PATIENT INFORMATION

DIVERTICULAR DISEASE

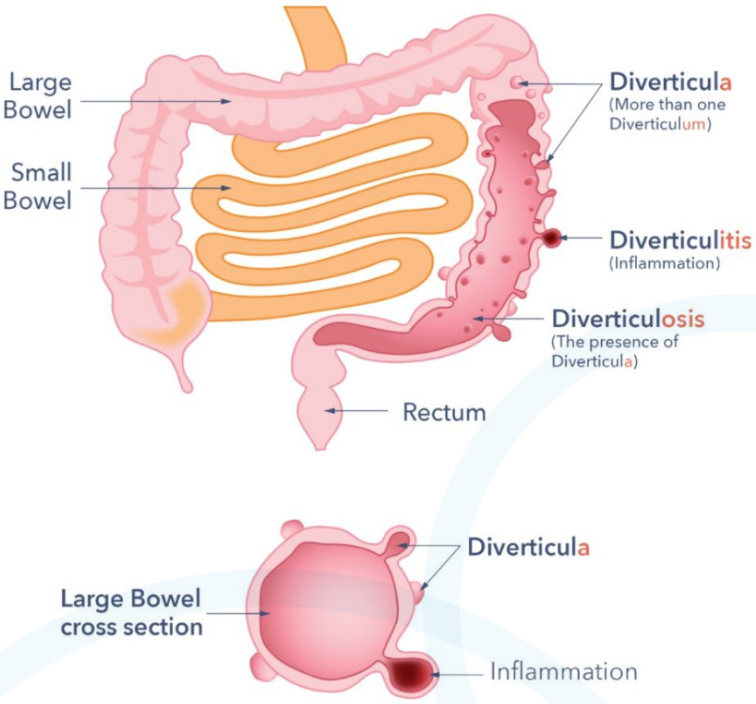
Overview

Diverticular disease is a common condition. It affects around 1 in 3 people, and this increases to 1 in 2 people as they get older. It affects both men and women.

It happens when small pouches form in the wall of the large bowel. These pouches are called diverticula.

Understanding the different terms

- **Diverticulum**: this is a small pouch that sticks out from the wall of your large bowel.
- **Diverticula**: this means more than one diverticulum. They are most often found in the lower left part of the bowel.
- **Diverticulosis**: this means you have diverticula in your bowel. Most people with diverticulosis don't have any symptoms and won't need treatment. Many people don't know they have it until they have a test for something else.
- **Diverticular disease**: this means you have diverticula. You might also feel belly pain or notice changes in your bowel habits, like constipation or diarrhoea.
- **Diverticulitis**: this happens when one or more diverticular pouches get inflamed or infected. This can cause increasing pain and other symptoms.



Causes

Diverticula form when the wall of the bowel becomes weak in places, which can happen as we get older. Pressure inside the bowel can then push the lining outwards, forming pouches. Doctors still aren't exactly sure why diverticula form in the bowel. But we do know some things that make it more likely.

Age is the biggest risk factor

Diverticula are more common as people get older and your chances of developing them increases after the age of 40. The number of people affected by diverticula is increasing to 1 in 2 as the population gets older. More young people under 45 are now being diagnosed, but this is still uncommon.

Other things that may increase the risk

Some lifestyle factors can raise the risk of symptoms or complications. These include:

- Having a higher than healthy body weight.
- Not being physically active.
- Smoking, which is linked to a higher risk of needing hospital care.

What about fibre and constipation?

- Some studies suggest that eating more fibre, especially from vegetables, may lower the risk of diverticula. However, other studies find no clear link.
- It is also not proven that constipation causes diverticula.

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Genetic conditions (Rare Causes)
Some rare family conditions can weaken the bowel wall. This makes diverticula more likely. These include:

- Ehlers-Danlos syndrome
- Williams syndrome
- Polycystic kidney disease
- Marfan syndrome
- Coffin-Lowry syndrome

These conditions can affect the tissue in the bowel, making it weaker and more likely to develop diverticula.

Symptoms

Most people with diverticular disease do not have any symptoms. Even fewer people will go on to have complications.

