

Diverticulitis

A Practical Guide For Patients



GastroDoxs
— defenders of the digestive system —

**A Patient Guide to Understanding
Diverticulitis**

WWW.GASTRODOXS.COM

Table of contents

1. Introduction
2. What Causes Diverticulitis?
3. Symptoms
4. Diagnosis
5. Diet
6. Medications
7. Therapies
8. Coping
9. FAQs
10. Take Action



GastroDoxs
— defenders of the digestive system —

Introduction: Diverticulitis

Diverticulitis is an inflammatory condition that occurs when small, bulging pouches in the colon wall, known as diverticula, become infected or inflamed. It is a common digestive disorder, particularly in older adults, and can range from mild discomfort to severe abdominal pain and complications. Symptoms often include lower abdominal pain, fever, nausea, and changes in bowel habits. While mild cases may be managed with rest, dietary modifications, and antibiotics, severe or recurrent diverticulitis can require hospitalization, drainage of abscesses, or even surgical intervention. Early diagnosis and management are key to preventing complications.

Key Takeaways

- Diverticulitis occurs when diverticula in the colon become inflamed or infected.
- Common symptoms include abdominal pain (usually left-sided), fever, nausea, and bowel habit changes.
- Mild cases often improve with antibiotics, rest, and dietary adjustments.
- Severe cases may cause abscesses, perforation, or peritonitis, requiring hospitalization or surgery.
- Risk factors include aging, low-fiber diet, obesity, and smoking.
- Early recognition and treatment reduce the risk of serious complications and recurrence.



What Causes Diverticulitis?

Known Causes:

Diverticulitis develops when small pouches in the colon wall, called diverticula, become blocked by stool, undigested food, or bacteria, leading to inflammation or infection. Increased pressure inside the colon can weaken the intestinal wall, making these pouches prone to irritation. Risk factors include a low-fiber diet, constipation, obesity, smoking, lack of exercise, and aging, all of which can contribute to diverticula formation and inflammation. Once inflamed, diverticula may cause pain, infection, or more serious complications if untreated.

- Blockage of diverticula by stool, food particles, or bacteria
- Increased pressure within the colon
- Low-fiber diet leading to harder stools and straining
- Chronic constipation and irregular bowel movements
- Aging, which weakens the intestinal wall
- Obesity and sedentary lifestyle
- Smoking, which impairs bowel and vascular health
- Certain medications (e.g., NSAIDs, steroids, opioids) that affect bowel function
- Altered gut microbiome balance contributing to inflammation



Common Signs & Symptoms

Common signs and symptoms of diverticulitis include sudden, persistent abdominal pain (often in the lower left side), fever, nausea, vomiting, constipation or diarrhea, bloating, and tenderness in the abdomen. Severe cases may also present with chills or blood in stool.

Core Symptoms Include:

- Persistent abdominal pain (usually lower left side)
- Abdominal tenderness and bloating
- Fever and chills
- Nausea and vomiting
- Constipation or diarrhea



Severe cases can also cause:



- Abscess formation in the colon
- Intestinal perforation leading to peritonitis
- Severe rectal bleeding
- Fistula development (abnormal connections to other organs)
- Intestinal obstruction or blockage
- Life-threatening infection and sepsis



Diagnosis & Medical Testing

Diagnosis of diverticulitis involves medical history, physical examination, and laboratory tests such as blood counts to detect infection. Imaging, particularly CT scan of the abdomen and pelvis, is the gold standard, confirming inflammation, abscesses, or complications for accurate management.

Diagnostic Tools:

- Medical History & Physical Exam Evaluates pain location, symptoms, and risk factors.
- Blood Tests (CBC, CRP) Detect infection, inflammation, and anemia.
- Urine Test Rules out urinary causes of abdominal pain.
- Stool Test Checks for infection or blood in stool.
- CT Scan (Abdomen & Pelvis) Gold standard for diagnosis and complication detection.
- Ultrasound Sometimes used, especially in younger or pregnant patients.
- MRI Alternative imaging in select cases.
- Colonoscopy Avoided during acute attacks but used later to rule out cancer or other conditions.



GastroDoxs
— defenders of the digestive system —

In diverticulitis, an acute flare may require a clear liquid diet followed by low-fiber foods until healing begins. For long-term management, a high-fiber diet with fruits, vegetables, legumes, and whole grains helps prevent recurrences and supports bowel health.

Key Insights:

- Clear liquid or low-fiber diet helps during acute flare-ups.
- Transition gradually to a high-fiber diet for prevention.
- Fruits, vegetables, legumes, and whole grains support bowel health.
- Adequate hydration is essential for fiber effectiveness.
- Limit red meat, processed foods, alcohol, and smoking to reduce risk.

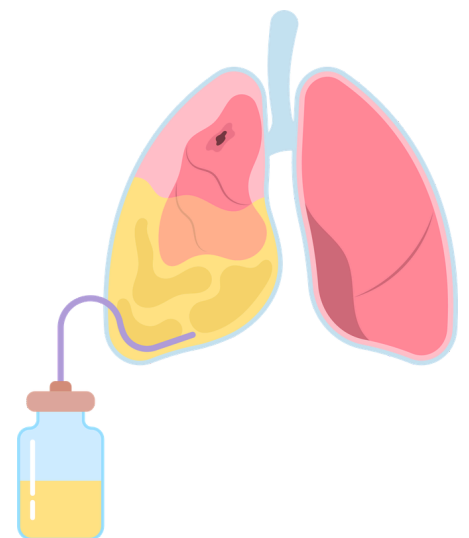
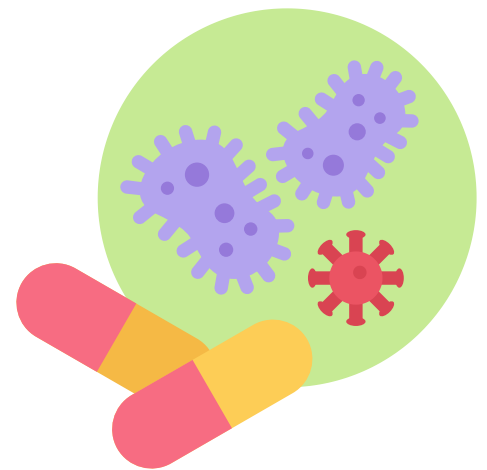


