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Aberdeen Royal Infirmary
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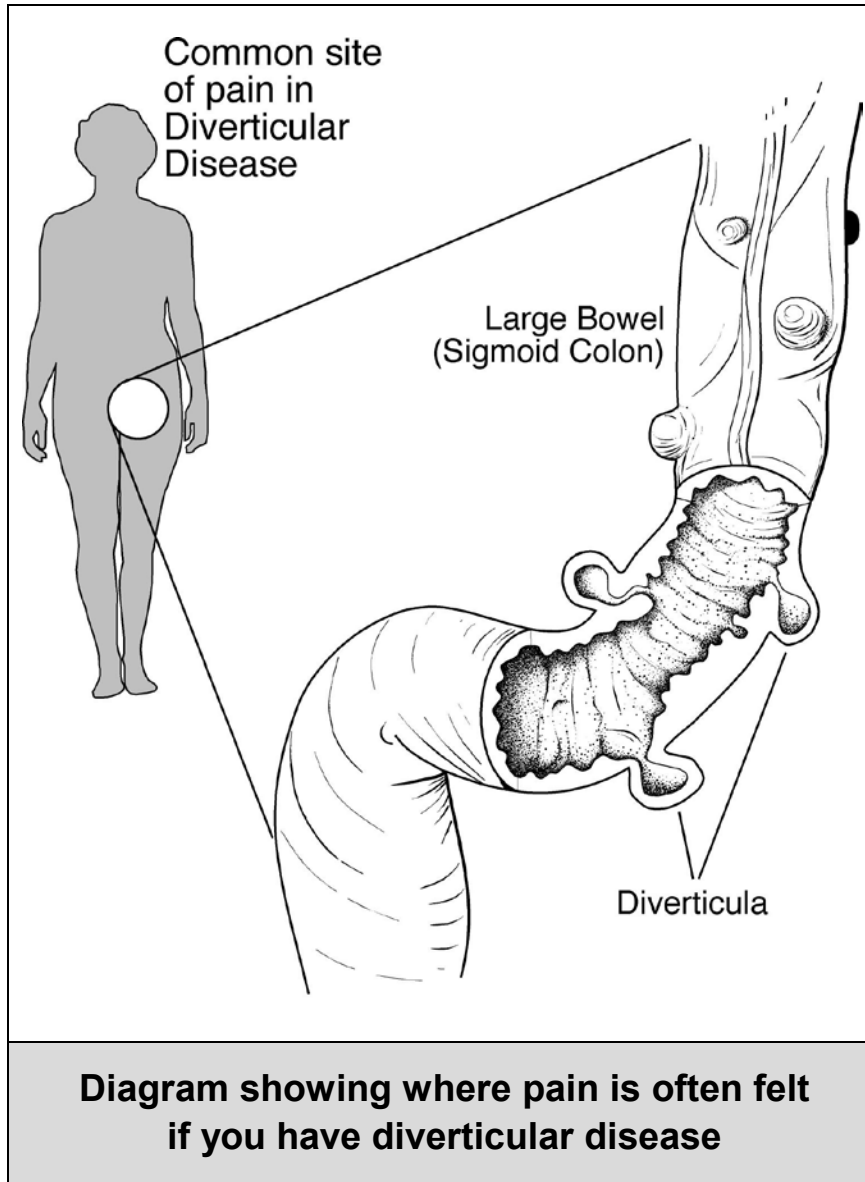
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Diverticular disease

***Information for
patients and carers***

Aberdeen Royal Infirmary



Contact telephone number

If you have any questions about your hospital stay please contact the appropriate ward.

Ward 206 ☎ **01224 553366**

Ward 207 ☎ **01224 553364**

Ward 208 ☎ **01224 552132**

Other useful contact details

Guts UK: A charity fighting gut and liver disease

Publishes a series of information leaflets on many digestive disorders.

3 St Andrew's Place
London
NW1 4LB

🌐 **www.gutscharity.org.uk**

☎ **020 7486 0341** for general enquiries
(please note this is not a helpline)

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What are the complications of diverticulitis?

If the diverticula become infected they may bleed or burst causing peritonitis (inflammation inside your abdomen). In some cases, the disease can result in thickening and scarring of the bowel wall leading to bowel obstruction or blockage.

An operation to remove the main affected area of the large bowel may occasionally be used to treat you if you have severe pain and are not helped by a change in diet or drugs, or in the rare case where the disease causes your bowel to obstruct or block.

What is a high fibre diet?

Try to increase your intake of foods such as fruit, fresh vegetables, peas, beans, lentils and wholegrain cereals and bread. Aim for 5 pieces of fruit and/or vegetables a day. You also need to drink at least 8 glasses of water a day.

A high fibre diet has been shown to reduce the symptoms and progress of diverticular disease. This type of diet will also benefit your family.

You will be given written dietary information. If you have any queries, ask your nurse to contact the ward dietitian who will see you before you go home.

What is diverticular disease?

It is a condition where pouches or sacs (also called diverticula) bulge out in the gut, usually the large bowel (colon). It is not contagious or cancerous.

What is diverticulitis?

This is the medical name used when these sacs become inflamed and infected (the ending “-itis” means inflammation). The term diverticulitis is sometimes loosely used to refer to diverticular disease in general.

Who gets diverticular disease?

It is very common amongst adults in western countries. About 40% of people over 50 years of age and half of the population over 70 years of age have diverticular disease, although not all will have any symptoms.

It is more common in people who have a diet low in fibre. This is probably because the bowel contracts too hard in order to push the bowel motion along the bowel. The resulting high pressure in the bowel causes “blow-outs” of the bowel lining which become the diverticula.

How do I know if I have the disease?

Most people with diverticular disease do not have any symptoms and are completely unaware that they have it. Since symptomless diverticular disease is not dangerous in any way, this is not a problem.

If you do have symptoms, these may be:

Symptoms of diverticular disease:

- Crampy discomfort, mainly on the left side of your tummy, which is sometimes made better by opening your bowels.
- A change in how often you go to the toilet to open your bowels. You may become more constipated or loose than normal.
- A feeling of bloating or tummy swelling.

Symptoms of diverticulitis:

- Severe constant pain, usually on the left side of your tummy, which stops you from getting up and about.
- You may have a high temperature, feel hot and cold, shivery.
- Nausea and vomiting.
- Sometimes blood in the bowel motions.

What is the treatment for diverticular disease?

If the disease is not causing you any symptoms then no treatment is needed. You need to follow a high fibre diet.

If you have mild symptoms, sometimes laxatives or drugs called anti-spasmodics (which relieve the spasm in the bowel wall) will be prescribed.

If you get an infection causing diverticulitis, antibiotics are usually given along with painkillers. You will also have fluids only for a few days to rest your bowel.

What tests will I have?

Diverticular disease cannot cause cancer, although your doctor may wish to do further tests to rule out bowel cancer as a cause of your symptoms.

The common tests done are:

- an X-ray of the large bowel called a barium enema
- possibly a telescopic test of the bowel called a colonoscopy
- sometimes a CT scan (a specialised type of X-ray)

These may be done as an outpatient once the inflammation has settled. You will get some medicine sent to you to empty the bowel for these tests to be done.