

# Diverticular disease and diverticulitis

## General Surgery

Information for Patients

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### What is diverticula?

A diverticulum is a small bulge or pouch that can happen in the lining of the large bowel (colon). If there is more than one diverticulum, they are called diverticula. They are more common as we get older. Half the population will have them by the age of 50.

The colon becomes weaker with age. The pressure of hard poo (stools) causes weakness in the muscle layer. This causes the bowel to become out of shape and form pouches. These pouches are diverticula.

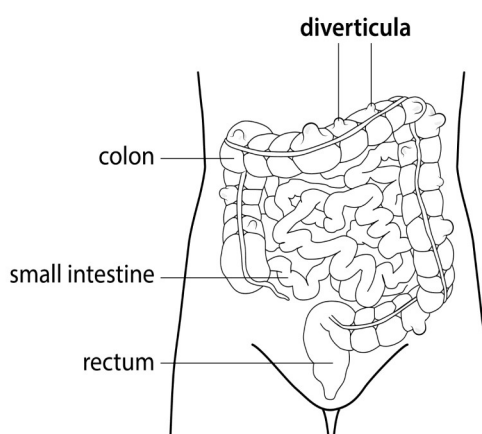
### What is diverticulosis?

Most people will have no symptoms. You may find out that you have diverticula when having a scan for another reason. Having diverticula with no symptoms is called diverticulosis.

### What is diverticular disease?

1 in 4 people who develop diverticula will have symptoms such as tummy (abdominal) pain and bloating. If you have diverticula with symptoms this is known as diverticular disease.

Colon with several diverticula



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## What is diverticulitis?

Medical words ending in 'itis' usually mean inflammation. The term diverticulitis is used when the diverticula become inflamed and painful. This can happen when some poo (faeces) gets stuck inside one of the pouches and causes infection.

## What are the symptoms of diverticular disease and diverticulitis?

Symptoms of diverticular disease include:

- Pain which starts and ends suddenly in severe waves. This is usually in the left lower side of the tummy (abdomen)
- Bloating of the tummy
- Diarrhoea or constipation
- Mucous or blood in the stool

Symptoms of diverticulitis include:

- A more constant and more serious tummy (abdominal) pain
- A high temperature
- Feeling sick (nausea) and being sick (vomiting)
- Diarrhoea or constipation
- Mucous or blood in the stool or bleeding from the bottom

## Tests for diverticular disease

After taking your medical history and examining your abdomen, a likely diagnosis of diverticular disease may be given. To find out for certain if you do have diverticular disease we need to confirm you have diverticula. We also need to rule out other causes of your symptoms.

The following tests can help with diagnosis:

- **CT scan**

A computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body. This is then read (interpreted) by a doctor specialising in diagnosis using medical imaging such as X-ray and CT (radiologist).

- **Flexible sigmoidoscopy and colonoscopy**

A sigmoidoscopy is where a thin tube with a camera at the end (sigmoidoscope) is inserted into your bottom and guided into your bowel. This test checks only the lower part of your colon.

A colonoscopy is where a thin tube with a camera at the end (colonoscope) is inserted into your bottom and guided up into your bowel. This test checks the full length of your colon.

The doctor or nurse practitioner doing these tests will look for any diverticula or signs of diverticulitis.

These tests are usually done as an outpatient. Before the appointment you will get an information leaflet in the post. This will tell you about the procedure and what you will need to do to prepare.

- **Blood tests**

Although blood tests alone are not able to give a diagnosis of diverticular disease, they may be helpful in diagnosing diverticulitis. Most patients seen in the surgical triage unit with tummy (abdominal) pain will have blood tests called inflammatory markers. These are done to look for any signs of inflammation. This can help us decide if scans are needed and if antibiotics should be given.

## **Can diverticular disease be cured?**

Once diverticula have formed they are permanent. Most people with diverticula have no symptoms at all.

## **Complications of diverticular disease and diverticulitis**

### **Perforation**

One of the diverticula may burst. This leaves a hole (perforation) in the wall of the bowel. This can lead to an infection of the lining of the tummy called peritonitis. Symptoms of a hole may include tummy (abdominal) pain, bloating of the tummy and fever.

### **Abscess**

An abscess is a collection of pus that may form close to the bowel after a perforation. Symptoms of an abscess may include tummy (abdominal) pain, bloating of the tummy and fever.

### **Fistula**

Very rarely, a hole may lead to the formation of an abnormal connection (fistula) between the bowel and another structure such as the bladder. Symptoms of a fistula may include passing air or poo in your pee.

### **Obstruction**

An obstruction is a blockage in the bowel. Repeated inflammation in the bowel can cause a narrowing. This may partially or completely block the passage of poo (faeces). Symptoms of a blockage in the bowel may include feeling sick and being sick, tummy pain, bloating or not being able to pass wind or poo.