When symptoms do happen, they may include:

- Pain or cramping in your lower belly (usually on the left side)
- A feeling of bloating or swelling in your belly (from gas)
- Changes in your bowel habits. These can include diarrhoea and constipation or switching between both.
- Mucus or blood in your poo.

Everyone's symptoms can be a bit different. The pain may come and go and is often worse after eating. It may feel better after you've been to the toilet for a poo or passed wind.

In people of South Asian background, the pain is sometimes on the right side instead of the left.

Important: Don't ignore new symptoms. The symptoms of diverticular disease can look like those of other conditions, such as:

- Irritable Bowel Syndrome (IBS)
- Bowel Cancer
- Colitis

So it's important not to assume that all belly problems are caused by diverticular disease.

See your GP if you:

- Notice any new or different symptoms.
- Have blood in your poo.
- Are being sick (vomiting), feel very bloated have cramping pain and can't poo or pass wind. This may be a sign of a blockage or complication, and you should get urgent medical help.

Inflammation (Diverticulitis)

This is the most common complication. The current theory is that the inflammation and/or infection occurs because of an overgrowth of bacteria in the diverticula. It occurs in up to a quarter of people with the condition. In people over 50, acute diverticulitis is more common in females. In those under 50 years of age, it occurs more commonly in males. More people are being diagnosed, especially people under 45.

Symptoms of diverticulitis:

- Worsening belly pain
- High temperature
- Feeling sick and being sick

If these symptoms occur, you should seek medical help immediately. Complicated diverticulitis requiring hospitalisation is normally treated with antibiotics (germ-killing medicine) and fluids.

In severe cases, infection can cause complications, such as:

- A collection of pus (abscess)
- An obstruction (blockage of the bowel)
- Or a perforation (developing a hole in the bowel)

If these complications arise, an operation may be needed. It would remove part of the large bowel. Or a needle may be needed to drain a collection of pus.

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Diagnosis

Doctors diagnose diverticular disease by looking inside your bowel or by doing a scan. These tests also help rule out other conditions that could be causing your symptoms.

Colonoscopy or Sigmoidoscopy
A thin, flexible tube with a small camera on the end is passed into your bowel through your bottom. This allows the doctor or nurse to see the inside of your large bowel.

A colonoscopy looks at the whole bowel, while a sigmoidoscopy looks at just the left side of the bowel.

It is important that the bowel is empty so that they can see the bowel wall. You will be given a medicine to take at home to make you poo. This medicine will give you loose watery diarrhoea, so you will need to make sure you stay close to a toilet.

CT scan (plain CT)
This is a type of scan that takes pictures of the inside of your belly. It can show signs of diverticular disease and can also help find complications, such as an abscess (a pocket of infection).

CT colonography
This is a type of CT scan that looks more closely at the bowel. It's a non-invasive test and doesn't involve putting a camera inside the bowel. A thin tube may be inserted into the rectum to inflate the colon with air, making it easier to see.

Like a colonoscopy, you'll need to empty your bowels before the scan using a special medicine called a laxative.

Treatment

Even with research on this condition, it's still unclear why some people develop complications like infections. Many people can control their symptoms by changing their diet and lifestyle. The exact cause of flare-ups isn't fully clear. However, a healthy lifestyle may lower the risk of complications.

Diet & Lifestyle
Eating well is one of the most important ways to manage diverticular disease.

What to eat:

- Follow a healthy, balanced diet.
- Include wholegrains, fruits and vegetables every day.
- Try to have a fibre-rich starchy food (like wholemeal bread, pasta, brown rice or potatoes with skin) with each meal.
- Aim for at least 5 portions of fruit and vegetables per day.
- 1 portion = about 80g or a handful.
- Smoothies (150ml) count as only one portion per day, no matter how much you drink, because they contain less fibre.

Drink enough fluids:

- Try to drink at least 2 litres (about 8 to 10 cups) of water or other non-caffeinated drinks each day.
- This helps fibre move through your bowel and can prevent constipation.

If you're not used to eating much fibre:

- Increase fibre slowly to avoid bloating or wind.
- It might take a few weeks for your bowel habits to improve.