Medications & Treatment Options

Treatment of diverticulitis depends on severity. Mild cases are managed with oral antibiotics, pain relievers, rest, and a temporary liquid or low-fiber diet. Severe or complicated cases may require hospitalization, IV antibiotics, drainage of abscesses, or surgical intervention to remove affected colon.

Treatment Options

- **Rest and Bowel Rest:** Clear liquid or low-fiber diet during acute episodes.
- **Oral Antibiotics:** For mild infections at home.
- **Pain Management:** Acetaminophen is preferred; avoid NSAIDs.
- **IV Antibiotics:** For severe or complicated cases.
- **Hospitalization:** When symptoms are severe or complications develop.
- **Abscess Drainage:** Guided by CT if abscesses form.
- **Surgical Resection:** Removal of diseased colon in recurrent or complicated cases.
- **Lifestyle Modification:** High-fiber diet, hydration, weight control, and exercise to prevent recurrence.

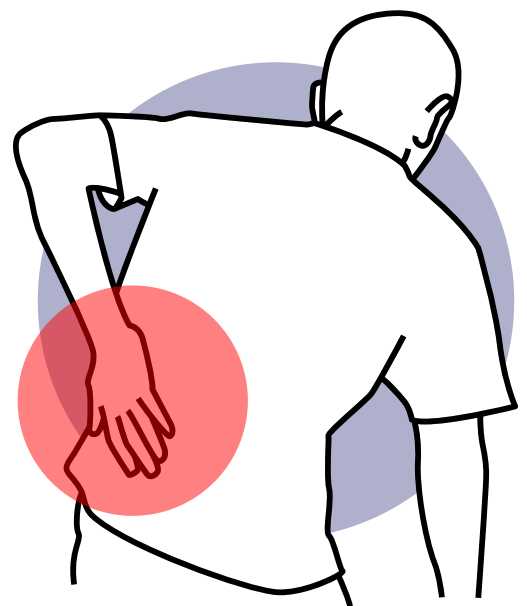


Advanced Therapies & Procedures

Advanced therapies for diverticulitis focus on managing complications. **CT-guided percutaneous drainage** is used for large abscesses, while **minimally invasive laparoscopic surgery** or segmental colectomy may be required for recurrent, obstructive, or perforated cases.

Therapy Options:

- **Bowel Rest:** Clear liquid or low-fiber diet during acute attacks.
- **Oral Antibiotics:** For mild, uncomplicated infections.
- **Pain Relief:** Acetaminophen preferred; avoid NSAIDs.
- **Antibiotics & Hospitalization:** For severe or complicated cases.
- **CT-Guided Abscess Drainage:** To treat localized collections.
- **Surgical Resection (Colectomy):** For recurrent, perforated, or obstructed cases.
- **Laparoscopic Surgery:** Minimally invasive option for select patients.
- **Lifestyle & Diet Changes:** High-fiber diet, hydration, weight control, and exercise for prevention.



Coping With Diverticulitis

Coping with diverticulitis involves following prescribed treatments, resting during flare-ups, and gradually returning to a high-fiber diet. Staying hydrated, avoiding smoking and NSAIDs, managing stress, and maintaining a healthy weight help reduce recurrence and support long-term digestive health.

Practical Strategies

- Follow prescribed **antibiotics and medications** as directed.
- Rest during **flare-ups** and avoid strenuous activity.
- Start with a **clear liquid** or low-fiber diet during acute episodes.
- Transition to a **high-fiber** diet once symptoms improve.
- **Stay hydrated** to support healthy digestion.
- Avoid **NSAIDs, smoking, and excess alcohol**, which may worsen symptoms.
- **Exercise regularly** to promote bowel health.
- **Manage stress** with relaxation techniques.
- **Track symptoms** and seek care if pain, fever, or bleeding worsens.
- **Attend regular check-ups** to prevent recurrence and monitor colon health.



Stay
HYDRATED



GastroDoxs
— defenders of the digestive system —

**Q1: What is diverticulitis?**

A: Diverticulitis is the inflammation or infection of small pouches (diverticula) in the colon, causing abdominal pain and digestive symptoms.

Q2: What causes diverticulitis?

A: It often results from blockage of diverticula by stool, bacteria, or food particles, leading to infection and inflammation.

Q3: What are the common symptoms?

A: Persistent lower abdominal pain, fever, nausea, bloating, constipation or diarrhea, and sometimes blood in the stool.

Q4: How is diverticulitis treated?

A: Mild cases need antibiotics, rest, and diet changes. Severe cases may require hospitalization, drainage, or surgery.

Q5: Can diverticulitis be prevented?

A: Yes. A high-fiber diet, hydration, regular exercise, weight control, and avoiding smoking can lower the risk of flare-ups.



Take Action

If you experience **Diverticulitis**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with **GastroDoxs** for expert guidance on managing your digestive health.

For additional resources, visit GastroDoxs.com.

**Your health starts with knowledge.
Take the first step today!**

SCHEDULE AN APPOINTMENT



GastroDoxs
— defenders of the digestive system —