

DIVERTICULAR DISEASE

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What are the symptoms of diverticulosis?

Diverticular Disease

How is diverticulosis diagnosed?

Diverticular disease consists of diverticulosis and diverticulitis. Diverticulosis is the formation of numerous tiny pockets, or diverticula, in the lining of the bowel. Diverticula, which can range from pea-size to much larger, are formed by increased pressure on weakened spots of the intestinal walls by gas, waste, or liquid. Diverticula can form while straining during a bowel movement, such as with constipation. They are most common in the lower portion of the large intestine (called the sigmoid colon).

How is diverticulosis treated?

How can diverticulosis be prevented?

Complications affect about 20% of people with diverticulosis. One of these complications is rectal bleeding, also called diverticular bleeding. Diverticular bleeding occurs when there is chronic (long-term) injury to the small blood vessels near the diverticula.

What are the symptoms of diverticulitis?

The other complication is diverticulitis. Diverticulitis occurs when there is inflammation (swelling) and infection in one or more diverticula. This usually happens when these outpouchings become blocked with waste, allowing bacteria to build up and causing infection.

Is diverticulitis diagnosed?

Diverticulosis is very common in Western populations and occurs in 10% of people over age 40 and in 50% of people over age 60. The rate of diverticulosis increases with age, and it affects almost everyone over age 80.

What complications are associated with diverticulitis?

What are the symptoms of diverticulosis?

How is diverticulitis treated?

Usually diverticulosis does not cause any troublesome symptoms. Some people may feel tenderness over the affected area or abdominal cramps.



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How is diverticulosis diagnosed?

Because most people with diverticulosis do not have any symptoms, it is usually found when the patient is having tests that are being done for an unrelated reason.



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How is diverticulosis treated?

People who have diverticulosis without symptoms or complications do not need treatment, but it is important to adopt a high-fiber diet. Laxatives should not be used to treat diverticulosis. The patient should also avoid enemas, or use them infrequently.

How can diverticulosis be prevented?

Good bowel hygiene is most important to prevent diverticular disease or reduce the complications. This means:

- Having regular bowel movements and avoiding constipation and straining
- Eating appropriate amounts of the right types of fiber
- Drinking plenty of water
- Exercising regularly

The American Dietetic Association recommends 20 to 35 grams of fiber a day. Every person, regardless of whether they have diverticula, should try to consume this much fiber every day. Fiber is the part of plant foods that cannot be digested. High-fiber foods include:

- Whole grain breads, cereals, and crackers
- Berries and other fruit
- Vegetables, such as broccoli, cabbage, spinach, carrots, asparagus, squash, and beans
- Brown rice
- Bran products
- Cooked dried peas and beans, among other foods

A high-fiber diet helps prevent constipation and provides a number of other health benefits, including lower blood pressure, reduced blood cholesterol, improved blood sugar, and a reduced risk of developing certain intestinal disorders.

Other ways to prevent diverticular disease include drinking eight 236ml (8-ounce) glasses of water a day, watching for changes in bowel movements (from constipation to diarrhea), and getting enough rest and sleep.

What are the symptoms of diverticulitis?

The symptoms of diverticulitis include painful cramps or tenderness in the lower abdomen, and chills or fever.

Is diverticulitis diagnosed?

If you are experiencing the symptoms of diverticulitis it is important to see your doctor for the correct diagnosis. Some symptoms of irritable bowel syndrome and stomach ulcers may be similar to those of diverticular disease.

Your doctor will ask you questions about your medical history (such as your bowel habits, symptoms, pain, diet, and current medications) and perform a physical exam.

The doctor may order one or more tests to help diagnose your condition. These tests may include X-rays, CT scanning, ultrasound testing, a sigmoidoscopy, colonoscopy, barium enema, and blood tests to look for signs of infection or to see how much bleeding there is.

For people who have rapid, heavy rectal bleeding, the doctor may perform a procedure called angiography to learn where the bleeding is coming from. During this test, doctors inject the patient's arteries with a harmless dye that will allow the doctor to view the source of the bleeding.

What complications are associated with diverticulitis?

Serious complications can occur as a result of diverticulitis. Most come from the development of a tear or perforation (hole) of the intestinal wall. If this happens, intestinal waste material can leak out of the intestines and into the surrounding abdominal cavity, which can cause the following problems:

- Peritonitis (a painful infection of the abdominal cavity)
- Abscesses ("walled off" infections in the abdomen)
- Obstruction (blockages of the intestine)

How is diverticulitis treated?

Diverticulitis sometimes gets better without medical treatment, but in many cases, the patient will need antibiotics. Sometimes the infection is so severe that the patient has to be admitted to the hospital for intravenous antibiotics and other supportive care. In rare cases, a surgeon may need to take out the affected part of the bowel.

During the active stage of the infection, many experts recommended eating a low-fiber diet and drinking plenty of water. A month or so after the infection gets better, fiber should be back on the menu.

Emergency treatment, including surgery, may be needed when the antibiotics do not work, and in cases of a large abscess, perforation, peritonitis, or continued rectal bleeding.

If there is an abscess, the doctor may need to drain the fluid by inserting a needle into the infected area. Sometimes surgery is needed to clean the abscess and remove part of the colon.

If the infection spreads into the abdominal cavity (peritonitis), surgery is needed to clean the cavity and remove the damaged part of the colon. Infection can lead to scarring of the colon, and the scar tissue may cause a partial or complete blockage. A complete blockage requires surgery, although a partial blockage does not.

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