

This factsheet is about diverticular disease

Diverticular disease is a condition that affects the large intestine (colon). It occurs as a result of diverticula, which are small pouches that bulge out from the wall of the colon. Diverticular disease can affect any part of the colon, but most commonly it affects the left side which leads towards the back passage. It is most common in older people.

Causes of diverticular disease

Diverticular disease is common, especially with increasing age. It is estimated that 5% of people have diverticula by the age of 40 and 50% by the age of 80. Diverticula develop in the large intestine, most frequently on the left side of the gut where stool is hard. It is thought that when there is hard stool, particularly if the person is constipated, there is increased pressure on the gut wall. This can create weak spots in the wall, which can lead to the inner area of the gut wall squeezing through these weak spots, causing a diverticulum.

There is believed to be a link between dietary fibre and development of diverticula. A low fibre diet will lead to harder, smaller stools which need more pressure to push out, increasing the risk of diverticular disease. A high fibre diet can help soften and 'bulk out' stool. There is no clear evidence regarding the link with fibre, however diverticular disease is more common in Western countries where diets tend to be lower in fibre. Other things that can increase the risk of developing diverticula include being overweight, smoking or a relative developing it under the age of 50.

What are the usual symptoms?

Diverticular disease causes no symptoms in about 75% of people who have it, and is often diagnosed incidentally during investigations to look for other bowel problems. The most common symptoms include lower abdominal pain, bloating (increase in abdominal size due to gas), change in bowel habit (diarrhoea or constipation) and mucus or blood in the stool. The pain is often crampy, comes and goes (intermittent) and commonly focuses on the left side of the abdomen, where the diverticula most often occur. Pain and bloating can often start after food is eaten and get better when a stool or wind is passed. A change in stool type may be seen, with loose stool one day and hard stool the next. Diverticula can sometimes bleed but this often stops on its own. If it does not, see a doctor as soon as possible. The diverticula may become infected (diverticulitis) causing fever, increased abdominal pain and even blockage of the gut, meaning no stool can be passed. This can be dangerous and a doctor should be seen immediately. Symptoms of diverticular disease can mimic other more serious conditions such as bowel cancer. If any of these symptoms are noticed or a change in the symptoms occur, do not assume it is due to diverticular disease and see a doctor who may suggest further investigations.

How is diverticular disease diagnosed?

Diverticular disease is diagnosed by directly seeing the inner lining of the colon, using a test called colonoscopy. This is a camera test which uses a small flexible tube, inserted into the back passage. To make the procedure as comfortable as possible, medications can be given. Diagnosis is confirmed once the diverticula have been seen and more serious conditions such as cancer have been ruled out. They can also sometimes be seen on scans of the abdomen.

What impact can diverticular disease have?

It is important to remember that most people with diverticular disease will have no symptoms whatsoever. However, in some cases diverticular disease can impact a person in a number of ways. These include infection (diverticulitis), blockage of the gut, perforation (hole) in the diverticulum or large amounts of bleeding from the back passage. The most common complication is infection of the diverticula (diverticulitis) which occurs in about 10-25% of people with diverticular disease. This can happen when a piece of hard stool gets stuck in one or more diverticulum, forming an ideal environment for bacteria to multiply, leading to infection. This causes worsening abdominal pain, high temperature, nausea (feeling sick) or vomiting (being sick) and is normally treated with antibiotics. Sometimes when infection is severe, it can cause further complications such as collection of pus (abscess), obstruction (blockage of the bowel) and perforation leading to peritonitis (inflammation in the whole of the abdomen). If these complications arise, an operation to remove part of the colon or a needle into the collection of pus may be needed.

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Rarely, the presence of diverticula may lead to formation of abnormal connections (fistulas) between the gut and other organs such as the bladder or vagina. Air or small amounts of stool in the urine or foul smelling discharge from the vagina may be noticed. If this occurs surgery is usually necessary, so it is important to see a doctor if this is occurring.

What treatments are available for diverticular disease?

Diverticular disease with no symptoms does not require any treatment. However, it may help to follow a high fibre diet. This is also recommended for patients with symptoms. Fibre can help ease symptoms by softening and 'bulking out' the stool. It can help prevent the development of more diverticula, which can potentially make the condition and symptoms worse.

Foods with high fibre content include wholemeal bread, fruit and vegetables, brown rice, wholewheat pasta, beans, pulses and certain cereals. If increasing the amount of fibre in the diet does not work, fibre supplements may be recommended. If more information regarding fibre and diet are required, a referral to a dietician can be made. It is also important to drink lots of water, about 2 litres a day, as this helps maintain hydration and soften stools. If the main symptom is abdominal pain, pain killers such as paracetamol can help. If paracetamol and high fibre diet does not work, then seek advice from the GP. Other pain killers such as ibuprofen and codeine are not recommended. Diverticulitis (infection) can be treated with tablet antibiotics at home, which can be prescribed by your doctor. However, if after a few days of antibiotics there is little or no improvement in symptoms, then treatment in hospital may be necessary.

Does diverticular disease need to be monitored and, if so, how?

Diverticular disease only needs to be monitored if it is causing symptoms. This can be done by keeping track of stools, regarding frequency and consistency. Keeping a food diary can also be useful to ensure sufficient fibre is being eaten. If there is any significant change in symptoms it is important not to assume it is due to the diverticular disease and see a doctor. The change may be due to something more serious, such as bowel cancer.

How does diverticular disease behave over time?

Diverticula are permanent, but in general they do not cause too much trouble. Symptoms are usually mild but unfortunately for some it may be more severe. If repeated episodes of diverticulitis or problematic symptoms, surgery may be advised. There is no increased risk of cancer.

What to ask your doctor when you see them?

Here are a few questions which you may like to ask: What foods should I eat? May I see a dietician? Are there any other medicines (e.g. laxatives) I can take? What specific symptoms should I be concerned about?

What more research needs to be done on diverticular disease?

Further research into the factors which contribute to the development of diverticular disease is important to better understand how it can be prevented.

For more information about research in this area please contact Core.

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