



The Fall Report

A Discussion of Health Issues



Diverticular Disease, a Common Problem

Do you have “tics” in your colon?

*If you have significant abdominal pain,
Seek the advice of your physician or general surgeon.*

Diverticula are sac-like protrusions of the wall of the colon (large bowel). Causes of this condition probably are related to a low fiber diet and altered motility of the colon. There has been a dramatic increase in this disease over the past fifty years and is much more common in industrialized nations. Diverticulosis is rare below age 35 but affects 65% of our population by age 80.

The natural history of diverticular disease includes no symptoms or may progress from inflammation (diverticulitis) to bleeding (15%), abscess, perforation and obstruction.

When diverticula become inflamed, we use the term diverticulitis. In the general population, 10 patients per 100,000 people will have this condition, leading to 200,000 admissions per year. 95% of diverticulitis involves the lower larger bowel (sigmoid colon). In patients with known diverticulosis, 10-25% will develop diverticulitis. After one attack, half of patients will have a second attack. Half of second attacks occur within one year and 90% of second attacks occur within five years of the first attack.

Symptoms of diverticulitis include abdominal pain, usually left lower quadrant, and may include fever, elevated white blood count, nausea and vomiting.

Diverticulitis is classified into two main categories: uncomplicated and complicated.

Uncomplicated demonstrates inflammation only. Patients have abdominal pain, abdominal tenderness and may or may not have fever or elevated white blood count. 70% of these patients will respond to medical treatment and have no further problems. However, severe diverticulitis at a young age may lead to a poor outcome. With second attack, surgery is indicated.

Complicated diverticulitis includes patients with perforation, abscess formation, bleeding and smoldering infection. Surgery may be recommended with only attack. In patients who present with abscess, almost one half will require surgery with 65% requiring a second, planned surgical procedure. If the surgeon can delay surgery with medical therapy, over 90% of patients can be treated with a single operative procedure.

When diverticulitis occurs in the younger age group (less than 40 years old), 90% will require surgery during initial hospitalization, compared to 40% in patients in an older age group.

Indications for surgery in an acute setting include free perforation, uncontrolled sepsis (infection), obstruction, uncontrolled bleeding and lack of response to maximal medical therapy. In an elective setting, surgery is indicated after two or more acute episodes, chronic smoldering symptoms, or one attack in patients with a compromised immune system.

Surgery for diverticular disease is common. In some cases, two operations may be required. Many times however, a single procedure can solve the problem. For some time, Fall General Surgery has been doing this surgery partially using a technique called hand-assisted laparoscopy. When this can be done, patients have less post operative pain and can be fed earlier and hospital stay is shortened.

Many other conditions can simulate diverticulitis i.e.) acute appendicitis, bowel obstruction or perforated gastric ulcer.

If you have significant abdominal pain, seek the advice of your physician or general surgeon.