Dr Kellee Slater
MBBS (Hons) FRACS
Hepato-Biliary & General Surgeon
Gallbladder Liver Pancreas

Brisbane Liver and Gallbladder Surgery
Suite 207, Ramsay Specialist Centre
Newdegate Street, Greenslopes QLD 4120
Phone: 3847 3000 Fax: 3847 3002
Email: admin@brisliver.com.au Web Site: www.brisliver.com.au

DIVERTICULAR DISEASE

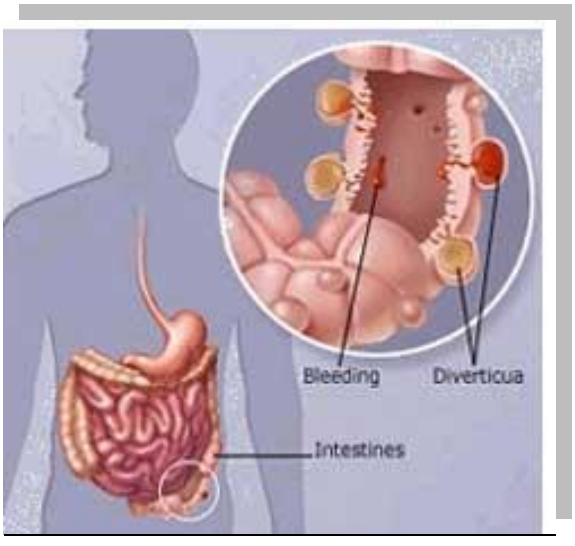
THIS INFORMATION REFLECTS THE PERSONAL PRACTICE OF A/PROF KELLEE SLATER ONLY AND DOES NOT SUBSTITUTE FOR DISCUSSION WITH YOUR SURGEON.

WHAT IS DIVERTICULAR DISEASE?

Diverticular disease is when small “pockets” or outpouchings occur in the large bowel. They can happen anywhere in the large bowel but are most common in the sigmoid colon (situated in the left lower section of your abdomen).

Diverticular disease is very common as people get older. It is likely that by the age of 85 two-thirds of the population have these pockets.

The cause is largely unknown, but it is thought that the high fat, low fibre diet that many people in Western countries have adopted is to blame. It is likely that over a long period to time, a lack of fibre leads to high pressure in the bowel and causes these little “blow-outs” to occur.



WHAT'S IN A NAME?

The words used to describe this condition are often confusing

Diverticuli – means one pocket.

Diverticulosis/diverticular disease – refers to the presence of more than one pocket. It is the term used when the pockets are present but are causing no symptoms.

Diverticulitis – refers to the presence of inflammation or infection in a pocket.

HOW IS DIVERTICULAR DISEASE DIAGNOSED?

It is commonly discovered on a routine colonoscopy or barium enema. It may also be seen on a CT scan of the abdomen. Just because you have diverticular disease, does not mean you will have any problems.

It is very important for anyone with symptoms related to the bowel i.e. change in bowel habit, bleeding from the bowel or abdominal pain be checked by a doctor and undergo a colonoscopy to be sure there is no colon cancer present.

WHAT PROBLEMS CAN DIVERTICULAR DISEASE CAUSE?

The majority of people with diverticular disease will remain symptom free throughout their life. About 20% however, will go on to have problems.

Acute diverticulitis

This is the most common problem associated with diverticular disease. It occurs when one of the pockets becomes blocked and infected. It. presents as crampy lower abdominal pain, tenderness in the left side of the abdomen, nausea, fever and altered bowel habit. Inflammation can be diagnosed by a CT scan and blood test. Often it will settle with a course of oral antibiotics. If the pain is severe or if there is a fever, the attack may need treatment in hospital with intravenous antibiotics. The good news is that most people only have one attack of diverticulitis in their life time. A few however, will go on to have repeat attacks.

Bleeding

Diverticular disease is the most common cause of bleeding from the back passage. The blood can be bright red or darker. Most patients are very distressed by the passage of blood from the bowel. Most bleeding will stop by itself. It is very important to see a doctor after any bleeding from the bowel. While benign diseases are the most common cause of bleeding, a cancer must always be ruled out. This is most commonly done with a colonoscopy.

