

pressure on the colon. It can ease pain, bloating, constipation and diarrhoea and prevents hard stools (faeces) becoming lodged within the pouches. It can also help to prevent the formation of further diverticula, which may reduce the risk of the condition getting any worse.

We need 18g-30g of fibre each day, which should come from a variety of high-fibre foods. You may have symptoms of wind and bloating if you suddenly increase the amount of fibre you eat. Any increase should be gradual to prevent this, and to allow your intestine to become used to the extra fibre. A useful guide is to make one change every few days. For example, start by swapping white bread for wholemeal bread. Introduce something new every few days, such as adding beans or extra vegetables to a casserole, or having a piece of fruit for pudding.

High-fibre foods to include:

- Whole grains, fruit and vegetables.
- Wholemeal or whole wheat bread and flour (for baking).
- Wholegrain breakfast cereals such as All-Bran®, Weetabix®, muesli, etc.
- Brown rice and wholewheat pasta
- Wheat bran
- Beans, pulses and legumes

Diet for acute diverticulitis

During a flare-up, it is likely that your appetite will be poor. To prevent further irritation and to limit poorly digested materials passing through the colon, a bland, low-fibre diet may be most suitable. However once your symptoms have eased, gradually re-introduce normal, high-fibre foods into your diet. It can be helpful to introduce one food at a time and monitor symptoms to see what foods make symptoms worse.

Low-fibre foods to include:

- White grains such as bread, pasta, rice and noodles.
- Plain cakes/crackers.
- Potatoes with skins removed.
- Milk and dairy products such as cheese and yoghurts.
- Soft, ground/tender meats and fish.
- Eggs.
- Tofu.
- Well-cooked/canned fruit and vegetables with seeds and skins removed.
- Low-fibre cereals such as corn flakes.
- Fats and oils - e.g., olive oil, rapeseed oil, butter.

Contact details

Emergency Ambulatory Care Unit

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References

<http://www.patient.co.uk/health/diverticula-including-diverticulosis-diverticular-disease-and-diverticulitis>

<http://www.nhs.uk/conditions/Diverticular-disease-and-diverticulitis/Pages/Introduction.aspx>

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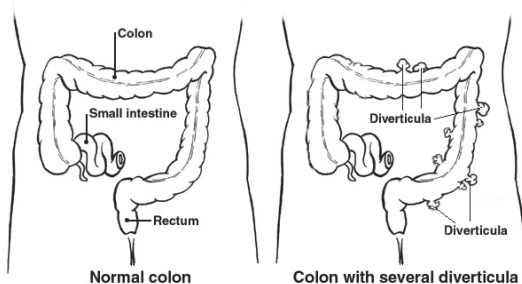
Diverticulitis

Patient Information Leaflet

Royal Sussex County Hospital

What are diverticula?

A diverticulum is a small pouch with a narrow neck that sticks out from the wall of the gut. They can develop on any part of the gut, but usually occur in the colon (sometimes called the large bowel or large intestine). They most commonly develop in the section of the colon leading towards the back passage (rectum). This is where the stools (faeces) are becoming more solid. This is on the left-hand side of the tummy (abdomen). Several diverticula may develop over time.



Who gets diverticula?

Diverticula are common and associated with ageing. It is thought the pressure of hard stools (poo) passing through the large intestine that has become weakened with age causes the bulges to form.

It is estimated that half of people have diverticula by the time they are 50 years old, and 70% of people have them by the time they are 80 years old.

The majority of people with diverticula will not have any symptoms; this is known as diverticulosis.

What causes diverticula?

Your gut (intestine) moves stools (faeces) along with gentle squeezes of its muscular wall. The stools tend to be drier, smaller, and more difficult to move along if you don't eat much fibre. Your gut muscles have to work

harder if there is too little fibre in your gut. High pressure may develop in parts of your gut when it pushes through hard stools. The increased pressure may push the inner lining of a small area of your gut through the muscle wall to form a small diverticulum.

What is Diverticular disease?

This term is used when diverticula cause intermittent, lower abdominal pain or bloating. The pain is usually cramp like and tends to come and go and is most commonly in the lower left part of the abdomen. You may get ease from pain and bloating by going to the toilet to pass faeces. Some people develop diarrhoea or constipation, and some people pass mucus with their stools. A diagnosis of diverticular disease is usually made by confirming the presence of diverticula and by ruling out other causes of the symptoms, sometimes coincidentally when having other test e.g. CT scan. A test called colonoscopy may be advised at a later date, this is where a doctor uses a special flexible telescope to look into the bowel.

What is Diverticulitis (infection)?

Diverticulitis is a condition where one or more of the diverticula become inflamed and infected. This may occur if some faeces get trapped and stagnate in a diverticulum. Bacteria in the trapped faeces may then multiply and cause infection. About 1 in 5 people with diverticula develop a bout of diverticulitis at some stage. Some people have recurring bouts of diverticulitis.

Symptoms of diverticulitis include:

- A constant pain in the abdomen. It is most commonly in the lower left side of the abdomen, but can occur in any part of the abdomen.
- High temperature (fever).
- Constipation or diarrhoea.
- Some blood mixed with your stools.
- Feeling sick (nauseated) or being sick (vomiting).

When symptoms are not too severe

If you develop diverticulitis you will normally need a course of antibiotic medicine and be encouraged to drink plenty of clear fluids. You may be advised not to eat anything until symptoms settle. You may need some strong painkillers for a while. If the infection is not too severe then symptoms may well settle with this treatment. Once symptoms go, you can resume a normal diet. However, a high-fibre diet is usually best.

What happens if symptoms are severe or prolonged?

If symptoms are severe or do not settle with antibiotic tablets then you may need to be admitted to hospital. You may be given antibiotics and fluids directly into a vein via a drip and painkilling injections for 24-48 hours.

Obstruction, abscess, fistula, and peritonitis

An infected diverticulum (diverticulitis) sometimes gets worse and causes complications.

Possible complications include:

- A blockage (obstruction) of the colon.
- A collection of pus (abscess) that may form in the abdomen.
- A channel (fistula) that may form to other organs such as the bladder.
- A hole (perforation) in the wall of the bowel that can lead to infection inside the abdomen (peritonitis).

Surgery to remove affected section of the intestine is sometimes recommended if there's a risk of serious complications, although this is rare.

What is the treatment for diverticular disease?

A high-fibre diet is usually advised as it helps to keep stools soft and bulky and reduces