



DIVERTICULAR DISEASE

Diverticulosis of the colon is a common condition that afflicts about 50 percent of Americans by age 60 and nearly all by age 80. Only a small percentage of those with diverticulosis have symptoms, and even fewer will ever require surgery.

What is diverticulosis/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 of these pockets.

What are the symptoms?

The major symptoms of diverticular disease are abdominal pain (usually in the lower left abdomen), diarrhea, cramps, alteration of bowel habit and occasionally, severe rectal bleeding. These symptoms occur in a small percentage of patients with the condition and are sometimes difficult to distinguish from Irritable Bowel Syndrome.

Diverticulitis - an infection of the diverticula - may cause one or more of the following symptoms: pain, chills, fever and change in bowel habits. More intense symptoms are associated with serious complications such as perforation, abscess or fistula formation.

What is the cause of diverticular disease?

Indications are that a low-fiber diet over the years creates increased colon pressure and results in pockets or diverticula.

How is diverticular disease treated?

Diverticulosis and diverticular disease are usually treated by diet and occasionally, medications to help control pain, cramps and changes in bowel habits. Increasing the amount of dietary fiber (grains, legumes, vegetables, etc.) - and sometimes restricting certain foods reduces the pressures in the colon, and complications are less likely to arise.

Diverticulitis requires more intense management. Mild cases may be managed without hospitalization, but this is a decision made by your physician. 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 can be relieved with such methods.

Surgery is reserved for recurrent episodes, complications or severe attacks when there's little or no response to medication.

In surgery, usually part of the colon - commonly the left or sigmoid colon - is removed and the colon is hooked up or "anastomosed" again to the rectum. Complete recovery can be expected. Normal bowel function usually resumes in about three weeks.

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PATIENT INFORMATION