

Diverticulosis

About half of people over age 60 have diverticulosis. Most people have no noticeable symptoms. But in some people, diverticulosis develops into an infection called diverticulitis. Diverticulitis is a more serious condition. The good news is, there's a lot you and your doctor can do to treat these conditions.

What is it?

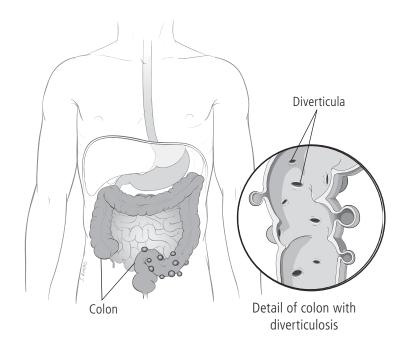
Diverticulosis is a condition in which small pouches (diverticula) bulge out through weak spots on the digestive tract. Diverticula can form on the esophagus, stomach, and small intestine, but most occur in the colon (large intestine).

When one or more diverticula become inflamed or infected, the condition is called **diverticulitis**. Serious cases of diverticulitis may require surgery to remove part of the colon.

What causes it?

The diverticula (bulging pouches) in your colon form when pressure inside the colon increases. The pressure increases when you're constipated, when you strain during a bowel movement, or when you don't respond soon to the need for a bowel movement. Increased pressure in your colon is usually caused by:

- Not enough fiber in your diet. Diverticulosis is rare in countries where people eat a high-fiber diet that helps keep stools soft. In the U.S., diverticulosis emerged around the time white flour (which contains less fiber) and processed foods became commonly eaten. Too little fiber promotes small, hard stools that are difficult to pass and increase pressure on your colon.
- Age. As you age, the outer muscular wall of your colon thickens, causing the passageway to narrow.
 This narrowing makes it more difficult to pass stool.
 Waste stays in your colon longer, becomes harder and dryer, and requires additional pressure to pass.



What are the symptoms?

Symptoms don't usually appear until diverticulosis develops into diverticulitis.

The most common symptom of diverticulitis is abdominal pain, usually around the left side of the lower abdomen. If the area is infected, you may also have fever, nausea, vomiting, chills, cramping, constipation, or bleeding.

What if it goes untreated?

In rare cases, an infected diverticula can tear open, spilling intestinal waste into your abdomen. This is a medical emergency and requires immediate care.

Other complications may include a blockage in your intestine, an abscess (infection), or a fistula. A **fistula** is an abnormal connection between two organs. If a fistula becomes infected, it can be life-threatening.

Although there's no evidence that diverticulosis increases your chance of colon or rectal cancer, it can make cancer more difficult to diagnose.

How can I prevent it?

You can prevent or slow these conditions. Try this:

- Eat 25 to 35 grams of fiber daily. Fiber keeps stools soft and lowers pressure inside the colon. To avoid gas and bloating, add fiber to your diet gradually. For information about the fiber content of specific foods, read the "Nutrition Facts" food labels or ask your doctor for other resources.
- If you can't get enough fiber from foods, ask your doctor if taking fiber supplements is right for you.
- **Drink plenty of fluids**. Fiber works by absorbing water and increasing soft waste in your colon. If you don't drink enough fluids, fiber can be a cause of constipation.
- When you need to use the bathroom, go right away. Delaying bowel movements leads to harder stools that need more pressure to pass.
- Exercise every day. Exercise can help tone the muscles in your intestine, which improves bowel function.

How is it treated?

Diverticulosis can be treated, but it won't go away. Once you have diverticuli in your colon, your goal is to keep them from getting worse, and to prevent more of them from forming. Treat diverticulosis by eating a high-fiber diet and following the other preventive measures listed above.

Diverticulitis requires medical attention. If your diverticuli have become inflamed and you've been diagnosed with diverticulitis, your treatment depends on the severity of your symptoms. Your doctor may recommend one of the following:

• **Diet.** During acute attacks of diverticulitis, eat a low-fiber diet. Avoid foods that may contribute to nausea or pain, such as caffeine, spicy foods, chocolate, and milk products. When symptoms of diverticulitis stop, gradually transition to a high-fiber diet.

- **Medicine**. Your doctor may prescribe antibiotics and recommend an over-the-counter pain medicine.
- Hospitalization. If you have vomiting, a fever, a high white blood cell count, or are at risk of complications, you may be admitted to the hospital. You may also be admitted if you're older, have another disease, or a weakened immune system. About half of people with diverticulitis need to go to the hospital.
- **Surgery.** If you continue to have problems with diverticulitis, your doctor may recommend surgery to remove the affected part of your colon or to repair a fistula or intestinal obstruction. There are two types of surgery:
 - Primary bowel resection. The doctor removes
 the diseased part of your colon and then reconnects
 the healthy sections. This allows you to have normal
 bowel movements. You may have open surgery
 through one long incision in your abdomen. Or you
 may have laparoscopic surgery though three or four
 tiny incisions.
 - Bowel resection with colostomy. If your colon is very inflamed or obstructed, you may require two surgeries. In the first, the doctor makes an opening (stoma) in your abdominal wall. The unaffected part of your colon is connected to the stoma, and waste passes through the stoma into a bag. Once the inflammation has healed, your doctor may be able to perform a second operation to reconnect your colon and rectum.

When should I call a doctor?

Contact your doctor if you have abdominal pain along with:

- Fever
- Nausea
- Chills
- Vomiting
- Constipation
- Cramping