

Diverticular disease (diverticulosis) and diverticulitis

Introduction

Diverticular disease and diverticulitis are related conditions that affect the large intestine (colon). A "diverticula" is the medical term used to describe a small bulge that stick out of the side of the large intestine (colon). Diverticula are common and associated with ageing as it is thought that the bowel becomes weaker with age, and the pressure of hard stools.

It's estimated that 5% of people have diverticula by the time they are 40 years old, and at least 50% of people have them by the time they are 80 years old. One in four people who develop diverticula will experience symptoms, such as abdominal pain. In diverticular disease, small bulges or pockets (diverticula) develop in the lining of the intestine. Diverticulitis is when these pockets become inflamed or infected.

Symptoms

Diverticular disease is mostly without symptoms (and known as diverticulosis) but some patients will develop

- lower abdominal pain
- feeling bloated

Patients who develop diverticulitis (infection of diverticula) can have

- more severe abdominal pain, especially on the left side
- high temperature (fever) of 38C (100.4F) or above
- diarrhoea or frequent bowel movements

Diverticular disease and diverticulitis can lead to complications, such as bleeding, abscess, fistula, stricture.

What causes diverticular disease?

Diverticular disease is often described as a "Western disease" because the rates are high in European and North American countries, and low in African and Asian countries. A combination of genetics and diet is thought to be the reason for this.

It is advisable to increase your fibre intake over the course of a few weeks. This will help prevent side effects associated with a high-fibre diet, such as bloating and flatulence (wind). Also drink plenty of fluids.

Treatment

A high-fibre diet can often ease symptoms of diverticular disease, and paracetamol can be used to relieve pain. Mild diverticulitis can usually be treated at home with antibiotics prescribed by your GP. More serious cases may need hospital treatment to prevent and treat complications.

Surgery to remove the affected section of the intestine is sometimes recommended if there have been serious complications, although this is rare.

Complications

1. Bleeding occurs in about 15% of people with diverticular disease or diverticulitis. It is usually painless, quick and resolves itself in 70-80% of cases.
2. Urinary problems can happen as the inflamed part of the bowel is in contact with the bladder. This may cause:
 - pain when urinating (dysuria)
 - needing to urinate more often than usual
 - in rare cases, air or infection in the urine due to a colovesical fistula (connection between bladder and bowel)
3. The most common complication of diverticulitis is an abscess outside the large intestine (colon).
4. A fistula is an abnormal tunnel that connects two parts of the body together, such as your intestine and your abdominal wall or bladder. Fistulas are usually treated with surgery to remove the section of the colon that contains the fistula.
5. Peritonitis is an infection of the abdomen and can occur from a split/ burst infected diverticulum. It can be life-threatening, and requires immediate treatment with antibiotics and possibly surgery. It may be necessary to perform a colostomy after an emergency operation..
6. Intestinal obstruction can occur from scarring of the lower bowel due to repeated infections from diverticular disease. The blockage is might be partial or complete. Intestinal obstruction is a medical emergency because the colon above the obstruction might burst/ split leading to peritonitis. In some cases, the blocked part can be removed during surgery. However, if the scarring and blockage is more extensive, a temporary or permanent colostomy may be needed.

Surgery for diverticular disease

Surgery is not recommended as a preventative measure for people who have had a few episodes of diverticulitis but reserved for selected cases and when patients develop complications from diverticular disease.

Surgery involves removing the affected section of your large intestine. This is known as a colectomy. There are two ways this operation can be performed:

- an open colectomy where the surgeon makes a large incision (cut) in your abdomen (stomach) and removes a section of your large intestine
- laparoscopic colectomy a type of "keyhole surgery" where the surgeon makes a number of small incisions in your abdomen and uses special instruments guided by a camera to remove a section of large intestine

Open colectomies and laparoscopic colectomies are thought equally effective in treating diverticulitis, and have a similar risk of complications. People who have laparoscopic colectomies tend to recover faster and have less pain after the operation.

Emergency surgery when the bowel has perforated is more likely to be open and may result in a stoma being formed. In most cases, the stoma will be temporary and can be removed once your large intestine has recovered from the surgery. This will depend on the situation when you had the operation. If it was an emergency operation, you may need a few months to recover before having surgery to reverse the stoma.

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