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## **Diverticulosis and Diverticulitis**

### **Diverticulosis or Diverticular Disease**

A diverticulum is pouch-like protrusion of the inner lining of the colon through the muscular wall of the colon. This usually occurs at a point where blood vessels enter the muscular wall. Diverticular disease is a term used to describe people with diverticulosis, which causes no symptoms. Diverticular disease is common after age fifty in the western world. Diverticulitis on the other hand is symptomatic. Symptoms include pain, fever (in some cases), and vomiting. Diverticulosis affects both men and women equally.

### **Diverticulosis:**

Often found incidentally during another exam such as colonoscopy, CT scan, or barium enema. Most people with diverticulosis have no symptoms and will remain so the rest of their lives.

### **Diverticulitis:**

This is inflammation of a diverticulum. Symptoms are variable but most commonly the patient complains of pain usually in the lower left abdomen. Other symptoms include nausea, vomiting, fever, constipation, urinary symptoms and occasional diarrhea.

Simple diverticulitis accounts for the majority of cases. This responds to medical treatment usually without surgery.

Complicated Diverticulitis accounts for less than 25% of cases and usually requires surgery. Complications include abscess, fistula, obstruction, peritonitis, and or sepsis.

### **Diverticular bleeding:**

Diverticular bleeding is not associated with pain and the patient passes red blood or dark red blood per rectum. This is caused by a break in the artery located adjacent to the diverticulum. Blood in the stool is never normal and the patient should seek medical advice soon.

### **Diverticular Disease Treatment:**

Patients without symptoms require no treatment. General recommendations include consuming a high fiber diet. This will help provide bulk to the stools. This may prevent the development of new diverticula, diverticulitis and or diverticular bleeding. It has not been proven that increasing fiber works but there is emerging evidence that patients do better with increase fiber intake.

Seeds and nuts dilemma: It has been passed down through generations of medical advice that foods such as seeds, nuts, and corn could get trapped in the diverticulum and cause diverticulitis. This is completely unproven. The current recommendation is that these foods are not restricted (AGA). In a recent study it turns out that men in the study with the highest popcorn and nut intake (at least twice a week) actually had a reduced risk of diverticulitis compared to men that had the lowest intake (less than once a month).

### **Diverticulitis**

Mild cases can be treated as an outpatient with clear liquid diet and oral antibiotics. A low residue diet may be taken in a few days after antibiotic therapy has been initiated. Patients that develop fever (temp >100.1 F), severe or worsening abdominal pain, and inability to tolerate fluids by mouth should seek immediate medical attention. The patient may need to be hospitalized for treatment. Some complications of diverticulitis may require surgery (15% of cases) such as abscess, blockage, or perforation. Surgery may prevent any further episodes of diverticulitis and very few require a second operation. Diverticulitis at a young age (<40 to 50) may prompt early surgical intervention for this very reason.

### **What to expect if I have diverticulosis**

Approximately 15 to 25% of patients will develop an episode of diverticulitis and 5 to 15% will develop diverticular bleeding.