

DIVERTICULOSIS AND DIVERTICULITIS

Most people have in their colons small pouches that bulge outward through weak spots, like a inner tube that pokes through weak places in a tire. Each pouch is called a diverticulum. Pouches are called diverticula and the condition of having diverticula is called diverticulosis. About half of all Americans age 60 to 80, and almost everyone over age 80, have diverticulosis.

When the diverticula or pouches become infected or inflamed, the condition is called diverticulitis. This happens in 10 to 25 percent of people with diverticulosis. Diverticulosis and diverticulitis are also called *diverticular disease*.

Doctors believe that the main cause of diverticular disease is a low-fiber diet. The disease is common in developed or industrialized countries such as the United States, England, and Australia, where low-fiber diets are common.

Fiber is the part of fruits, vegetables, and grains that the body cannot digest. Some fiber dissolves easily in water (soluble fiber). Some fiber passes almost unchanged through the intestines (insoluble fiber). Both kinds of fiber help make stools soft and easy to pass. Fiber also prevents constipation. This is important because constipation is the main cause of increased pressure in the colon. The excess pressure causes the weak spots in the colon to bulge out and become diverticula.

Increasing the amount of fiber in the diet may reduce symptoms of diverticulosis such as mild cramps, bloating, and constipation. Fiber keeps stool soft and lower pressure inside the colon so that bowel contents can move through easily. The American Dietetic Association recommends 20 to 35 grams of fiber each day. Your health care provider may also recommend drinking a fiber product such as Citrucel or Metamucil one a day. These products are mixed with water and provide about 4 to 6 grams of fiber for an 8-ounce glass.

Diverticulitis

Diverticulitis occurs when diverticula become infected or inflamed. This may begin when stool or bacteria are caught in the diverticula. An attack of diverticulitis can develop suddenly and without warning. The most common symptom of diverticulitis is left lower abdominal pain. Fever, nausea, vomiting, chills, cramping, or constipation may accompany the pain.

Diverticulitis can lead to complications such as bleeding, infections, perforations, or blockages. These complications require treatment to prevent them from progressing to serious illness.

Bleeding may occur from diverticula when a vessel in a diverticulum weakens and bursts. Blood may appear in the toilet or in your stool. If you have bleeding from the rectum, you should see your doctor.

The infection causing diverticulitis usually clears up within a few days when treated with antibiotics. If the condition worsens then an abscess may form in the colon. An abscess is an infected area with pus that may cause swelling and destroy tissue. Perforations or small holes may develop in the diverticulum causing pus, bacteria and stool to leak out of the colon and into the abdominal area. Infection that spreads into the abdominal cavity is called peritonitis and requires surgery to clean the abdominal cavity and remove the damaged part of the colon.

Infection may result in scarring that may cause partial or total blockage of the large intestine. When this happens, the colon is unable to move bowel contents normally. When the obstruction completely blocks the large intestine, emergency surgery is necessary.

Treatment for diverticulitis focuses on clearing up the infection and inflammation, resting the colon, and preventing or minimizing complications. If infections and inflammation occur frequently, the doctor may advise surgery. The surgeon opens the abdomen and removes the affected part of the colon. The remaining sections of the colon are rejoined. This type of surgery, called a colon resection, aims to keep attacks from coming back and to prevent complications.

Emergency surgery for infection, a large abscess, perforation, peritonitis, or continued bleeding usually involves two operations. The first surgery will clear the infected abdominal cavity and remove part of the colon. Because of infection and sometimes obstruction, it is not safe to rejoin the colon during the first operation. The surgeon creates a temporary hole, or stoma, in the abdomen and connects the end of the colon. This procedure is called a colostomy and allows bowel movements through the stoma into a bag attached to the opening in the abdomen. In the second operation, the surgeon rejoins the ends of the colon and closes the stoma.

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