Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Diverticular Disease - Pelvic Floor Service

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Diverticular Disease

Patient Information

Pelvic Floor Service

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Introduction

Diverticular disease of the large bowel is extremely common in the developed world. Between 1 in 3 people will be affected during their lifetime. Slightly more females are diagnosed than males in the UK. It is not a cancer or an indication that you will get bowel cancer.

Aims

This booklet aims to explain about the condition.

What is diverticular disease?

It is a condition that mainly affects the large bowel, (colon). An increase in pressure within the bowel can cause a small pouch, (diverticulum) to develop and push through the muscle wall of the bowel.

What causes the development of diverticular disease?

We are still uncertain what causes diverticular disease to develop. It is more common in the developed world, after the age of 40 and certain lifestyle factors, particularly a diet low in fibre, are thought to play a part. A low fibre diet can lead to constipation which causes the pressure inside the colon to increase.



Diverticul*um* – a small pouch about 1cm in size that sticks out from the wall of the large bowel.

Diverticul*a* – This refers to more than one diverticulum. They occur most commonly on the lower part of the large bowel on the left-hand side.

Diverticul*itis* – this is where at least one of the diverticula, have become inflamed or infected.

Diverticul*osis* – This means the presence of diverticula in the bowel. Many people with diverticulosis have no symptoms and the condition may be found on a scan or camera test

for something else.

Diverticular Disease – this is the presence of diverticulum in the bowel with associated symptoms.

Symptoms

The most common symptoms include:

- Low abdominal pain
- Bloating
- Changes in bowel habit
- Mucus or blood in the stool

It is important to remember that many symptoms of diverticular disease are very similar to more serious conditions such as bowel cancer. If you experience a change in symptoms, or develop more symptoms, especially blood in your stool, please consult your doctor.

How is diverticular disease diagnosed?

By having a colonoscopy or a CT scan

Complications

Relatively few people ever get complications severe enough for them to be admitted to hospital, and very few people die of this very common disease. However, in some cases complications can occur and these include:

Inflammation – (Diverticulitis) -This is the most common complication. Pain develops in the lower part of the abdomen, usually on the left side. It may be accompanied by a high temperature with nausea and/or vomiting. Treatment is generally antibiotics and fluids. Most people can be treated by the GP and do not need admission to hospital.

Bleeding through the back passage can occur when a blood vessel in the wall of the diverticulum can burst. The bleeding normally stops spontaneously but occasionally surgery is required.

Less commonly experienced complications can be blockage or perforation of the bowel. The treatment is usually surgical.

Rarely diverticular can form abnormal tunnels between the bowel and other organs, such as the bladder or the vagina. These are known as fistula. Signs of a fistula may include bubbles or faecal material in the urine or a foul-smelling discharge from the vagina.

It is important to see a doctor if you have any of these symptoms.

Management

Diverticular disease is very common, but it is important to try and avoid developing it or to reduce the risk of suffering symptoms or a complication.

Try to eat a healthy, balanced diet including whole grains, fruit, and vegetables. The aim is to eat five portions of fruit and or vegetables each day. Drink plenty of fluid each day, to help the fibre pass through the bowel.

If you don't have much fibre in your diet or suffer with constipation, it is important to increase your intake slowly. This will avoid symptoms of bloating and wind. There is no need to avoid seeds, nuts, popcorn, or fruit skins which are all natural sources of dietary fibre.

If you also have been diagnosed with irritable bowel syndrome (IBS), increasing wheat bran fibre can make symptoms worse for some people. Consider using non wheat bran fibre alternatives, such as oats and rice.

It can take several weeks for your bowel habit to improve, and the full benefits may not be realised for many months.

To maintain a healthy lifestyle, regular exercise will complement a balanced diet.

Remember

Your GP or health professional will be happy to answer any questions that may arise.



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