgeons perform minimally invasive surgery (laparoscopic), which results in smaller incisions and a faster recovery. Rochester Colon & Rectal Surgeons, P.C. is now also performing robotic surgery, one of the few practices in the country to be using robotic technology for colon and rectal surgery. For more information regarding surgery, visit www.rochestercolon.com.