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## Colon & Rectal Surgery

# Diverticular Disease

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Diverticulosis of the colon is a common condition that affects about 50 percent of people in the U.S. by age 60 and nearly all by age 80. Fortunately, just a small percentage of those with diverticulosis have symptoms—even fewer require surgery.

### What is diverticulosis and diverticulitis?

Diverticula are pockets that develop in the colon wall, usually in the sigmoid or left colon, but may involve the entire colon.

*Diverticulosis* describes the presence of these pockets.

*Diverticulitis* describes inflammation or complications involving these pockets.

### What are the symptoms?

Major symptoms of diverticular disease:

- Abdominal pain (usually in the lower left abdomen)
- Diarrhea
- Cramps
- Change in bowel habits
- Severe rectal bleeding (occasionally).

These symptoms occur in a small percentage of patients with the condition and can be hard to distinguish from irritable bowel syndrome.

Major symptoms of diverticulitis (inflammation of the diverticula):

- Pain
- Chills
- Fever
- Change in bowel habits

More intense symptoms of diverticulitis are associated with serious complications such as perforation, abscess or fistula formation.

### What causes diverticular disease?

Studies indicate that a low-fiber diet over the years creates increased colon pressure, which results in pockets or diverticula. No evidence reveals that eating seeds and nuts causes diverticulitis.

### How is diverticular disease treated?

Diverticulosis and diverticular disease usually are treated through dietary changes. Occasionally, medications are used to help control pain, cramps and changes in bowel habits.

Increasing the amount of dietary fiber (grains, legumes, vegetables, etc.) will help. Sometimes, restricting certain foods reduces pressure in the colon, which means that complications are less likely to arise.

Diverticulitis requires more intense management. Mild cases may not require hospitalization, but your doctor will make that decision. Treatment usually consists of oral antibiotics, dietary restrictions and possibly stool softeners. Severe cases require hospitalization with intravenous antibiotics and strict dietary restraints. Most acute attacks are relieved using such methods.

Surgery is reserved for recurrent episodes, complications or severe attacks when medication produces little or no improvement. With surgery, usually part of the colon (commonly the left or sigmoid colon) is removed, and the colon then is hooked up or “anastomosed” again to the rectum. Complete recovery can be expected. Normal bowel function usually resumes in about 3 weeks.

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