

DESCRIPTION

- Diverticulosis is the presence of small, shallow, sac-like pouches (diverticula) in the wall of the colon. These diverticula may be present without any symptoms. They occur in 30% to 40% of persons over age 50. They increase with each decade of life.
- Diverticulitis occurs when diverticula become infected or inflamed. It can be a serious and dangerous disorder.

FREQUENT SIGNS AND SYMPTOMS

Diverticulosis symptoms:

- No symptoms (usually).
- Constipation or diarrhea.
- Mild cramping that comes and goes. Bloating or tenderness in the abdomen. Passing gas or bowel movements may relieve these symptoms.

Diverticulitis symptoms:

- Areas of the abdomen become tender to the touch.
- Fever, chills, nausea, and vomiting.
- Blood in the stool.
- Pain in the abdomen that becomes constant. Pain most often occurs on the lower left side of the abdomen.

RISK INCREASES WITH

- Diet that does not have enough fiber.
- Age over 50.
- Constipation.
- Smoking. It is a risk factor for complications.

POSSIBLE COMPLICATIONS

- Intestinal bleeding or infections.
- Perforation, tear, or blockage of the intestines.
- Abscess (pus-filled, infected area).
- Peritonitis (colon inflammation).
- Recurrent attacks of diverticulitis.
- Fistula (abnormal opening in the body).

GENERAL MEASURES

- Your health care provider may do a physical exam and a digital rectal exam (a gloved, lubricated finger is inserted into the rectum). Questions will be asked about your symptoms and bowel habits. Medical tests may include blood and stool studies, X-ray, or CT.
- If there are no symptoms, treatment may not be needed. For mild symptoms, treatment may include a change in diet and the use of stool softeners and antibiotics. For more severe symptoms hospital care or surgery may be needed.
- Surgery may be done for complications. These include abscess, fistula, intestinal obstruction, perforation, or peritonitis. A part of the affected colon may be removed (resection) and the remaining sections rejoined. A colostomy involves creating a temporary hole (stoma) in the abdomen to remove stool.
- For self-care: Try to have a bowel movement at the same time each day. Allow about 10 minutes, and don't strain. Check your stool for bleeding. Ask your health care provider if a sample is to be taken to the medical office. To relieve mild pain, use a heating pad.
- Most cases are mild, respond well to treatment, and have no recurrence. If complications occur, they can usually be treated successfully.
- To learn more: National Digestive Diseases Information Clearinghouse, 2 Information Way, Bethesda, MD 20892; (800) 891-5389; website: www.digestive.niddk.nih.gov.

MEDICATIONS

- Antibiotics will be prescribed for infections.
- Pain medications may also be needed.
- Stool softeners may be recommended.
- Don't take laxatives, unless prescribed for you.

DIET

Eat a diet that is high in fiber. Drink plenty of fluids.

SEEK MEDICAL ATTENTION IF

- You experience vomiting or increased abdominal pain.
- You develop a fever that worsens or doesn't go away with treatment.
- You notice that your stools have become dark or have blood in them.
- Your symptoms worsen or new symptoms develop.