



PALM BEACH
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**DIVERTICULOSIS &
DIVERTICULITIS**

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To understand diverticulosis, it is helpful to know about the anatomy and function of the intestine. The small intestine is the segment of bowel that begins at the stomach and ends at the large intestine or bowel. The colon starts in the right lower abdomen and forms a large question mark across the entire abdomen ending in the rectum. Just above the rectum is the sigmoid (S-shaped) part of the colon. Liquid stool enters the right colon and as it moves through the colon is dehydrated so that a formed stool eventually enters the rectum.

The Sigmoid Colon

The sigmoid colon has the specialized job of contracting vigorously to maintain a high pressure. This action regulates the movement of stool into the rectum. And since the sigmoid is a high-pressure part of the colon, it is here that most diverticuli occur.

Diverticulosis

Diverticulosis means that there are pockets or projections extending out from the colon. These occur very gradually over a long period of time. They occur at weak points in the bowel wall. The pockets develop because of the pressure exerted within by the contracting colon. As noted earlier, since sigmoid colon has the highest pressure in the colon, it is here that most diverticuli occur. Because of these balloon-like projections, the sigmoid often becomes thickened and narrowed. When this happens, significant changes in the bowel

function can occur, such as discomfort, diarrhea, and/or constipation.

Who Gets Diverticulosis?

Since it takes so long to develop, diverticulosis usually appears later in life. However, it is not uncommon to see this occur in people whom who are in their 30's. Eventually the colon, especially the sigmoid colon, becomes studded with these pockets. The disorder is mostly one of Western society. It is uncommon in rural Africa and India. The diet in these areas consists of unprocessed foods and grains with a very high fiber content. So, increased fiber ingestion may have great benefit.

Symptoms of Diverticulitis

As diverticuli form, few symptoms are noticeable, except perhaps for intermittent spastic discomfort in the left lower abdomen. Usually, there are no symptoms at all. When diverticulosis is far advanced, the lower colon may become very fixed, distorted, and even narrowed. When this occurs, there may be thin or pellet-shaped stools, constipation, and an occasional rush of diarrhea. The problem then becomes a mechanical or structural one and treatment is more difficult.

Complications of Diverticulosis

It is perhaps, remarkable that so few people have complications of diverticulosis when compared with the number of people who have the condition. Still, complications do occur and they can be serious. Diverticulitis is the most common.

- **Diverticulitis**

Like a balloon, as a diverticulum expands, it develops a thin wall compared with the rest of the colon. The colon is home of many beneficial bacteria-helpful as long as they stay in the colon. However, these bacteria can seep through the thin wall of the diverticuli and cause infection. This infection around the diverticuli is called diverticulitis. It can be mild with only slight discomfort felt in the left lower abdomen. Or it can be quite extreme with severe tenderness and fever. Treatment is usually needed for diverticulitis. It requires antibiotics and resting of the bowel by avoiding food or, at times even liquids. For severe cases, the patient must be hospitalized.

- **Bleeding**

At times, bleeding can occur from a ruptured blood vessel in the diverticuli. This may produce a gush a blood from the rectum or occasionally, black stools when the bleeding is from a diverticulum in the right colon.

- **Perforation**

This complication is the most uncommon but the most serious. Bacteria escape into the abdomen where peritonitis, or an abscess, can develop. Abdominal surgery usually is required to correct this problem.

Diagnosis of Diverticulitis

The mechanical history is the physician's most important tool in diagnosing

diverticulitis. The physical exam may find tenderness present in the left lower abdomen. A barium enema x-ray usually is required to determine the extent of the disorder. Flexible sigmoidoscopy and colonoscopy are exams performed through the rectum with a lighted, flexible endoscope. These exams view the colon from inside and provide additional information about the problem.

Treatment of Diverticulosis

Diverticulosis may be preventable. As noted, fiber, bran and roughage should be an important part of the diet. Certain types of fiber, such as wheat bran retain large quantities of water. This, in turn, provides a large bulkier stool. This type of large, soft stool may help decrease the pressure in the bowel over time. Bulking agents are available in drug stores and can be effective. The generic names for some of these products are psyllium and methycellulose.

Bran and fiber can be found in very palatable forms in many cereals, breads and other foods. Generally, a daily intake of 20 to 30 grams is recommended, beginning at a young age.

It is known that emotional stress can increase spasms of the colon and, perhaps, result in the formation of diverticuli. Stress should be controlled and treated necessary. Also, medications can be used to decrease spasm in the colon.

Surgery may be needed to remove the diseased portion of the colon when diverticulitis occurs at an early age or when there are recurrent episodes. When surgery is done in a non-emergency situation, a colostomy is usually not needed.

Summary

Diverticulosis is a disorder that may be preventable if treated early in life. At any stage, there is usually effective therapy available. The physician can readily diagnose diverticulitis, a complication of diverticulosis, and effective therapy is available. Working with the physician, prevention and treatment programs can be structured to obtain the best results for the patient.