Diverticular Disease

What is diverticular disease?

Diverticula are small pouches sticking out of the side of the large intestine (colon).

The large intestine produces solid faeces from the remains of food after all the nutrients have been absorbed. Constipation increases pressure within the intestine and over many years this forces small areas of the lining of the intestine to weaken and form the small bulges or pouches. These are known as diverticula. Diverticula can become blocked with faeces and, once blocked, they can then become inflamed or infected.

There are three terms used to describe the presence of diverticula in the large bowel wall. These are as follows.

**Diverticulosis**

Many people have diverticula without knowing it and these are only found when they have a scan or other investigation for another problem.

Having diverticula without symptoms is called diverticulosis. Diverticulosis is a very common condition with 50% of people being affected by the condition by the age of 50, and 70% by the age of 80. Approximately 75% of people with diverticulosis will not experience any symptoms of diverticulosis.

**Diverticular disease**

If the diverticula cause symptoms, the condition is known as diverticular disease. The 25% of people who do experience symptoms are said to have diverticular disease.
**Diverticulitis**

If diverticula get inflamed and cause an illness, the condition is known as diverticulitis. It is not clear why a minority end up being unwell.

**Symptoms**

The symptoms of diverticular disease are usually abdominal pain, bloating or wind. You may also have constipation and feel that you are not able to completely empty your bowels when you open them.

Diverticulitis can come as mild attacks of discomfort, or as a more serious illness needing hospital treatment. Symptoms include:

- feeling generally unwell
- fever
- changes in bowel habit
- pain in the lower left side of your abdomen

You may find that pain and disturbed bowel function come back from time to time. You won’t usually need to go into hospital if you have these mild symptoms, without a high temperature or severe pain.

**Causes**

The underlying cause of diverticular disease is thought to be related to constipation.

It's not fully understood why some people with diverticula go on to get symptoms and some don't, and why it's mostly a disease of people living in western countries.

**Treatment**

**Medicines**

Your doctor may prescribe bulk-forming laxatives (eg bran or Fybogel) if you aren't able to increase the amount of fibre in your diet. Other types of laxative (eg senna) aren't helpful and may make your symptoms worse by causing abdominal cramps.

Your doctor may prescribe anti-spasm medicines (eg mebeverine) if you have abdominal pain.

You will need further treatment if you are vomiting or have other signs of infection (diverticulitis). To give your bowel a chance to rest and recover, you will be given antibiotics, fluids and energy in the form of sugar through a tube called a drip.

Once your symptoms have settled, you can start eating and drinking small amounts of food and water. The amount is gradually increased and if your symptoms don't come back, the drip can be stopped and you can also take your antibiotics by mouth.
**Surgery**

You may need surgery if you have a perforation of a diverticulum, or sometimes if you have severe diverticulitis.

The surgery involves cutting out the damaged part of the bowel. Your surgeon may do this and rejoin the two healthy ends of your bowel in one operation. Alternatively, the rejoining process may be done in a second operation and part of your bowel may be brought through an opening (stoma) in your abdomen, so that your bowel contents can be collected in a pouch.

This procedure is called a colostomy. It gives the rest of your bowel a chance to rest and heal. Your bowel is then usually rejoined in another operation some weeks later. A specialist stoma nurse will give you advice and answer questions about how to look after your stoma.

**Prevention**

If you know you have diverticular disease, you can help prevent future problems with lifestyle measures to prevent constipation. You can:

- chose a high-fibre, low-fat diet containing plenty of fruit, vegetables, wholemeal bread and wholegrain cereals
- try not to have medicines that can make you constipated - these include opiate-containing painkillers
- drink enough liquid throughout the day
- take daily exercise - regular exercise encourages normal bowel movement, and around 30

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**Dept:** Gastroenterology
**Publish date:** January 2010
**Review Date:** January 2012

This leaflet is available in large print, computer disc, Braille, audiocassette and other languages on request.