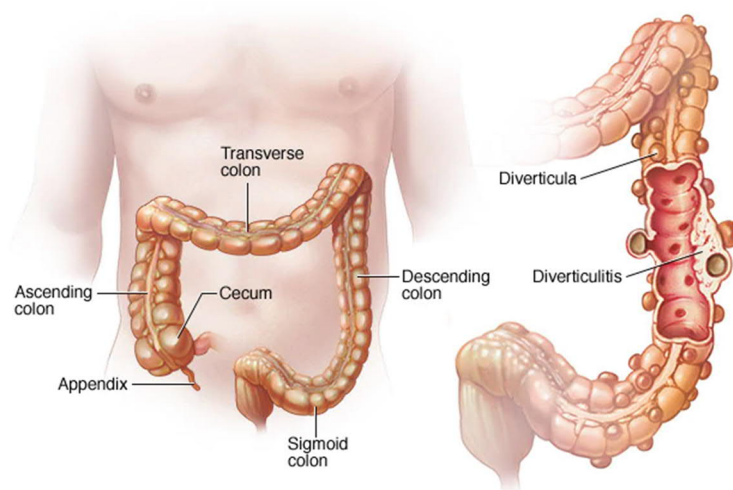


PATIENT INFORMATION

Diverticular Disease

What is diverticular disease?

A diverticulum is a small out-pouching of the wall of your intestine. It can occur as a single diverticulum, but more commonly occur as multiple diverticula. They can occur at any point along your intestine, but most commonly occur on the left-hand side of your large bowel. **Diverticulosis** is the name given to the presence of diverticula. **Diverticular disease** is the name given to diverticula associated with symptoms. **Diverticulitis** occurs when one or more diverticula become inflamed or infected.



What causes diverticular disease?

Exactly why people develop diverticula is not currently clear. Diverticula are extremely common with increasing age – around 50% of 50-year-olds will have diverticula, increasing to 70% of 80-year-olds.

There appears to be some association with a low fibre diet and obesity. There also appears to be some genetic element, with increased risk if a close relative has had diverticular disease. It is thought that diverticulitis is caused by a piece of hard stool or undigested food getting trapped in a diverticulum, allowing bacteria the chance to multiply and spread, therefore causing infection.

What are the symptoms of diverticular disease?

Up to 75% of people who have diverticula will experience no symptoms at all, and may have just been picked up incidentally on a test. The most common symptom of **diverticular disease** is intermittent, crampy abdominal pain. The pain tends to be left-sided and usually made worse by food. Other symptoms experienced are bloating and a change in the consistency of your stools (constipation or diarrhoea). You may experience bleeding from your back passage, which tends to occur after an episode of cramping pain. With **diverticulitis**, the abdominal pain tends to be constant and more severe, and you tend to be generally unwell with fevers, sweating, and nausea or vomiting.

How do you diagnose diverticular disease?

Diagnosis is made by visualising the colon. If these tests are not urgent, this is done either by a colonoscopy – where a thin camera is inserted into the rectum – or a CT scan. For both of these tests, you will take bowel preparation (usually in the form of laxatives) to clear your bowels to give a better picture. If you are admitted to hospital with diverticulitis, you will have blood tests and a more urgent CT scan is likely to be performed.

What can I eat with diverticular disease?

A high fibre diet is recommended for uncomplicated diverticular disease, aiming to keep your stools soft and bulky, to aid passage through your colon. Good sources of fibre include fruit, vegetables, beans and pulses, wholemeal bread and flour, whole-wheat pasta and rice, and wholegrain cereals. Fibre supplements can be used if a high fibre diet does not ease symptoms. It is important that you avoid seeds and seeded foods which can get caught in the diverticula. During a **flare** of diverticular disease or diverticulitis, you may be recommended to take a liquid diet for a couple of days, then a low fibre diet until your symptoms resolve, before then building up to a high fibre diet.

What are the treatment options?

A good diet, losing weight, exercising and stopping smoking can all help symptoms. There is no specific drug treatment, and NSAIDs (e.g. ibuprofen) and opiates (e.g. codeine) should be avoided as they can make symptoms worse. Antibiotics may be used if you develop diverticulitis to help clear infection, but are not always needed in mild cases. Most cases will settle with these simple measures, but if you become very sick or develop complications such as an abscess or generalised infection in your abdomen, then you may need surgery.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.