



Colonic diverticula

What is Diverticular Disease?

Diverticular disease of the colon occurs when diverticula or “pockets” develop in the colon, especially the sigmoid colon. More than one third of people over 45 years of age, and two thirds of people over 85 years of age have some diverticular pockets. Only about a quarter of people with diverticular pockets develop some symptoms of disease. A colonoscopy or barium enema is usually used to diagnose diverticular disease.

What causes Diverticular Disease?

It seems that not having enough fibre in the diet causes diverticular disease. A low fibre diet possibly leads to increased pressure inside the bowel, and diverticula are caused by this pressure acting on the walls of the bowel. In a recent study in the United States, it was found that people who had a high fibre diet were much less likely to develop diverticular disease.

Diverticulitis

Diverticulitis is the most common form of diverticular disease. Diverticulitis occurs when one or more diverticula (pockets) become inflamed. The symptoms experienced are usually pain in the lower left abdomen together with feelings of nausea and loss of appetite. Bowel habits may be disturbed. The symptoms of diverticulitis settle once the inflammation has been controlled. It is unusual for a person to suffer more than one attack of diverticulitis in their lifetime. If more than one attack occurs then the risk of ongoing problems increases.

Possible Complications of Diverticulitis.

Complications of diverticulitis are rare. If complications occur, it is usually necessary to treat them in hospital.

- Narrowing of the colon (stenosis) can occur as a result of ongoing chronic diverticulitis. It results in a change of bowel habit with increasing constipation and lower abdominal pain.
- Severe bleeding is a rare but serious complication of diverticular disease. This condition usually requires hospital admission but once it settles, it rarely recurs.
- Fistula formation is another rare complication. It occurs when the bowel is perforated and there is communication between the bowel and another structure such as the bladder or vagina. The symptoms of a fistula may include frequent urinary tract infections, passing bubbles of gas with urine or passing gas from the vagina.

THE SYMPTOMS

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Treatment of Diverticular Disease

An increased intake of dietary fibre is the most important part of the treatment of diverticular disease. The fibre does not get rid of the diverticular disease but reduces the risk of complications of the disease. There is no obvious reason to avoid nuts and seeds, as has been suggested in the past. Diverticulitis is usually treated with antibiotics, and over 70% of patients treated this way make a full recovery.

Surgery is sometimes necessary to treat some of the complications of diverticulitis. Emergency surgery is needed to treat potentially life-threatening complications of diverticular disease, such as bowel perforation, ongoing severe colonic bleeding or where acute diverticulitis fails to settle. These conditions can sometimes be fatal. In these circumstances the affected part of the bowel must be removed as soon as possible. Often it is not possible for the surgeon to join up the healthy parts of the bowel to one another at the time of the initial surgery because of the degree of inflammation and contamination. Therefore with emergency surgery, a temporary stoma (bag) is often necessary. The unaffected parts of the bowel are rejoined later, when the health of the patient has improved.

Elective (planned) surgery may be necessary for most patients with fistula or symptoms of stenosis. Surgery may also be necessary for people who have suffered attacks of diverticulitis. For them, surgery can prevent further attacks and more severe complications. In this elective surgery, the aim is to remove the affected part of the bowel and rejoin the healthy parts of the bowel during the same operation.





While diverticulitis is uncommon in people under the age of 55, a greater percentage of these people require emergency surgery. An elective operation is offered to them once their first attack of diverticulitis has settled. In general, although the surgery offered is major surgery, the risks of the surgery are much less than the risks of not having surgery and developing potentially fatal complications of the disease. Many centres in Australia now perform a laparoscopic-assisted (keyhole) procedure instead of the more traditional operation through a larger abdominal incision. Both procedures remove the affected part of the bowel, and the risk of further attacks of diverticulitis after surgery is very low.

Summary

Diverticular pockets are a common condition that causes few problems for the majority of people with it. It can, however, cause life-threatening problems in some. Modern medical care reduces the risk of such problems and the vast majority of people with diverticular disease lead normal healthy lives.

This information booklet has been designed by the Digestive Health Foundation as an aid to people who have diverticular disease or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

Digestive Health Foundation

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia, the professional body representing the Specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Guidelines for General Practitioners and patient leaflets are available on a range of topics related to GI disorders. Copies are available by contacting the Secretariat at the address below.

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DIVERTICULITIS
facts about...

DIVERTICULAR DISEASE



DIVERTICULITIS

Second Edition 2003



An information leaflet for patients and interested members of the general public prepared by the Digestive Health Foundation