

ADRIAN POLGLASE

Professor of Surgery

MB BS (Hons), MS, FRACS, FRCS (Eng), FRCS Ed, FACS

CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY

COLORECTAL SURGERY
LAPAROSCOPIC SURGERY
COLONOSCOPY

A. L. POLGLASE PTY. LTD. A.C.N. 062 956 843

Colorectal - Malvern

SUITE 20, CABRINI MEDICAL CENTRE
ISABELLA STREET, MALVERN 3144
TELEPHONE 9509 8233 FACSIMILE: 9509 0812
PROVIDER NO 216484K
AFTER HOURS: HOME 9824 7525
CALL SERVICE: 9387 1000

EMAIL: alp@colorectalmalvern.com.au
WEBSITE: www.colorectalmalvern.com.au
www.colonoscopymalvern.com.au
www.laparoscopymalvern.com.au

DIVERTICULOSIS – WHAT YOU NEED TO KNOW

Diverticulosis of the colon is a common condition that afflicts about 50% of the population by age 60, and nearly all by the age 80. Only a small percentage of those with diverticulosis have symptoms, and even fewer will ever require surgery.

What is diverticulosis/diverticulitis?

Diverticular are pockets that develop in the colon wall, usually on the left side of the abdomen. **Diverticulosis** describes the presence of these pockets. Inflammation of these pockets is called DIVERTICULITIS

What are the symptoms?

The major symptoms of diverticulosis are abdominal pain (usually in the lower left abdomen), diarrhoea, cramps, alteration of bowel habit and occasionally, severe rectal bleeding. These symptoms occur in a small percentage of patients with the condition, and are sometimes difficult to distinguish from another common bowel condition – “Irritable Bowel Syndrome”.

Diverticulitis – an infection of the diverticula – may cause one or more of the following symptoms: pain, chills, fever and change in bowel habits. More intense symptoms are associated with serious complications such as perforation, abscess or fistula formation (abnormal connection with other organs)

What is the cause of diverticulosis?

Indications are that a low fibre diet over the years creates increased colon pressure and results in pockets of diverticula. Genetic inheritance may also be important.

How is diverticulosis treated?

Symptomatic diverticulosis is usually treated by diet and occasionally medications to help control pain, cramps and changes in bowel habits. Increasing the amount of dietary fibre (grains, legumes, vegetables, etc.) and sometimes restricting certain foods, reduces the pressure in the colon, and complications may be less likely to arise. Sometimes however such a diet particularly if it includes nuts or seed containing foods may aggravate the condition.

Diverticulitis requires more intense management. Mild cases may be managed without hospitalization, and treatment may consist of oral antibiotics, dietary restrictions and possibly stool softeners. Severe cases require hospitalization with intravenous antibiotics and strict dietary restraints. Most acute attacks can be relieved with such methods.

Surgery is reserved for recurrent episodes, complications or severe attacks where there is little or no response to medication.

If surgery is necessary, usually part of the colon – commonly the left or sigmoid colon – is removed and the colon is joined (or “anastomosed”) again to the rectum. Sometimes a temporary artificial opening (stoma) may be necessary.