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Diverticulosis Patient Information Sheet

During your colonoscopy you were found to have diverticulosis or diverticulitis. This sheet is to inform you about this disease and its treatment. Should you have further questions about your colonoscopy please feel free to call the office so we can arrange to discuss your questions.

It is important to remember that you will still need a repeat colonoscopy in about 7 years (perhaps sooner if you had polyps).

What is Diverticulosis and Diverticulitis?

Diverticulosis is a common condition in which small pouches in the colon (large intestine) bulge outward through weak spots in the intestinal wall. These pouches are called diverticula. When these pouches become infected or inflamed, this is then called diverticulitis. If one of these infected diverticula ruptures, the infection could spread to the whole abdomen. This is known as peritonitis, which can be life threatening.

What causes Diverticulosis?

A low-fiber diet and constipation are thought to be the main cause of diverticular disease. This disease was first noticed when low-fiber, processed foods were introduced in the American Diet. Since that time, diverticular disease has become common in developed and industrialized countries, such as the United States, England and Australia, where diets low in fiber are common. A diet low in fiber results in constipation. This constipation causes hard, difficult bowel movements that require the colon to exert more pressure to push the fecal material along. This increased pressure, over time, causes the weak spots in the colon to bulge out and become diverticula. Diverticulitis is thought to develop when stool and bacteria become caught in the diverticula. Diverticulitis can develop suddenly and without prior symptoms.

What are the symptoms?

Diverticulosis

The may be no symptoms
Mild cramps
Constipation
Rectal bleeding

Diverticulitis

Abdominal pain, cramping, vomiting
Left lower abdominal tenderness
Symptoms of infection: fever, nausea
vomiting and chills

What are the complications of Diverticulitis?

Diverticulitis can lead to bleeding, infections, abscesses, perforation (tears in the colon), peritonitis (infection of the whole abdomen), and/or intestinal blockage. These complications are serious and require immediate treatment.

How is Diverticulosis treated?

Increased dietary fiber is the mainstay of treatment. A high fiber diet along with extra fluids helps to keep bowel movements soft and to lower the pressure inside the colon so that the bowel contents will move along easier. Even if you do not experience “constipation” the fact that you have diverticulosis means that you have increased pressures within your colon and would benefit by increasing the fiber in your diet.

Foods such as fruits, vegetables, legumes and whole-grain breads are high in fiber. You may find it difficult to eat enough fiber. I would recommend that everyone with diverticulosis take a fiber supplement (Metamucil, Fibercon, Citrucel, and Benefiber) on a daily basis. These fiber supplements are not laxatives and can be used without concern for becoming dependant upon them. They will also promote colon health. The previous recommendation to avoid nuts, seeds, popcorn, and stringy vegetables has been questioned by many professionals including myself. My recommendation is that you may continue to eat these foods unless you notice a definite correlation between eating these foods and symptoms.

How is Diverticulitis Treated?

Many “minor” cases of diverticulitis can be treated with bowel rest, and oral antibiotics. This can be done either on an outpatient basis or it may require hospitalization depending of the severity of the attack. If complications develop or you have repeated “minor” attacks then surgery may be required to correct the situation. Emergency surgery is performed when there is an abscess, perforation, peritonitis, bleeding, or an obstruction. This surgery usually involves two operations:

The first surgery cleans the infected abdominal cavity and removes the diseased section of colon. A temporary colostomy may be created to allow for healing. A colostomy is the end of a small portion of the colon that is brought through a surgical opening in the abdominal wall. This piece of intestine is called a stoma. A bag collection system is worn at all time is collect bowel contents.

A second surgery is then performed approximately 4 months later after the bowel has healed to rejoin the two ends of the colon.