



UNDERSTANDING DIVERTICULAR DISEASE

Overview

A diverticulum is when the inner lining of the large bowel (colon) is pushed out through weak spots in the muscle causing a pouch or sac.* Diverticular disease is a medical term that includes three conditions: diverticulosis, diverticular bleeding, and diverticular infection/diverticulitis. Diverticulosis is the presence of diverticula (plural), sac-like protrusions of the wall of the large bowel.

Most people with diverticulosis do not have symptoms. Men and women are at equal risk. The left side of the colon is the most frequent site of involvement. Diverticulosis in the small intestine is uncommon and is not related to diverticulosis in the large bowel. Diverticulosis is more common as we get older and appears to be much more frequent in western society.

The high rate of hospitalization and surgery makes diverticular disease one of the five most expensive digestive diseases ahead of irritable bowel syndrome and inflammatory bowel diseases. Direct costs associated with diverticular disease are \$88.6 million per year. The risk for symptomatic diverticular disease is negligible for 35 year olds or younger. However, at age 55 the risk increases by a factor of 10 and at 75 years the risk has increased to 40. 50% of Canadians over the age of 80 years develop diverticular disease. At present, there are no known risk factors other than advanced age.

In excess of 130,000 Canadians have diverticular disease and about 10% of these are hospitalized annually. Each year 3,309 Canadians require life-saving surgical intervention to treat their diverticular disease and more than 400 Canadians die due to complications associated with diverticular disease.

What is the cause of diverticulosis?

It is thought that lack of fibre in the diet may cause small stool size and high pressure contractions inside the colon. The inner lining then is pushed out through weak spots in the muscle, causing a pouch or a sac (diverticulum).

What are the symptoms of diverticulosis?

Most people with diverticulosis have no symptoms and never develop complications. Without a complication, symptoms may be related to the low fibre diet rather than the diverticula themselves. Abdominal pain, cramps or irregular bowel habits are common symptoms and many doctors would say that these are due to irritable bowel syndrome (IBS) rather than to diverticulosis.

DIVERTICULAR DISEASE

What is diverticulitis?

Diverticulitis is an infection in the diverticulum. This complication occurs in a few patients with diverticulosis. Men and women are affected equally. The resulting infection can be mild, leading only to abdominal pain; or severe, with diffuse infection or sometimes the development of an abscess (a pocket of pus). There is usually fever and an elevated white cell count in the blood. With healing there can be scarring, leading to bowel narrowing and obstruction. Fortunately, severe episodes account for less than one-quarter of all episodes of diverticulitis.

A diagnosis of diverticulitis is based on the symptoms and examination, with tests that help confirm the diagnosis. In ill patients, a CT scan is the safest and most-cost-effective method of diagnosis.

Mild episodes usually respond to antibiotics. Many episodes do not recur. Patients with repeated episodes or a severe attack may need surgery.

What is diverticular bleeding?

Bleeding occurs less often than diverticulitis and is not related to episodes of diverticulitis. Often patients do not have symptoms before bleeding occurs. There may be fresh red blood or altered darker blood. Pain is not frequent but cramps can occur. All patients with bleeding need to be investigated to rule out other causes of bleeding. Patients with major bleeding or those who feel light-headed should go to the emergency department. Bleeding often stops on its own but still should be investigated. Most patients do not have further bleeding but in some it may recur. Patients with, recurrent episodes often require surgery.

How is diverticular disease treated?

In general, increasing the amount of fibre in the diet is recommended with adequate fluid intake. While this will not cause the diverticula present to become smaller or go away, the high fibre diet may reduce the formation of other diverticula. There is no evidence that avoiding foods such as popcorn or those with small seeds such as strawberries or tomatoes is useful, although this has been recommended in the past.

Surgery is usually not necessary but is sometimes performed in patients with severe or frequent complications. Often the bowel can be joined together immediately. If there is an infection a temporary connection between the bowel and the skin (colostomy) is formed to avoid connecting infected bowel. This surgery can be reversed at a later operation when the bowel is reconnected. The long term outlook is good.

More information

For more information about protecting and enhancing your digestive health, please visit www.CDHF.ca

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Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

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|  <p>REDUCE the incidence and prevalence of digestive disorders</p> |  <p>IMPROVE understanding of digestive health issues</p> |
|  <p>SUPPORT those suffering from digestive disorders</p> |  <p>ENHANCE quality of life for those living with digestive disorders</p> |

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