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**PATIENT INFORMATION:
DIVERTICULAR DISEASE**

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DIVERTICULAR DISEASE

What is Diverticular Disease?

Diverticular disease is a condition which affects your large bowel. This occurs when small pouches, known as diverticula, are pushed out through the wall of your large bowel. This is a common condition which affects up to half of the population of North America and Western Europe.

If the diverticula become inflamed and infected, this may lead to a condition called diverticulitis.

Symptoms of Diverticular Disease

If you have diverticular disease, your symptoms may include: lower abdominal pain (normally on the left hand side), bloating, constipation, diarrhoea, rectal bleeding. If you have diverticulitis, the symptoms are more severe and include: constant lower abdominal pain, usually on the left hand side, need to urinate frequently, high temperature/fever, nausea or vomiting, loss of appetite.

You may develop diverticula on the right hand side of your large bowel. This is not as common as on the left hand side and is more often seen in Asian patients. Therefore if you have diverticulitis you may have pain on the right hand side of your abdomen.

These symptoms may be caused by problems other than diverticular disease, if you do have any of these symptoms you should seek advice from your GP.

Diagnosis of diverticular disease

Your GP will discuss your symptoms and will examine you. They will also ask you about your previous medical history, bowel movements and diet.

Diverticular disease can be difficult to diagnose because the symptoms may be similar to conditions such as irritable bowel syndrome (IBS).

You may need the following tests to confirm if you have diverticula in your bowel. These tests can also rule out complications of diverticular disease, such as diverticulitis and other conditions.

- A blood test. If your blood shows that you have a high level of white blood cells or C-reactive proteins, it may be a sign of infection which usually occurs with diverticulitis.
- A colonoscopy. This is a test which allows us to look inside the large bowel. It is done in hospital using a narrow, flexible tube-like telescopic camera called a colonoscope. This can confirm if you have diverticular disease and rule out other conditions such as bowel cancer.
- CT scan. This test uses X-rays to make a three-dimensional image of your body or a part of your body. If your symptoms are severe, the CT scan can show if you have diverticulitis and any complications linked to it.
- A barium enema swallow and barium meal. This involves a fluid containing barium (a substance which is visible on x-rays) within your bowel via your rectum. X-ray images of your abdomen will then show the inside of your bowel more clearly.

Treatment of diverticular disease

Treatment will be dependant upon the severity of your symptoms and whether or not you have suffered from diverticular disease previously.

Self help – you may be given dietary advice on ways in which to manage your symptoms.

Medicines – You may be given a bulk-forming laxative if you are unable to follow a high-fibre diet or if you have constipation. Bulk forming laxatives will increase the amount of stool and soften them, making it easier for you to empty your bowels.

You may be advised to take pain killers such as Paracetamol, you may be advised not to take NSAIDs, such as Ibuprofen, as they can cause the diverticula to bleed.

If you have diverticulitis, you may be prescribed antibiotics for the infection. You may also be advised to take Paracetamol to help with pain relief. You may also need to follow a fluids-only diet for a few days until your symptoms subside, gradually reintroducing solid foods back into your diet.

Surgery – Diverticular disease can normally be treated without the need for surgery. If you have diverticulitis, you may require surgery if you have had symptoms more than once. You may also need to have surgery if you develop complications such as peritonitis, fistula or blockage in the bowel .

Causes of Diverticular Disease

Although the cause is not clear, it is thought that diet and lifestyle may play a part in causing diverticular disease.

If you don't eat enough fibre, your stools could become pellet-like and hard. This can make it more difficult for you to empty your bowels, creating additional pressure and small pouches called diverticula can push through the wall of your large bowel.

Diverticular disease may be less common in vegetarians and in parts of the world where people have more fibre in their diet.

Other factors which contribute to diverticular disease are: alcohol, caffeine, certain types of medicines such as non-steroidal anti-inflammatory drugs, red meat, being over weight and lack of exercise.

Complications of Diverticular Disease

Complications are uncommon. If you have diverticulitis, it may develop into more serious problems such as:

- An abscess may form on the outside wall of your bowel
- Severe diverticulitis can cause an infection in your abdomen called peritonitis
- If you have an abscess, this may burst into one of your organs, for example, your bladder and a fistula may form. A fistula is a passageway which connects two parts of your body that aren't usually connected. If a fistula forms, you may need surgery to correct it.
- If you have repeated diverticulitis, the affected area of your bowel may become narrowed or blocked. If this occurs you may have pain and constipation and you may also feel nauseous.
- Blood vessels inside the diverticula can weaken and cause rectal bleeding.

Prevention of Diverticular Disease

To help reduce the risk of getting diverticular disease we would suggest:

- Eat at least five portions of fresh fruit and vegetables daily.
- Include wholegrain foods in your diet, such as brown rice, pasta and oats.
- It is important that you increase your fibre intake gradually to reduce any unwanted side effects such as excessive wind.
- Drink plenty of fluids.
- Regular exercise.