

Diverticulosis

What is diverticulosis?

Diverticulosis [dahy-ver-tik-yuh-LOH-sis] is a condition that impacts about half of people over age 60. It causes small pouches (diverticula) to bulge out through weak spots on the digestive tract — most often on the **colon** (large intestine). They can also form on the esophagus, stomach, and small intestine.

When diverticula become inflamed or infected, the condition is called **diverticulitis** [dahy-ver-tik-yuh-LAHY-tis]. Serious cases of diverticulitis may require surgery to remove part of the colon.

What causes diverticulosis?

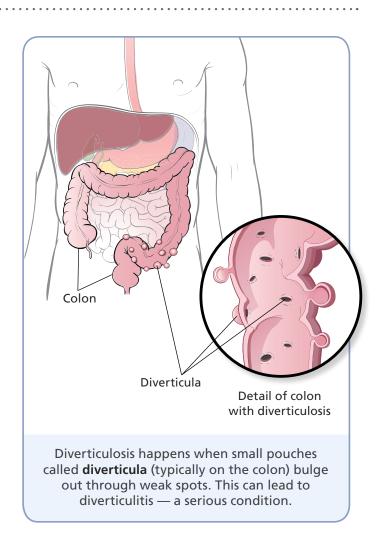
The diverticula (bulging pouches) form when there is increased pressure inside the colon that results from constipation, straining during a bowel movement, or delaying a bowel movement. Constipation and pressure are often caused by:

- Not enough fiber in your diet. Too little fiber promotes small, hard stools (poop) that are difficult to pass and increase pressure on your colon. Diverticulosis started showing up in the U.S. around the time white flour (which contains less fiber) and processed foods became popular.
- 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?

Most people have no noticeable symptoms of **diverticulosis** until it develops into diverticulitis.

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



What if these conditions go 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** (an abnormal connection between two organs). If a fistula becomes infected, it can be life-threatening.

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

How are these conditions treated?

Once you have diverticulosis, your goal is to keep it from getting worse and prevent more diverticula from forming. Treat diverticulosis by eating a high-fiber diet and following other preventive measures listed in the box below.

If you have diverticulitis, it requires medical attention. 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 have a weakened immune system. About half of those with diverticulitis need to go to the hospital.



When should I call my doctor?

Contact your doctor if you have abdominal pain along with:

- Fever
- Chills
- Constipation

- Nausea
- Vomiting
- Cramping
- **Surgery.** Your doctor may recommend a surgery to either remove the affected part of your colon or repair a fistula or intestinal obstruction as follows:
 - 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 1 long incision in your abdomen. Or, you may have a less-invasive laparoscopic [lap-er-uh-SKOP-ik] surgery though 3 or 4 tiny incisions.
 - Bowel resection with colostomy. If your colon is very inflamed or obstructed, you may need 2 surgeries. In the first, the doctor makes a stoma (opening) in your belly. The unaffected part of your colon is connected to the stoma. Waste then passes through the stoma into a bag. Once the inflammation heals, your doctor may be able to do as second surgery to reconnect your colon and rectum for normal bowel movements.

How can I prevent diverticulosis?

You can prevent or slow these conditions by:

- Eating 25 to 35 grams of fiber daily: To avoid gas and bloating, add fiber to your diet gradually. Ask your doctor for a copy of Intermountain's <u>High-Fiber</u> <u>Eating Plan</u> fact sheet for help adding fiber to your diet.
- Taking fiber supplements: If you can't get enough fiber from foods, ask your doctor if taking fiber supplements is right for you.
- **Drinking plenty of fluids:** Fiber absorbs water and increases soft waste in your colon. If you don't drink enough fluids, fiber can lead to constipation.
- Going right away when you need to use the bathroom: Delaying bowel movements leads to harder stools that need more pressure to pass.
- Exercising every day: Exercise can help tone the muscles in your intestine, which improves bowel function.



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