## Bleeding

A diverticulum may bleed resulting in the loss of blood from the bottom. This can happen when a blood vessel within the diverticulum bursts and bleeds into the bowel. The bleeding is usually painless but can be heavy. In most cases, the bleeding stops on its own. In rare cases a large bleed may need a procedure or operation to stop the bleeding or a blood transfusion.

## How is diverticular disease treated?

### Treatment for diverticulosis (presence of diverticula with no symptoms)

There is no need for treatment of the presence of diverticula without symptoms. You can take some action to help stop problems such as diverticulitis in the future.

There is evidence that the following may reduce your risk of developing symptoms:

- Stopping smoking
- Regular exercise
- Losing weight if you are overweight or obese
- High fibre diet

A diet high in fibre is recommended for most adults whether they have diverticula or not. Fibre helps to make your stools larger and softer and helps to stop constipation. This may reduce the chance of developing more diverticula or complications.

Diet information can be found in our leaflet [Eating well with diverticular disease](#) (No. 1526) or search YourHealth [yourhealth.leicestershospitals.nhs.uk/](http://yourhealth.leicestershospitals.nhs.uk/)

### Treatment for diverticular disease

- High fibre diet
- Drinking plenty of fluids: It is important to drink plenty of fluids when having a high fibre diet. An adult should drink at least 2 litres of fluid a day. This should mainly be water but tea and coffee can be included.
- Taking painkillers: paracetamol can be used to help with pain. Stronger painkillers such as codeine should be taken with caution as they can cause constipation. Anti-inflammatory drugs (NSAIDs) such as Ibuprofen and Naproxen are not usually recommended as they can irritate the stomach.
- Taking antispasmodics: A doctor may prescribe antispasmodic drugs such as Mebeverine to help with spasm-type pain.
- Laxatives: You may be prescribed a laxative to help ease any constipation

## Treatment for diverticulitis

### Diet

People often refer to a bout or attack of diverticulitis as a “flare-up”. Some patients with diverticulitis may stick to a fluid only diet for a few days until symptoms begin to improve.

As the symptoms improve and you start to recover you may be advised to eat a low fibre diet This is to help your bowel to rest. Once your symptoms have gone you can return to your usual high fibre diet.

Evidence is changing all the time. The recommendation from the latest research is that eating a low fibre diet is not likely to improve symptoms.

### Antibiotics

Uncomplicated diverticulitis (diverticulitis without having complications as described on page 3) will often be treated with tablet antibiotics . There is increasing evidence that in many cases uncomplicated diverticulitis will settle without any antibiotics at all.

More serious cases may need treatment in hospital with antibiotics through the vein and stronger pain relief.

### Surgery

In rare cases surgery may be needed to treat complications of diverticulitis.

- Diverticular abscesses and collections of pus near the bowel can sometimes be treated with a procedure called percutaneous drainage.
- This procedure is done by a radiologist.
- X-ray equipment is used to guide a needle through the skin and into the collection of infected fluid.
- The fluid is then drained. Often a drainage bag will stay attached to your tummy until all the fluid has been drained and your symptoms are improving.
- You will usually need to stay in hospital if you have this procedure. In some cases if the drain needs to stay in for a longer time you may be able to go home with it. A plan will be made to check the drainage and your condition.
- In some cases of complicated diverticulitis, surgery is needed to remove the affected part of the colon. Sometimes this can be done using keyhole surgery but in more serious cases will be done through a longer cut on the tummy.
- In most cases the 2 ends of the cut colon will be joined back together.
- In rare cases you may need to have a colostomy. A colostomy (often called a stoma) is an opening of the colon onto the surface of the tummy. Poo drains from the colostomy into a bag attached to your tummy. This can be emptied and changed as needed.



## When should I seek medical advice?

If you have already been diagnosed with diverticular disease and have mild symptoms of diverticulitis it is likely that you can be treated at home with tablet antibiotics prescribed by a GP. You should contact your GP as soon as possible if you have symptoms of diverticulitis.

It is important to seek medical advice from your GP if there is a change in the pattern of your toilet habits (for example, lasting diarrhoea or constipation), blood or mucous in the poo or new tummy pain. Even if you are known to have diverticula, a change in your symptoms could be a sign of a different problem with your bowels (gut).

If you have serious tummy pain or bleeding from your bottom you should seek urgent medical advice from your GP, NHS 111 or the Emergency Department.

## Contact details

Please call the main hospital number 0300 303 1573 and ask to be put through to the relevant ward, department or consultant's secretary.

When you call it would be helpful if you can give:

- The patient's full name and date of birth
- Hospital number (printed on discharge summary)

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