Brisbane Liver and Gallbladder Surgery
Suite 207, Ramsay Specialist Centre
Newdegate Street, Greenslopes QLD 4120
Phone: 3847 3000 Fax: 3847 3002
Email: admin@brisliver.com.au Web Site: www.brisliver.com.au

Diverticular abscess

This can occur with an attack of acute diverticulitis. The inflammation causes an abscess (collection of pus) to form around the large bowel. This usually needs drainage via a tube placed in the x-ray department or with surgery.

Narrowing of the bowel (stenosis or stricture)

This is very uncommon. It may occur after multiple attacks of diverticulitis. The colon becomes so scarred and narrow that stool cannot pass easily. This condition requires surgery.

Perforation of the colon

This is serious and uncommon. It usually occurs suddenly and the pain makes patients present immediately to the hospital. It usually needs urgent surgery and commonly requires a temporary colostomy bag.

Fistula formation

This is uncommon. Occasionally the inflamed section of colon attaches itself to the bladder or vagina and ruptures. This results in the leakage of faeces into the urine or from the vagina. Patient's may suffer from multiple urinary tract infections or notice gas coming from their bladder or vagina. This problem requires surgery.

HOW IS DIVERTICULAR DISEASE TREATED?

Patients with no symptoms

Once diverticular disease is present, it is not possible to reverse that process. It may be possible to prevent more forming by increasing fibre intake. This can by achieved by eating whole grains in breads and cereal or by taking a fibre supplement like Metamucil.

Patients with acute diverticulitis

Mild diverticulitis requires treatment with oral antibiotics. Take the entire course and see your doctor if symptoms do not disappear after treatment.

Diverticulitis associated with high fever or significant abdominal pain should be treated with up to 5 days of intravenous antibiotics in the hospital.

Many patients will notice that there will be a continuation of crampy abdominal pain for some days after treatment has begun. This is because the colon remains very swollen for some time and this is painful as the colon contracts to push the faeces along.

For all patients with an attack of diverticulitis who have not had a recent colonoscopy, this should be done about 8 weeks after the attack has settled.

Brisbane Liver and Gallbladder Surgery
Suite 207, Ramsay Specialist Centre
Newdegate Street, Greenslopes QLD 4120
Phone: 3847 3000 Fax: 3847 3002
Email: admin@brisliver.com.au Web Site: www.brisliver.com.au

Patients not responding to antibiotics or with a serious complication

Patients with a diverticular abscess often require a procedure to drain the pus next to the colon. This may be performed in the x-ray department with local anaesthesia or require surgery.

Patients with a perforated diverticuli require emergency surgery and often a temporary colostomy.

WHERE TO FROM HERE?

Luckily, most people experiencing one episode of acute diverticulitis will never have another attack. In the first few weeks after an acute attack, it is better to stay on a relatively low fibre diet to allow the swelling of the colon to pass so bulky stool can pass.

There is a lot of discussion about whether avoiding seeds and nuts helps to prevent attacks. There is no real evidence for this.

After the episode has settled, it is likely that a high fibre diet is best.

Report back to us immediately if you have continued abdominal pain, fevers or air coming from the bladder or vagina.

Don't forget to have a colonoscopy about 6 – 8 weeks after the acute attack if you have not had one in the last 1 – 2 years.

If you are having ongoing attacks, then we will discuss with you the pros and cons of having the diseased segment of the colon removed in an elective operation.

Brisbane Liver and Gallbladder Surgery
Suite 207, Ramsay Specialist Centre
Newdegate Street, Greenslopes QLD 4120
Phone: 3847 3000 Fax: 3847 3002
Email: admin@brisliver.com.au Web Site: www.brisliver.com.au

ABOUT YOUR SURGEON

A/Prof Kellee Slater MBBS (Hons) FRACS FACS

2018	Associate Professor University of Queensland
2015	Fellow of the American College of Surgeons
2006 – Present	Staff Surgeon Hepatopancreatic-Biliary-Liver Transplant Princess Alexandra Hospital and Greenslopes Private Hospital Brisbane, Queensland
2004 – 2006	Hepatobiliary and Liver Transplant Fellowship Princess Alexandra Hospital Brisbane, Queensland
2002 – 2004	Liver and Kidney Transplant Fellowship University of Colorado Hospital Denver, Colorado, United States of America
2002	Fellow of the Royal Australian College of Surgeons (FRACS) General Surgery
1989 – 1994	MBBS (Honours) University of Queensland