Diverticulosis & Diverticulitis

What is diverticulosis?
The colon is the lower portion of the GI tract and is about 5 feet long. Diverticulosis is a disease that occurs in the colon. Diverticula are small pockets that form in the wall of the colon. Colonic diverticulosis means the presence of diverticula in the colon.

What causes diverticulosis?
Diverticulosis is fairly common as a person ages. Diverticulosis is a condition that tends to occur more often in developed countries because of the diet low in dietary fiber. Another reason diverticulosis may occur more often in developed countries is the lack of physical activity.

What are the signs and symptoms of diverticulosis?
Most people have no symptoms with diverticulosis. Since no symptoms are often present, diverticulosis is often diagnosed when another test such as a colonoscopy, sigmoidoscopy, CT scan or barium enema is done. Complications of diverticulosis include diverticulitis and diverticular bleeding.

What is diverticulitis and what are the signs and symptoms?
The small pockets or diverticula in the colon can become inflamed and infected at times. This is called diverticulitis. Pain in the lower left or occasionally the right portion of the abdomen is the most common symptom of diverticulitis. This pain may get worse over several days and may vary in severity. In addition, nausea, vomiting, diarrhea or constipation are symptoms that may occur. In moderate to severe symptoms a person has more severe pain, can’t keep any liquids down and may have a fever.

What is diverticular bleeding and what are the signs and symptoms?
The arteries supplying blood to the damaged part of the colon may weaken and rupture. This is diverticular bleeding.

Diverticular bleeding may not cause pain or other symptoms, but blood may be present in the bowel
movement. The bowel movement may be maroon, dark red, contain bright red blood or there may be passage of blood without a bowel movement.

**How is diverticulosis diagnosed?**

As stated earlier, diverticulosis is often diagnosed when another test is done since no symptoms are often present. Whereas, diverticulitis is often diagnosed when acute symptoms are present. The first step in finding the diagnosis and the best treatment is a detailed history and physical exam. Based on this information your doctor will have you do a number of tests. These may include:

- Abdominal X-ray,
- CT scan (most common),
- Barium enema,
- Colonoscopy and
- Sigmoidoscopy.

**What is the treatment for diverticulosis?**

The main treatment for diverticulosis is a healthy diet high in dietary fiber. A diet high in dietary fiber includes a diet high in fruits, vegetables and whole grains. Avoidance of whole seeds is unproven and not recommended at this point.

**What is the treatment for diverticulitis?**

The treatment of diverticulitis depends on how severe the symptoms are.

Treatment of mild symptoms often occurs at home. Treatment includes drinking clear liquids and the use of oral antibiotics. Symptoms should improve in 2-3 days and the diet can be slowly advanced. Communication with the health care provider if symptoms worsen or do not improve is important.

Treatment of moderate to severe symptoms occurs in the hospital. Moderate to severe symptoms may include a temperature, worsening abdominal pain and vomiting. This treatment includes IV (intravenous) fluids, IV antibiotics and clear liquids or nothing by mouth to rest the GI tract.

If a perforation, obstruction, abscess or fistula is present, further treatment is often needed. Recurrent episodes or a severe episode of diverticulitis may also require surgery to remove the diseased portion of the colon. If the surgery is done on an emergency basis, two surgeries may be required.

**What monitoring is important?**

Once a person is diagnosed with diverticulitis, an evaluation of the entire colon with a colonoscopy is often recommended. This can identify the extent of disease and identify other issues such as colon polyps. Further follow-up with a GI (gastrointestinal) doctor is also recommended.

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