What is diverticular disease?
Diverticular disease is a condition affecting the colon, part of the large intestine that removes waste from the body. Diverticular disease is made up of two conditions: diverticulosis and diverticulitis. Diverticulosis occurs when pouches, called diverticula, form in the colon. These pouches bulge out, like weak spots in a tire. Diverticulitis occurs if the pouches become inflamed.

Who gets diverticular disease and why?
Age is the primary risk factor for diverticular disease, which affects both men and women. Starting at age 40, the chance of getting it increases about every 10 years. Approximately half the people ages 60 to 80 have diverticular disease, and most over age 80 have the condition.

Although healthcare providers are not sure what causes diverticular disease, many think a diet low in fiber is a key factor. Fiber is found in many fruits and vegetables. Because the body cannot digest it, fiber stays in the colon and absorbs water, which makes bowel movements easier to pass. Diets low in fiber may lead to constipation, which occurs when stools are hard and difficult to pass. Constipation causes the muscles to strain during a bowel movement. This straining can cause diverticula to form in the colon. If stool or bacteria get caught in the pouches, diverticulitis can occur.

Eating a diet high in fiber or using fiber products, such as Benefiber, Citrucel, or Metamucil, can help reduce the symptoms of diverticular disease and prevent future problems. Fruits and vegetables, including raw apples, peaches, pears, tangerines, fresh broccoli, squash, carrots, and Brussels sprouts, are all high in fiber and can promote normal bowel movements. In addition, starchy vegetables and legumes, such as potatoes, navy beans, kidney beans, and lima beans, have a high fiber content, as do grains, including brown rice, whole-wheat bread, bran cereal, and oatmeal.

What are the effects and complications of diverticular disease?
Most people with the disease do not have serious problems, but some people have severe symptoms. The symptoms for diverticulosis and diverticulitis are different.

**Diverticulosis.** Many people don’t have symptoms, but some experience cramping, bloating, and constipation. Some people also have bleeding, inflammation, and fistulas. Patients experiencing rectal bleeding will have bright red blood in their stool. Although rectal bleeding is usually painless, it can be dangerous, and patients with this symptom should see a healthcare provider right away.

**Diverticulitis.** People with diverticulitis can have many symptoms, including fever, nausea, vomiting, pain in the lower part of the abdomen, or a change in bowel habits.

Diverticulitis can be sudden and cause:
- bleeding
- serious infections
- rips in the pouches
- fistula, which is a connection or passage between tissues or organs in the body that normally do not connect
- blockage in the digestive system
- an infection in which the colon ruptures causing stool to empty from the colon into the abdomen
How is diverticular disease diagnosed?
A CT scan is the most common way to test for diverticular disease. Other tests include:

- **Medical history.** Information about the patient’s health and symptoms, such as pain, as well as bowel habits, diet, and medications can indicate a likelihood of diverticular disease.
- **Blood test.** This test can help detect infections.
- **Stool sample.** This test may show bleeding in the digestive tract.
- **Digital rectal exam.** The healthcare provider inserts a gloved finger into the patient’s rectum to check for pain, bleeding, or a blockage.
- **X-ray and barium enema.** Barium is inserted through the patient’s anus, the opening where stool leaves the body. The barium makes the diverticula show up on an x-ray.
- **Colonoscopy.** A colonoscopy procedure uses a flexible lighted tube with a camera that is inserted through the anus, so that the healthcare provider can see whether the colon has any pouches.

How is diverticular disease treated?
Treatment for diverticular disease depends on how serious the problem is and whether the patient is suffering from diverticulosis or diverticulitis. Most people get better by changing their diet. For patients with rectal bleeding, a healthcare provider may use a special drug that makes the bleeding stop, or decide to operate and remove the part of the colon that is bleeding.

Eating high-fiber foods can help relieve symptoms of diverticulosis. Sometimes mild pain medications also help. For diverticulitis, healthcare providers may prescribe antibiotics and recommend following a liquid diet. Most people get better with this approach; however, some people require other treatment options:

- **Surgery.** For serious problems from diverticulitis, surgery may be necessary to clean the abdomen after infections and remove bleeding pouches and fistulas.
- **Colon resection.** For patients with recurring diverticulitis, taking out the part of the colon with diverticula and joining together the healthy sections can reduce the risk of other infections.
- **Emergency surgery.** Patients with severe problems may need emergency surgery to clear the infection and remove part of the colon. Later, a second surgery rejoins the healthy sections of the colon.

The colon is separated for a brief time between surgeries, because rejoining the colon during the first surgery is not recommended. A temporary colostomy is needed between the two surgeries. A colostomy is an opening made on the abdomen where a plastic bag is connected to collect stool after food is digested. The surgeon makes the opening, called a stoma, and connects it to the end of the colon.

**Learn more!**
[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)
This online support community aims to raise awareness about bowel and bladder dysfunctions and conditions.