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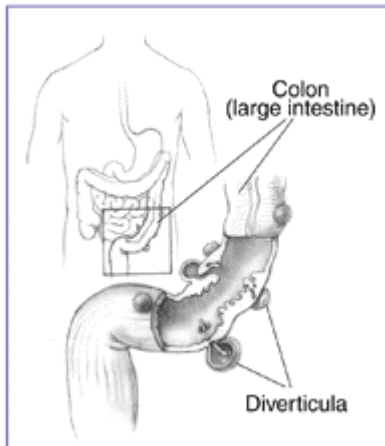
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Diverticulosis & Diverticulitis

What are diverticulosis and diverticulitis?

Many people have small pouches in the lining of the colon, or large intestine that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis. About 10 percent of Americans older than 40 have diverticulosis. The condition becomes more common as people age. About half of all people older than 60 have diverticulosis.



Many people have small pouches in their colon that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis.

Diverticula are most common in the lower portion of the large intestine, called the sigmoid colon. When the pouches become inflamed, the condition is called diverticulitis. Ten to 25 percent of people with diverticulosis get diverticulitis. Diverticulosis and diverticulitis together are called diverticular disease.

What are the symptoms of diverticulosis and diverticulitis?

Diverticulosis-Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation. Other conditions such as irritable bowel syndrome and stomach ulcers cause similar problems, so the symptoms do not always mean a person has diverticulosis. People with chronic symptoms should visit their doctor or health care provider.

Diverticulitis-The most common symptom of diverticulitis is abdominal pain. The most common sign on examination is tenderness in the lower left side of the abdomen. Usually, the pain is severe and comes on suddenly, but it can also be mild and become worse over several days. The intensity of the pain can fluctuate. A person may experience cramping, nausea, vomiting, fever, chills, or a change in bowel habits.

How is diverticular disease diagnosed?

To diagnose diverticular disease, the doctor asks about medical history, does a physical exam, and may perform one or more diagnostic tests. Because most people do not have symptoms, diverticulosis is often found through tests ordered for another ailment. For example, diverticulosis is often found during a colonoscopy done to screen for cancer or polyps or to evaluate complaints of pain or rectal bleeding. When taking a medical history, the doctor may ask about bowel habits, pain, other symptoms, diet, and medications. The physical exam usually involves a digital rectal exam. To perform this test, the doctor inserts a gloved, lubricated finger into the rectum to detect tenderness, blockage, or blood. The doctor may check stool for signs of bleeding and test blood for signs of infection.

If diverticulitis is suspected, the doctor may order one of the following tests:

Abdominal ultrasound. Sound waves are sent toward the colon through a handheld device that a technician glides over the abdomen. The sound waves bounce off the colon and other organs, and their echoes make electrical impulses that create a picture—called a sonogram—on a video monitor. If the diverticula are inflamed, the sound waves will also bounce off of them, showing their location.

Computerized tomography (CT) scan. The CT scan is a noninvasive x ray that produces cross-section images of the body. The doctor may inject dye into a vein and the person may be given a similar mixture to swallow. The person lies on a table that slides into a donut-shaped machine. The dye helps to show complications of diverticulitis such as perforations and abscesses.

How is diverticular disease treated?

A high-fiber diet and pain medications help relieve symptoms in most cases of diverticulosis. Uncomplicated diverticulitis with mild symptoms usually requires the person to rest, take oral antibiotics, and be on a liquid diet for a period of time. Sometimes an attack of diverticulitis is serious enough to require a hospital stay, intravenous (IV) antibiotics, and possibly surgery.

Diverticulosis-Increasing the amount of fiber in the diet may reduce symptoms of diverticulosis and prevent complications such as diverticulitis. Fiber keeps stool soft and lowers pressure inside the colon so that bowel contents can move through easily. The American Dietetic Association recommends consuming 20 to 35 grams of fiber each day. The table “What foods have fiber?” shows the amount of fiber in some foods that a person can easily add to the diet.

The doctor may also recommend taking a fiber product such as methylcellulose (Citrucel) or psyllium (Metamucil) one to three times a day. These products are available in powder, pills, or wafers, and provide 2 to 3.5 grams of fiber per dose. Fiber products should be taken with at least 8 ounces of water.

Avoidance of nuts, popcorn, and sunflower, pumpkin, caraway, and sesame seeds has been recommended by physicians out of fear that food particles could enter, block, or irritate the diverticula. However, no scientific data support this treatment measure. Eating a high-fiber diet is the only requirement highly emphasized across the medical literature. Eliminating specific foods is not necessary. The seeds in tomatoes, zucchini, cucumbers, strawberries, and raspberries, as well as poppy seeds, are generally considered harmless. People differ in the amounts and types of foods they can eat. Decisions about diet should be made based on what works best for each person. Keeping a food diary may help identify what foods may cause symptoms. If cramps, bloating, and constipation are problems, the doctor may prescribe a short course of pain medication. However, some pain medications actually cause constipation.

Diverticulitis-Treatment for diverticulitis focuses on clearing up the inflammation and infection, resting the colon, and preventing or minimizing complications.

Depending on the severity of symptoms, the doctor may recommend bed rest, oral antibiotics, a pain reliever, and a liquid diet. If symptoms ease after a few days, the doctor will recommend gradually increasing the amount of high-fiber foods in the diet.

Severe cases of diverticulitis with acute pain and complications will likely require a hospital stay. Most cases of severe diverticulitis are treated with IV antibiotics and a few days without food or drink to help the colon rest. In some cases, surgery may be necessary.

Points to Remember

Diverticulosis occurs when small pouches called diverticula bulge outward through weak spots in the colon, or large intestine.

Most people with diverticulosis never have any discomfort or symptoms.

Diverticula form when pressure builds inside the colon wall, usually because of constipation.

The most likely cause of diverticulosis is a low-fiber diet because it increases constipation and pressure inside the colon.

For most people with diverticulosis, eating a high-fiber diet is the only treatment needed.

Fiber intake can be increased by eating whole-grain breads and cereals; fruits like apples and pears; vegetables like peas, spinach, and squash; and starchy vegetables like kidney and black beans.

Diverticulitis occurs when the pouches become inflamed and cause pain and tenderness in the lower left side of the abdomen.

Diverticulitis can lead to bleeding; infections; small tears, called perforations; or blockages in the colon. These complications always require treatment to prevent them from progressing and causing serious illness.

Severe cases of diverticulitis with acute pain and complications will likely require a hospital stay. When a person has complications or does not respond to medication, surgery may be necessary.

Helpful Links

National Digestive Diseases Information Clearinghouse

www.digestive.niddk.nih.gov

American College of Gastroenterology

www.gi.org

American Society of Gastrointestinal Endoscopy

www.asge.org