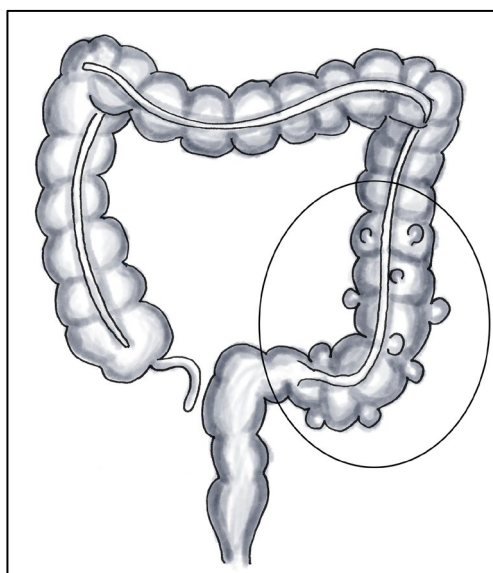


Diverticulosis, diverticulitis and diverticular disease **By Dr Mark Romero**

What is colonic diverticulosis?

Colonic diverticulosis is a common condition in western societies such as Australia. It refers to the presence of diverticula (plural, singular diverticulum) which are outpouchings or “pockets” in a part of or all of the colon (see figure below). These pockets fill with faeces, which can sometimes lead to problems (see below). The part most commonly affected is the **sigmoid colon**. Around 50% of people aged 60 or over have the condition and most people are unaware of it. Most people find out that they have this condition when a doctor tells them they have it, based on colonoscopy findings.



Diverticular pockets in the sigmoid colon are circled.

Why does diverticulosis occur?

It is not entirely known why diverticulosis occurs, although it may be a sign of “wear and tear” on the colon from years of elevated pressure within it. This is thought to be caused by long-term hard and smallish stools, in turn caused by a refined, **western diet** (white bread, white sugar, high fat content, high red meat content, low dietary fibre, etc.). These harder stools may be more than the colon is “meant” to handle. Over the years, the increased pressure and work of moving the stools through the system may cause weak points in the colonic wall to stretch and “blow out”.

What is the difference between diverticulosis and diverticulitis?

Although often used interchangeably by patients (and sometimes health professionals), diverticulosis often goes un-noticed. Diverticulitis, on the other hand, means that there is infection related to these pockets and this is not easy to ignore. Indeed, this is one of the ways the presence of diverticulosis can

be identified, when a patient presents to the emergency department with severe left sided abdominal pain (where the sigmoid colon lies). A CT scan will usually confirm the diagnosis.

There are several degrees of diverticulitis. These include:

- Inflammation only (requiring pain relief and antibiotics)
- Abscess formation (requiring antibiotics and/or a drainage procedure)
- Perforation of the colon (requiring emergency surgery and often the creation of a stoma)

Thankfully, most people with diverticulosis do not ever have symptoms, and for those that do, the symptoms usually do not require more than antibiotic treatment.

Can diverticulosis cause other issues not related to infection?

Yes, diverticulosis can lead to severe bleeding not related to infection. This is because the weak points where the diverticular pockets form are usually where small blood vessels go into the colonic wall. Weakening of the blood vessels from the pressure inside the pockets (from faecal filling) can lead to severe bleeding, sometimes so heavy that surgery may be needed. Thankfully, diverticular bleeding stops on its own around 85% of the time.

What is diverticular disease?

Diverticular disease is a term used to describe symptoms that are recurring (such as repeated bouts of diverticulitis) or long standing (such as narrowing of the colon from repeated inflammation). Other symptoms of diverticular disease can be long term (chronic) abdominal pain, or abnormal connections between the colon and the bladder or the small bowel. These conditions often lead to a planned operation to remove the part of the colon that is causing the problem. A stoma bag is not usually needed in these situations. Diverticular disease is usually diagnosed with colonoscopy and CT scans.

What do I need to do if I have been diagnosed as having diverticulosis?

The diagnosis can be scary but as mentioned above, most people need not worry. There certainly is nothing that will make the diverticular pockets go away (apart from surgery which is reserved for highly symptomatic people – see above) but knowledge is useful. Although the evidence is not definite, changes in diet to healthier options with increased fibre intake (I personally recommend daily **Metamucil**) and increased water intake may prevent the formation of more diverticular pockets upstream. The fewer diverticular pockets in a colon, the less the chance of one of these becoming a problem. And no, there is no evidence that **seed containing foods** can precipitate attacks of diverticulitis.

I hope that this information proves useful. If you have queries, concerns or suggestions about this topic, please feel free to contact me through my rooms.

All the best,



Dr Mark Romero

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