

Diverticulosis and Diverticulitis

What Is It?

In diverticulosis, small pouches develop and bulge out through weak spots in the walls of the colon, typically in the part of the colon called the sigmoid colon on the left side of the abdomen. These small, balloonlike pouches are called diverticula.

The condition is more prevalent as people age. For example, it is estimated that half of people in the United States aged 60 to 80 have diverticulosis, but only one person in 10 develops it by age 40. It is equally common in women and men.

If the diverticula become inflamed or infected, the condition is called diverticulitis.

Diverticulitis can lead to serious complications such as abscess, perforation, intestinal blockage from internal scarring, or fistula, which is an abnormal connection between two organs. A rare but life-threatening complication called peritonitis can occur when diverticula rupture, leaking infection into the abdominal cavity.

Symptoms

Most people who have diverticulosis don't have any symptoms, but some have mild cramps, constipation or bloating. Diverticulitis causes more severe symptoms, including any of the following, but particularly the first two:

- Steady abdominal pain
- Tenderness to pressure in the lower abdomen
- Fever
- Nausea
- Vomiting
- Chills
- Cramping
- Change in bowel habits (constipation or diarrhea)

- Rectal bleeding
- Sharper pain with breathing or jarring movements such as walking.

Diagnosis

The symptoms of diverticular disease can mimic other diseases, including irritable bowel syndrome, stomach ulcers, acute appendicitis, Crohn's disease, bladder infection, kidney stones, colitis, or tumors of the ovary or colon.

Your doctor will ask about your medical history, bowel habits and diet and will conduct a physical examination, including a rectal examination with a gloved finger to detect tenderness, blockage or blood. Your doctor may press on your abdomen to check for tenderness. If inflammation is spreading, discomfort will remain even after the doctor removes the pressure. If you have sharper pain when you move, an abscess may have ruptured.

Your doctor may order additional studies, including blood tests for signs of infection, a stool check for blood, and an X-ray, a computed tomography (CT) scan or ultrasound to look for diverticulitis or abscess inside the colon.

Expected Duration

Symptoms may subside within a few days after treatment, may continue, or may get worse in the case of severe illness or complications. Diverticula do not disappear unless the section of colon is removed surgically. Diverticulosis is a lifelong condition that can be managed, primarily with adjustments in diet.

Prevention

People whose diets contain large amounts of fiber are less likely to develop diverticular disease. The American Dietetic Association recommends 20 grams to 35 grams of fiber a day, preferably from fruits, vegetables and grains. Your doctor also may recommend unprocessed bran or a fiber product. It is important to increase fiber intake gradually and to drink more water to increase the bulk of the bowel movements, which reduces pressure inside the bowel.

Physical activity also may lower the risk of diverticulosis. Many doctors previously recommended that people with diverticulosis avoid eating nuts, popcorn and foods with seeds. This restriction has not been proven to prevent diverticulitis.

Treatment

The only possible treatment for diverticulosis is to increase fiber in the diet. Fiber will not heal existing diverticula, but it may prevent more from forming.

If you have diverticulitis, your doctor will prescribe antibiotics, and may recommend a liquid diet and bed rest to help your colon recover. If you have severe pain or an infection, you may need to be treated in a hospital so that antibiotics can be given intravenously (into a vein).

If fever continues, you may have an abscess, which can develop when a diverticulum becomes perforated (develops a hole). An abscess is a collection of pus. A surgeon then will help your doctor plan the next step: drainage or surgery. The choice depends on the extent of the problem and your overall health. Drainage means that the surgeon cleans out the pus.

Emergency surgery is required to treat peritonitis, the most serious potential complication of diverticulitis. Peritonitis requires surgical repair as well as intravenous antibiotics.

Surgery also may be required during the hospital stay to treat a particularly severe episode of diverticulitis or other complications. These include continuous bleeding, perforation of an abscess, attachment of two organs by a fistula, or colon obstruction caused by scarring from previous episodes of diverticulitis.

The most common procedure, known as a colon resection, involves removing the part of the colon that contains diverticula and reattaching the ends. When done during emergencies, a colon resection is a two-stage process. First, a section of colon is removed, but because of infection, it is not safe to rejoin the ends. Instead, the surgeon creates a temporary hole, or stoma, in the abdomen and connects the colon to it, a procedure called a colostomy. A bag is attached to collect the stool. Later, a second operation is done to reattach the end of the colon, and remove the colostomy. Sometimes, if the situation is not an emergency, the surgery can be done all at once.

After successful treatment for diverticulitis, your doctor normally will recommend a high-fiber diet. Later, you may need to have a procedure called a colonoscopy, which is an internal examination of the colon. Surgery usually is not recommended after only one attack without complications. However, it often is recommended after a second episode. Repeated episodes of diverticulitis can lead to internal scarring and narrowing of the colon, which also may require surgery to remove a piece of the colon.

When To Call a Professional

Call your doctor if abdominal pain in one spot lasts for longer than a few hours, especially if it becomes worse or is accompanied by fever.

Prognosis

With proper treatment and a high-fiber diet, the outlook for people with diverticulosis and uncomplicated diverticulitis is excellent. Most people with diverticulosis never have symptoms. People who are hospitalized for diverticulitis, usually improve within two to four days after treatment begins. Over 85% of patients recover with bed rest, liquid diet and antibiotics, and most never have a second episode of diverticulitis. The prognosis varies if complications develop and is particularly serious in the case of peritonitis. About 90% of people who have a colon resection do not have symptoms return after the surgery.

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