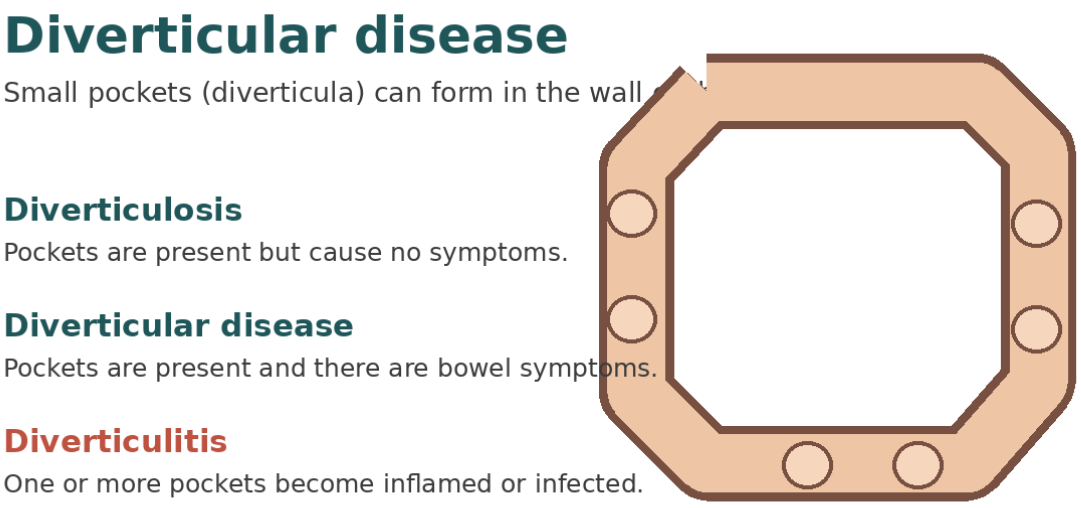
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Diverticular Disease

Practical advice for managing symptoms and reducing complications



What is diverticular disease?

Diverticula are small pockets that develop in the wall of the large bowel (colon), particularly as we get older. If diverticula are present but cause no symptoms, this is called diverticulosis. When diverticula are associated with symptoms such as intermittent abdominal pain or altered bowel habit, this is called diverticular disease. Diverticulitis occurs when one or more diverticula become inflamed or infected.

Typical symptoms

Abdominal discomfort

Cramping or pain, commonly in the lower left abdomen. It may be worse after eating and may improve after passing stool or wind.

Change in bowel habit

Constipation, diarrhoea, or alternating between the two can occur.

Bloating and wind

Some people notice abdominal bloating or increased wind.

Bleeding

Diverticula can sometimes bleed. New rectal bleeding should be medically assessed rather than automatically attributed to diverticular disease.

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Everyday management

Aim for a healthy, balanced diet

For most people with diverticular disease, a varied diet containing fruit, vegetables, whole grains, beans and pulses is appropriate. Fibre can help stool consistency and constipation. If your current diet is low in fibre, increase it gradually over several weeks to reduce bloating and wind.

Fluids matter

Drink adequate fluids, particularly when increasing dietary fibre or taking a fibre supplement. Unless you have been advised to restrict fluids for another medical condition, regular water intake helps fibre work effectively.

Nuts, seeds and fruit skins do NOT need to be routinely avoided

There is no good evidence that nuts, seeds, popcorn or fruit skins cause diverticulitis simply by becoming trapped in diverticula. They can be eaten as part of a balanced diet if you tolerate them. If whole nuts or seeds are difficult for you personally, they may be easier to eat chopped, ground or crushed.

Exercise, weight and smoking

Regular physical activity, maintaining a healthy weight and avoiding smoking are sensible measures for bowel and general health and may reduce the risk of symptomatic disease or diverticulitis.

Managing constipation and bowel symptoms

A regular bowel habit is often helpful. Avoid straining where possible. Dietary fibre is usually the first step, but the amount that suits each person varies.

Fibre supplements / bulk-forming laxatives

If dietary fibre is insufficient or difficult to tolerate, a bulk-forming fibre supplement such as ispaghula husk (for example Fybogel®) may be considered. Take it with adequate fluid and follow the packet or pharmacist's instructions. Increase fibre gradually rather than suddenly.

Pain and cramping

Paracetamol can be used for pain if appropriate for you. An antispasmodic such as hyoscine butylbromide (Buscopan®) may help cramping in some people; ask your pharmacist or doctor whether it is suitable for you.

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Painkillers to avoid where possible

Regular NSAID painkillers such as ibuprofen, diclofenac and naproxen, and opioid painkillers such as codeine, are best avoided where possible because they may increase the risk of bowel complications and can affect bowel function. If you have been prescribed these for another condition, discuss alternatives with your doctor rather than stopping them yourself.

What if I develop diverticulitis?

Diverticulitis is different from uncomplicated diverticular disease. It usually causes more persistent or severe abdominal pain and may be associated with fever, nausea, vomiting or feeling generally unwell.

During an acute episode

Seek medical assessment if you think you may have diverticulitis. Depending on severity, your clinician may advise a temporary low-fibre or fluid-based diet while symptoms are acute, followed by a gradual return to your normal balanced diet as you recover. Keep hydrated.

Are antibiotics always needed?

No. Antibiotics are not used for ordinary diverticular disease, and some people with uncomplicated acute diverticulitis can be managed without antibiotics after clinical assessment. Antibiotics are more likely to be required when a person is systemically unwell, immunosuppressed, has significant other illness, or there is concern about complicated diverticulitis. Your clinician will decide what is appropriate.

When might hospital treatment be needed?

More severe diverticulitis may require blood tests, a CT scan, intravenous fluids, pain relief and sometimes antibiotics in hospital. Complications can include an abscess, perforation, blockage of the bowel or abnormal connections (fistulae). Some complications require drainage or surgery.

When to seek urgent medical help

Contact your GP / out-of-hours service urgently if you develop:

- New persistent or severe abdominal pain
- Fever or chills with abdominal pain
- Repeated vomiting or inability to keep fluids down
- Increasing abdominal swelling or inability to pass stool or wind
- New rectal bleeding
- Symptoms that are rapidly worsening or you feel significantly unwell

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Emergency symptoms

Seek emergency medical attention for very severe abdominal pain, collapse/fainting, heavy or ongoing rectal bleeding, confusion, marked weakness, or other signs of severe illness.

Persistent or recurrent symptoms

Symptoms attributed to diverticular disease can overlap with other bowel conditions. If pain, altered bowel habit, weight loss, anaemia or bleeding persists, further assessment may be needed rather than assuming diverticula are the cause. Depending on the situation, investigations can include blood tests, CT imaging or colonoscopy.

A practical daily plan

1	**Build fibre gradually**	Choose whole grains, vegetables, fruit, beans and pulses according to tolerance.
2	**Drink enough**	Adequate fluid helps prevent hard stools, especially when fibre intake rises.
3	**Keep active**	Regular activity supports bowel function and general health.
4	**Treat symptoms sensibly**	Consider paracetamol, fibre supplementation or an antispasmodic when appropriate; avoid regular NSAIDs/opioids where possible.
5	**Recognise a change**	Persistent severe pain, fever, vomiting or significant bleeding is not simply 'usual diverticular disease' - seek assessment.

Sources: Health Service Executive (Ireland), Diverticular disease and diverticulitis; NICE guideline NG147, Diverticular disease: diagnosis and management.

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This leaflet provides general information and does not replace individual medical or dietetic advice.

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