

Coping with Diverticulitis

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PETER CARTWRIGHT

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Foreword

In Western countries, the prevalence of diverticular disease increased during the last century. Diverticular disease is currently one of the five most costly gastrointestinal disorders affecting the US population. This has widespread implications, as it is now one of the commonest surgical conditions encountered in the Western world. This increase probably reflects both an increase in detection and an ageing population.

Thirty years ago, the proportion dying from diverticular disease was decreasing. However, during the last 20 years annual age-standardized rates of hospital admission and surgical intervention have increased by 15 per cent, from 20.1 per 100,000 to 23.2 per 100,000, while inpatient and population mortality rates remain unchanged. This increasing burden of disease demands robust, evidence-based management guidelines. Without such data, implementing management to a growing group of people would be costly for both health care providers and patients alike. This can be a disease that can change one's life, and as such it is understandable why those with it want more information.

Such information can be difficult to find and the medical literature is confusing and contradictory in places. As our knowledge and understanding of diverticular disease and its complications improves, the concepts related to management continue to change. Much of the published literature is out of date due to better diagnostic tools, and newer therapeutic opinions.

This book presents the general consensus view of the literature as regards conservative and surgical management of diverticular disease. The aim has been to provide patients with information in a factual and detailed manner, yet in plain English that allows them to participate in the management of

their problem. The management decisions are at times difficult, and the consequences significant, so patient participation is beneficial for both patient and doctor. This book is a major step in patient education and participation in the management of their disease.

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Finally, many thanks to my wife, Yvonne, for her unfailing encouragement.

Note to the reader

This is not a medical book and is not intended to replace advice from your doctor. Consult your pharmacist or doctor if you believe you have any of the symptoms described, and if you think you might need medical help.

Introduction – the basics of diverticulitis

What is diverticulitis?

The purpose of this book is to provide easy-to-understand information for people who have been diagnosed with diverticular disease (DD), and for their relatives and close friends. The information is intended to provide reassurance and to help the patient feel that he or she is in greater control of their situation.

Diverticular disease refers to the appearance of small pouches (sacs), known as diverticula, that protrude outwards from the wall of the large intestine. Each diverticulum (singular of diverticula) consists of a small part of the inner lining of the intestine that has been forced through the muscular layer of the intestine forming a small hernia (balloon). It is as if the normal intestinal tube had been squeezed and the pressure had made little protrusions of it to appear through any weak points. The number of these protrusions differs between individuals, and can be one or two, or as many as several hundred. They are usually the size of small grapes (5–10 mm in diameter).

In addition to the term diverticular disease, you may also hear of diverticulosis and diverticulitis. What is the difference between these terms? The definitions used in this book are:

- diverticular disease: used to describe all forms of the presence of diverticula;
- diverticulosis: the condition in which these small sacs appear, but cause no symptoms;
- symptomatic diverticulosis: the condition in which some symptoms are experienced, but there is no infection of the sacs;

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- diverticulitis: the inflammation of the sacs (caused by an infection), involving abdominal tenderness and pain and a slight temperature, and from which other complications may develop.

It is possible that your diagnosis may not tally with the definitions above. For example, you may be told that you have diverticulitis, but no infection is present. Sometimes health professionals use the term diverticulitis because the word ‘disease’ in the term diverticular disease might suggest to the general public that it is contagious, which it is not. Doctors and nurses may think that the patient will find diverticulitis a more acceptable term.

The majority of people with the protruding sacs have diverticulosis, with no signs or symptoms. For the minority with symptoms, the most common are abdominal pain, change in bowel habits (constipation or diarrhoea) and bleeding from the back passage.

Although diverticula can be found in any part of the intestine, they are commonly found in the large intestine, particularly in the sigmoid part of the colon. To understand the significance of this, it is useful to consider the digestive tract and the role that the large intestine plays.

The digestive tract

The digestive tract (also known as the intestine) is a tube that runs through the body from the throat to the anus. Its purpose is to convert food particles into absorbable materials and energy for the body, and to remove the unusable parts of food.

Food provides the body with molecules so that it can grow and replace worn-out cells and tissues. Food also provides energy so that all the parts of the body can work. The difficulty with food, however, is that it cannot easily be taken into the body. This is because, in addition to absorbing food molecules, the body also has to keep out harmful germs. The

discrimination between food molecules and harmful germs is made by specialist (epithelial) cells. These epithelial cells fit tightly together forming a layer that lines the intestine and that controls entry from the digestive tract into the body.

The food that we eat consists mostly of carbohydrate, protein and fat, and these molecules are all too large to pass through the epithelial barrier. These large molecules need to be broken down (digested) so that they are small enough to pass through the epithelial layer and into the body.

The process of digestion starts in the mouth (see Figure 1 overleaf), where food is chewed into smaller pieces. Also in the mouth, enzymes contained in saliva start the chemical breakdown of the large food molecules. From the mouth, the food passes down a long tube (the oesophagus) into the stomach, which is where the digestive tract widens to form a bag. Here, the food is held while being churned by the stomach's rhythmic movements. Enzymes are secreted from the wall of the stomach and these break down the food molecules further. The contents of the stomach become liquefied (known as chyme) and are released into the small intestine.

