



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Diverticular Disease

Information for patients, relatives and carers

① For more information, please contact:

Stoma Clinical Nurse Specialists

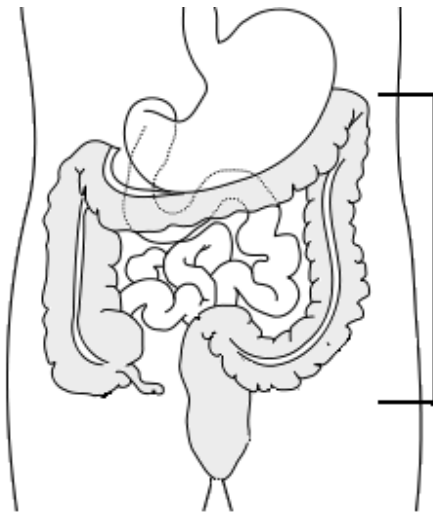
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# What is Diverticular Disease?

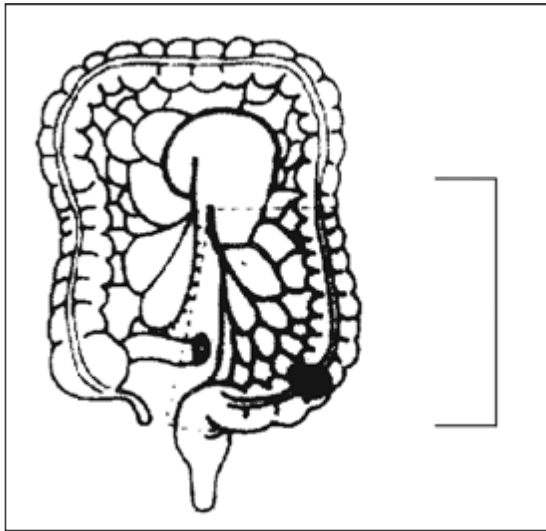
A diverticulum is a single protrusion of the inner lining of the large bowel (colon), through the outer muscular coat of the bowel producing a small pouch or pocket.

Sometimes many such pouches develop and may affect much of the large bowel.



The large bowel or colon –  
this is where diverticular  
disease occurs

The most common place for diverticular disease to occur is in the lower left side of the bowel called the Sigmoid colon.



Area affected -  
Sigmoid colon

More than one pouch in the lining of the colon is called diverticula or diverticulosis.

# **What causes Diverticular Disease?**

- Most diverticula develop during later life and become more common with increasing age.
- The cause of diverticular disease is not fully known but it is thought to be associated with diet.
- High fibre diets keep the contents of the bowel bulky, making it easier for the bowel to contract and push the waste along.
- If the contents lack bulk, the bowel has to contract harder increasing the pressure within the bowel, pushing out the pouches in weak areas.

In most people with diverticula, the bowel muscle is normal in appearance and thickness, but in some people, this becomes thickened and has a different appearance when examined under a microscope.

The combination of the muscle abnormality and the diverticula is known as diverticular disease.

# **How common is Diverticular Disease?**

Diverticular disease increases with age. In the UK, half of the population aged over 70 will have diverticulae in their large bowel.

## **What are the risk factors?**

- Age
- Low dietary fibre intake
- Obesity especially in younger people
- Inactivity

## **What are the symptoms of Diverticular Disease?**

- Diverticulosis generally causes few or no symptoms.
- Many people find out they have diverticulosis when they are being investigated for some other problem.
- Some patients experience symptoms, such as abdominal pain, usually on the left side.
- You may have constipation or diarrhoea associated with a bloated feeling and possible bleeding from your back passage may occur. The bleeding usually stops by itself but as with all rectal bleeding it should be discussed with your own doctor.
- If you pass a large amount of blood, you should seek urgent medical advice.

## **How is Diverticular Disease diagnosed?**

The disease can be detected by using x-ray barium enema or CT scan or by endoscopy (sigmoidoscopy or colonoscopy).

# What are the treatments for Diverticular Disease?

- Add fibre to your diet. This is beneficial as it increases the bulk of the waste and helps keep the pressure in the bowel low.
- Adding fruit and vegetables or increasing the amount you already eat could help.
- Substituting high fibre foods such as whole grain cereals, pasta, rice, and bread and adding bran to soups and casseroles is also advised.
- It is very important to increase the amount of fluid you drink, particularly water, to help keep the bulky waste soft and stop you getting constipated. It is recommended that you take eight glasses (two litres) of water per day.

You should remember that sudden changes in diet can cause bloating, and increase wind and it may be easier and more acceptable for you to do this over a period of a few weeks.

Sometimes the doctors will recommend a bulking agent to help you increase your fibre intake. This might be a bulking agent such as Ispaghula Husk (Fybogel). A mild painkiller such as paracetamol may help to reduce discomfort.

# What is Diverticulitis?

- Some patients with diverticular disease will develop diverticulitis at some point.
- This occurs when the diverticulae become inflamed and or infected by waste being trapped in the pouches.
- The risk is increased in those that smoke and use regular non-steroidal anti-inflammatory medications.

# What are the symptoms of Diverticulitis?

Commonest symptoms are due to a local area of inflammation around the colon:

- This is often sore when pressed and is accompanied by a fever.
- Loss of appetite and nausea may also occur.

Diverticulitis can lead to serious complications but these are uncommon:

- Infection can lead to scar tissue forming in the bowel wall causing a narrowing that may cause constipation or obstruction (blockage).
- Abscesses can form and cause a perforation (rupture) of the bowel. These symptoms are often accompanied by a persistent fever and pain.
- Sometimes a connection from the diverticula to another organ can happen. This is called a fistula.

# **What are the treatments for Diverticulitis?**

- Mild symptoms can be treated by your doctor with antibiotics and stronger painkillers.
- It may be recommended that you drink clear fluids and not eat until these symptoms subside.
- Reduce the amount of fibre eaten.
- Once the symptoms resolve you can resume a normal but high fibre diet as this may reduce the risk of recurrent problems.

If these symptoms persist or become severe, you may need to be treated in hospital.

It is possible that surgery or other procedures may be required to treat the source of the infection or remove the badly infected part of the colon (large bowel).



# **Surgery**

The majority of people will recover from diverticulitis without surgery.

- If the symptoms do not improve, surgery to remove part of the bowel may be indicated.
- Up to one in three people may need an operation; this may be done as a routine or emergency procedure.
- Generally the sigmoid colon will be removed (picture page three) and this can be done via open or laparoscopic (keyhole) surgery following a discussion with your surgeon.
- There is a possibility that you may need to have a temporary stoma. A stoma is when part of the bowel is brought to the surface of the abdomen and a bag covers it. This is formed to allow time for the bowel to heal following the surgery.
- A second operation is needed to close the stoma and the bowel movements to return to normal. Rarely a permanent stoma will be formed and this will not be closed.

## **Please note**

You should seek advice from your GP if you have a sudden change in your normal bowel habit even if you are known to have diverticular disease as this may indicate a new problem.

## **Who can provide further information and answer any questions?**

The doctors have explained that you have a diverticular disease and you may find that you have questions that you want answering.

Further information is available from NHS choices website, or your doctor may be able to answer any questions.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Jenny Marsden, Stoma Clinical Nurse Specialist,  
York Hospital, Wigginton Road, York, YO31 8HE or  
telephone 01904 725762.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

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Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

[www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

Owner	Stoma Clinical Nurse Specialist
Date first issued	August 2003
Review Date	January 2028
Version	5 (reissued January 2025)
Approved by	Mr N Woodcock, Consultant Surgeon
Document Reference	PIL 211 v5.3
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