

## DIVERTICULAR DISEASE

### Information Sheet

#### WHAT IS DIVERTICULAR DISEASE?

Diverticular disease is a collective term referring to both diverticulosis and diverticulitis.

**Diverticulosis** is the formation of out-pouchings or pockets (diverticula) in the lining of the bowel. Diverticula of the large bowel (colonic diverticula) occur at weak points in the wall of the colon, most often in the sigmoid (left) colon.

**Diverticulitis** refers to infection or inflammation of diverticula. Diverticulitis can vary in severity, ranging from mild abdominal discomfort to bleeding, abscess formation, or even perforation.

#### HOW COMMON IS DIVERTICULAR DISEASE?

Diverticular disease is very common in Western countries. More than two-thirds of people over 85 years of age and one-third of people over 45 years have diverticulosis.

The majority of people are not aware that they are affected because they never develop diverticulitis and are without symptoms.

#### WHAT ARE THE CAUSES OF DIVERTICULAR DISEASE?

Diverticular disease has traditionally been attributed to low dietary fibre intake.

Constipation and slow colonic transit times have been proposed to increase pressure within the bowel, leading to pouch formation at the site of bowel wall weaknesses.

The relationship between fibre intake and development of diverticular disease has been challenged in recent years, and there is ongoing research into its causation.

#### WHAT ARE THE SYMPTOMS OF DIVERTICULAR DISEASE?

Most people with diverticular disease do not have any symptoms. Some people may have mild symptoms, such as abdominal discomfort, bloating, or an altered bowel habit (constipation or diarrhoea). In some cases these symptoms are more likely due to irritable bowel syndrome and consultation with a doctor is important to work out the likely cause and best management strategy.

Diverticulitis (infection or inflammation of diverticula) can cause abdominal discomfort (mostly in the left side), along with a change in a bowel habit, fever, and nausea or vomiting. At times, there can be blood mixed with stools.

Diverticulitis can occasionally be severe, requiring emergency management in hospital for potentially life-threatening complications.

Complications can include bleeding from diverticular disease, development of an abscess or collection, or perforation of the bowel, which can lead to peritonitis and sepsis.

A fistula can occasionally develop, which is a connection or tract between a diverticulum and another organ or part of the intestine.

The risk of diverticulitis in people with diverticulosis is estimated to be between 10% and 25% in the longer term, although more recent evidence suggests that the rates may actually be much lower (around 1%).

#### HOW IS DIVERTICULAR DISEASE DIAGNOSED?

Diverticular disease is frequently discovered incidentally during routine screening for colorectal cancer or investigations for abdominal symptoms.

Diverticular disease can be diagnosed using endoscopic tests, either colonoscopy or flexible sigmoidoscopy.

Imaging tests, including a barium enema or a CT scan (a form of X-ray) of the abdomen, can also diagnose diverticular disease. A CT scan of the abdomen is particularly useful in diagnosing diverticulitis when this is clinically suspected.

#### HOW SHOULD DIVERTICULITIS BE TREATED?

The treatment of diverticulitis focuses on managing symptoms, reducing inflammation or infection, and preventing the occurrence of complications.

Traditionally, oral or intravenous antibiotic therapy has been used to manage an attack of diverticulitis. Recent evidence challenges the necessity for antibiotic therapy, and guidelines in some countries suggest reserving antibiotic use only for complicated diverticulitis.

Bowel rest is usually advised, with intake of fluids only or a very low fibre diet until the symptoms settle. Pain relief is important; mild cases can mostly be managed with oral analgesia such as paracetamol.

Severe diverticulitis can often require hospitalisation for administration of intravenous therapy (via a drip line), including antibiotics, fluids or pain relief.

Severe diverticular bleeding can be profuse and require blood transfusion.

An abscess or collection can require surgical drainage. Occasionally surgery is required to remove the diseased segment of bowel.

## HOW TO PREVENT DIVERTICULITIS?

There is evidence to support a high fibre diet (**>30 grams fibre day**) in preventing attacks of diverticulitis in patients with diverticular disease. A high fibre diet may also prevent further diverticula from forming.

A high fibre diet is rich in fibrous fruits, vegetables, whole-grain cereals.

Supplementary fibre, such as psyllium husk, may also be helpful in augmenting fibre intake. A high fibre diet must be accompanied by sufficient water intake (**>8 cups per day recommended**) along with regular exercise.

There is no good evidence that dietary nuts, corn, or seeds should be avoided by people with diverticular disease.

## FURTHER INFORMATION ABOUT DIVERTICULAR DISEASE?

For further information please discuss with your doctor.

More information can also be found through the **Gastroenterological Society of Australasia (GESA)** leaflets:

[http://www.gesa.org.au/  
resources/patients/diverticular-  
disease/](http://www.gesa.org.au/resources/patients/diverticular-disease/)

**This information is intended for patients of Lumen Gastroenterology as a guide only. Please ask your doctor if you have any questions relating to this information.**