

COLONIC DIVERTICULOSIS AND DIVERTICULITIS

Colonic diverticulosis is a condition characterized by the formation of small sacs or pockets within the colon. This occurs most commonly in the last one third of the colon, which is the part closest to the rectum, located along the left side of the abdomen. This occurs in approximately 60% of Americans by the time they reach the age of 60. Anywhere from 4 to 15% of individuals with colonic diverticulosis can experience complications which can include diverticulitis and/or bleeding from an individual pocket.

Diverticulitis represents a complication of diverticulosis during which a small opening develops in one of the diverticular pockets. When this occurs, stool will spill on to the wall of the colon which will result in localized infection and inflammation. Depending on the severity of the diverticulitis and patient risk factors, an episode of diverticulitis may not warrant antibiotic therapy. However, there are individuals that may warrant antibiotic treatment for diverticulitis depending on severity and duration of the bout of diverticulitis, any complications which have occurred as a result of diverticulitis and patient risk factors. Signs and symptoms that typically occur with diverticulitis include left sided and/or more localized left lower quadrant abdominal pain. The pain can involve both lower quadrants of the abdomen. Can be associated with fever, chills, and constipation. If a patient experiences any of these signs or symptoms, he/she should begin a clear liquid diet and consult with a medical provider to determine if further evaluation and treatment is warranted.

Approximately 50% of the risk for diverticulitis is attributable to genetic factors. There are risk factors for diverticulitis that can be modified. For a patient to reduce his/her risk of diverticulitis, the following is recommended:

1. Diet: Consume 25 to 30 g of fiber per day with adequate hydration. For more details regarding a high-fiber diet, I recommend looking up the Cleveland Clinic High-Fiber Guide. Fiber supplements are not considered a substitute for a high-fiber diet.
2. Weight: Obesity increases the risk for recurrent diverticulitis. Therefore, patients should attempt to achieve and maintain ideal body weight.
3. Cardiovascular exercise: Performing cardiovascular exercise reduces the risk for diverticulitis. For individuals who do not exercise, he/she should attempt to begin with walking a minimum of 2.5 hours/week total. The more vigorous the exercise, the better.
4. Tobacco: Use of tobacco products increases the risk for diverticulitis. Therefore, patients should discontinue the use of all tobacco products.
5. NSAIDs (nonsteroidal anti-inflammatory drugs): The use of medications such as Advil, Motrin or Aleve can increase the risk of diverticulitis. Patients should attempt to use these medications less than 2 times per week.
6. Physical activity.

Individuals who have been diagnosed with diverticulitis of the colon are at increased risk for having precancerous colon polyps and colon cancer. Therefore, colonoscopy will likely be recommended after a patient has recovered from diverticulitis. If colonoscopy is recommended, it is typically advised to proceed at 6 to 8 weeks after recovery from acute signs and symptoms of diverticulitis. Colonoscopy may not be recommended if a patient has undergone a high-quality colonoscopy within 1 year of the diagnosis of diverticulitis.

If you have any questions or concerns regarding the above, please contact my office.

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