The small intestine consists of three parts: the duodenum, the jejunum and the ileum. The duodenum is a short section of the intestine immediately after the stomach, into which more enzymes are secreted and where acid from the stomach is neutralized. The main part of the small intestine, the jejunum and ileum, is where the digested food (chyme) is absorbed into the body. The small intestine is about 6.5 m (22 feet) long, which allows enough distance for most of the digested food molecules to be absorbed.

The final part of the digestive tract is the large intestine, which is where diverticula usually form. The large intestine is about 1.5 m (4 feet) long, and is shorter than the small intestine. The names of the small and large intestines are due to the width or bore of the tube. In other words, the large intestine has a wider bore than the small intestine.

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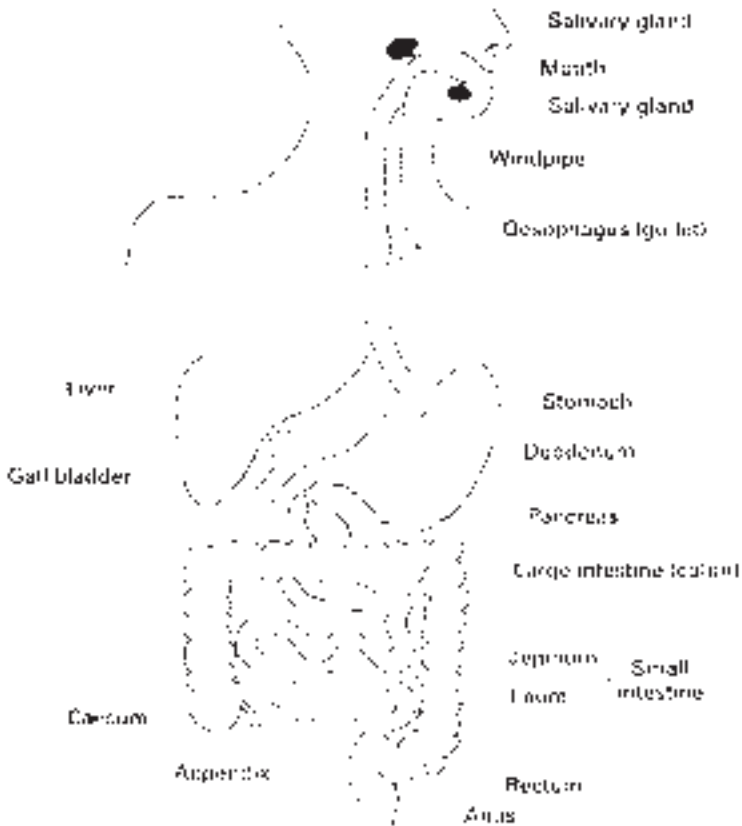


Figure 1 The digestive system

If all the digested food has been absorbed through the small intestine, what is the function of the large intestine? It used to be thought that its only purpose was to reabsorb some of the water (and salt) into the body, leading to the solidifying of the waste into faeces. These faeces, being solid, are easier to hold in the lower part of the large intestine until ready or convenient to be released.

More recently, however, the resident bacteria in the large intestine have been recognized as important. There are trillions

of bacteria living in the human large intestine. They feed on the parts of food not digested by the human enzymes, including starch and other complex carbohydrates. Some of the molecules broken down by the bacteria are absorbed into the body through the wall of the large intestine rather than being used by the bacteria. These molecules can provide up to 10 per cent of our daily energy requirements.

The large intestine consists of three parts: the caecum, the colon and the rectum (see Figure 2). Diverticula may appear in any part of the colon, but in European and US populations diverticula arise mainly in the sigmoid colon. About 90 per cent of patients have diverticula in this area, and 45–65 per cent have diverticula only in this area and in no other part of the intestine. In contrast, within Asian populations diverticula are found more widely along the colon, particularly on the ascending (right-sided) colon.

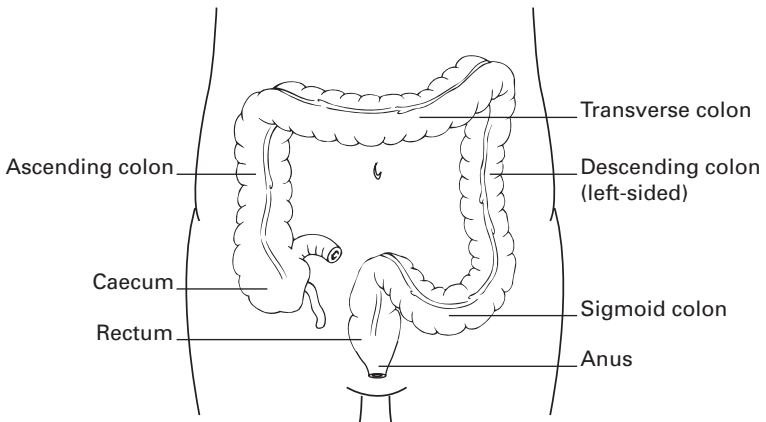


Figure 2 The large intestine