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Do I need to avoid certain foods?

You don't need to avoid seeds, nuts, popcorn or fruit skins. These foods do not increase the risk of complications, even if you have diverticular disease. Below is a list of foods that contain fibre. There are other aspects of healthy eating to consider.

Starchy foods	Wholemeal, brown or granary bread. Oat or rye bread. Wholegrain crackers, wholegrain rice and wholegrain pasta. Wholegrain breakfast cereals, wheat bisks and non-wholewheat options such as oats, muesli and gluten free wholegrain cereals. Chapatti or naan bread made with wholegrain flour.
Fruit	All varieties are suitable including fresh, frozen, dried and canned.
Vegetables	All varieties are suitable including fresh, frozen, dried and canned. Vegetable soup.
Protein containing foods	Chickpeas, lentils, peas and beans, dhal. Nuts and seeds.
Desserts and other snacks	Puddings containing dried fruit, oat-based crumble toppings, biscuits containing wholegrain flour, nuts, dried fruit and seeds, flapjack, muesli bars and fruit bars based on dates. Chocolate containing nuts and dried fruit, root vegetable crisps.
Drinks	Smoothies and milk shakes containing the whole fruit. (150ml portion size. One portion per day counts as one of your 5 fruit and/or vegetables per day).

If you also have irritable bowel syndrome (IBS), eating more wheat bran can make your symptoms worse. If your symptoms don't improve, try increasing your bran fibre intake using non-wheat bran options, like oat or rice bran. These are usually easier for people with IBS to digest.

If you change what you eat, it's important to make sure your diet stays balanced and provides all the nutrients your body needs.

Try to limit red and processed meat to no more than 70 grams a day. If you eat red meat, unprocessed options are a healthier choice. Red meat includes beef, lamb, pork, veal, venison, goat and mutton. Processed meat includes sausages, bacon, ham, salami, corned beef, tinned meat, sliced luncheon meats, and pâté.

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If you have Diverticulitis (Inflammation)

Your doctor may suggest a 'watch and wait' approach, especially if symptoms are mild. In some cases, antibiotics may be used, for example, if you are unwell, have a weakened immune system, or have other health conditions.

Contact your GP straight away if your symptoms get worse. See the section on diverticulitis (inflammation) for more about symptoms.

When is surgery needed?

Surgery for diverticular disease is not usually needed. But it may be offered after a serious episode of inflammation, for example, if:

- An abscess (a collection of pus) forms around the bowel
- An infection spreads into the abdomen from a perforated (torn) pouch

In most cases, the operation involves removing the part of the bowel that has the infected or damaged pouches.

Sometimes, the surgeon will need to bring the healthy end of the bowel out through the skin as a stoma. This allows waste to leave your body into a bag attached to your tummy.

In many cases, this stoma is temporary and can be reversed later. This means the bowel can be rejoined if the inflammation has settled and the area has healed well.

Bleeding

Sometimes, diverticular disease can cause bleeding from the bowel. In rare cases, this bleeding can be severe. If this happens, you may need an emergency blood transfusion. In most people (8 out of 10), the bleeding stops on its own without any treatment.

If the bleeding doesn't stop, your doctor may arrange a special type of CT scan to find out where the bleeding is coming from. In many cases, this can also be used to stop the bleeding.

Other treatments using an endoscope (a thin, flexible tube with a camera) may also help. Your doctor or nurse will explain which treatment is best for you.

What to ask your doctor

It's okay to have questions about your condition and treatment. Here are some helpful questions you might want to ask your doctor:

- Has my colonoscopy or CT scan ruled out any other conditions?
- Are there any concerns about my large bowel?
- Can you refer me to a dietitian to help me manage my diet?
- What kind of follow-up or monitoring will I have?
- When would antibiotics be used to treat my diverticulitis?
- When should I get back in touch or seek more help?

Guts UK is the national charity for the digestive system – https://www.gutscharity.org.uk

Digestive diseases are conditions that affect the gut, liver and pancreas.

Collectively, they are a factor in 1 in 8 deaths in the UK. Guts UK funds life-changing medical research into the whole digestive system.