

## Patient information from the BMJ Group

# Diverticular disease

**Diverticular disease can lead to painful cramps in your abdomen. There's no cure for diverticular disease, but some doctors think eating more fibre might help. There are also some treatments that can help control the symptoms.**

## What happens?

Lots of people have small pouches of tissue that bulge outwards from their gut wall. Doctors call these pouches diverticula. If you get symptoms because of these pouches, your doctor may say you have diverticular disease.

Diverticula are a bit like an inner tube that pokes through weak places in a tyre. You can have just one of these pouches. But most people have more than one. Some people have hundreds.

You can also get these pouches in other places like your throat (oesophagus), your stomach, and your small bowel. But most happen in the last part of your large bowel (your colon). That's why this condition is also called colonic diverticular disease.

No one knows exactly why people get diverticula. But you may be more likely to get them if you don't eat enough fibre. Fibre is the part of fruits, vegetables, and grains that your body can't digest.

## What are the symptoms?

The most common symptoms are painful cramps in the lower part of the abdomen, usually on the left side.

Your pain may come and go, or it may be constant. It often starts after you've had a meal and gets better when you pass wind or a stool. You may also feel bloated and notice a change in your bowel habits, with your stools getting looser or, more often, harder.

Most doctors recommend a test called a colonoscopy for people who might have diverticular disease. During this test, your doctor will use a thin, flexible tube with a light and camera at the end (called a colonoscope) to look at the inside of your colon. The tube is put in through your back passage and slowly pushed into your colon.

## Bleeding

Sometimes these pouches bleed. When this happens, you may see a lot of blood in your stools. But the bleeding usually stops by itself and doesn't need treatment. If you get blood in your stools, you should see your doctor. If the bleeding doesn't stop, you may need an operation.

# Diverticular disease

## Inflammation

If one or more pouches become inflamed or infected, doctors say you have diverticulitis. You may:

- Get more severe and constant pain in your lower abdomen, probably on your left side
- Get a high temperature
- Feel sick or you may vomit
- Get constipation or diarrhoea.

Your doctor will examine you and may test your blood for infection. That may be enough to confirm the diagnosis and start treatment.

But if your doctor isn't sure whether you have inflamed diverticula, you may be referred to hospital for more tests.

## What treatments work?

**Antibiotics** are the main treatment for diverticular disease. We know antibiotics work, even though there hasn't been much research. They might be used if your symptoms are severe, or if you get inflammation or an infection (when it's called diverticulitis).

If you have a serious infection you may need to be treated in hospital with antibiotics through a drip (intravenous infusion or IV).

## Other treatments your doctor may try

There hasn't been as much research on these treatments. But they might help with some of your symptoms.

- **Laxatives** can help if you have constipation. There are different types, including bran and ispaghula husk. You can buy unprocessed wheat bran and various products containing ispaghula husk from a pharmacy or a health food shop. Some brand names are Fibrelief, Fybogel, Isogel, and Regulan. Lactulose (brand name Regulose) is another type of laxative. But it can cause abdominal pain, wind and stomach cramps, and make you feel sick. Another laxative that you can buy without a prescription is methylcellulose (brand name Celevac). It can cause wind and abdominal pain.
- People with diverticular disease are often advised to eat more **foods that are high in fibre** or to take **fibre supplements**. This might help you stay well and prevent other problems (complications), but there hasn't been much research to say for certain. Foods that are high in fibre include wholegrain cereals, apples, pears, carrots, spinach, squash, broccoli, potatoes, baked beans, and kidney beans.

## Diverticular disease

- If you have an attack of diverticulitis (inflammation or an infection) you might be treated with **mesalazine** (brand names Asacol, Pentasa, and Salofalk) afterwards. This medicine is used to try to reduce inflammation in your colon. But it can cause side effects such as abdominal pain, mild diarrhoea, dizziness, and headache.
- Drugs that relax the muscles in your bowels might sometimes be used to treat diverticulitis. These are called **antispasmodic drugs**. Brand names include Merbentyl and Colofac. An antispasmodic that you can buy from a pharmacy is peppermint oil. But this can cause heartburn.

### Surgery

If you get a serious infection or a blockage in your colon you'll probably need emergency surgery. In this operation, your surgeon cuts away the damaged part of your colon and joins the healthy sections back together. It's called **colonic resection**.

### What will happen to me?

Your symptoms may be mild and you may have long periods when you don't have any problems. Or, your condition may be more severe, with symptoms almost constantly.

If one or more pouches become inflamed or infected (when it's called diverticulitis), you will need to be treated with antibiotics. If you are not too ill, you probably can be treated at home. But if your symptoms are more severe, you will need to be treated in hospital. You'll probably be put on a liquid diet or fed through a tube to rest your colon.

Most people get better with this kind of care. But 15 in 100 to 30 in 100 people need an operation to remove the affected part of their colon. This is sometimes because the antibiotics haven't worked or because of complications. Here are the most common complications.

- An abscess in your colon. An abscess is made up of infected pus and can cause swelling.
- A fistula. This is an abnormal growth of tissue (it's not cancer).
- A blockage. This can affect your bowel movements.

### Repeat attacks

If you have had an attack of diverticulitis and didn't get complications, you have about a 1 in 3 chance of having a second attack. Second attacks are usually more serious than first attacks and are harder to treat. After a second attack, you have a 1 in 2 chance of having a third one.

Because of this increased risk, some doctors recommend that people who have had two attacks should have an operation to remove the diseased part of their colon.

## Diverticular disease

Some operations for diverticular disease can be done using laparoscopic surgery (also called keyhole surgery). This is when your surgeon makes very small cuts in your abdomen and uses a narrow tube with a camera to see your colon. To remove the diverticula, your surgeon passes small operating tools through other small cuts in your abdomen. People who have this kind of surgery usually have less pain and recover more quickly than people who have surgery through a large cut in their abdomen. But there hasn't been much research to say which type of surgery is safer.

---

This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full [Conditions of Use](#) for this content.

BMJ<sup>Group</sup>