



Washington

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Q: I had an attack of diverticulitis. Do I have to avoid seeds and nuts now, and will I need surgery?

Diverticulosis is a condition in which pouches or “diverticula” form on colon. It is the result of a diet high in beef, fat and processed foods and low in fiber. The incidence of diverticulosis increases with age. By 80 years of age, 80% of the U.S. population will have developed diverticula. Only 25% of those patients will ever develop a complication of diverticulosis, however, which includes bleeding and diverticulitis.

Diverticulitis occurs when a diverticula perforates, creating inflammation around the colon. Usually this is a pinpoint hole that the body quickly seals, but the resulting inflammation causes pain in the left lower abdomen that may be associated with fever, nausea, vomiting and constipation. Diverticulitis is diagnosed with a CT scan, which can also help to identify complications such as a fistula (abnormal connection) between the colon and the bladder or vagina. Diverticulitis is usually treated with bowel rest and antibiotics. Hospitalization may be required if there is severe inflammation or one of the above complications.

Following a diverticulitis attack, a colonoscopy is needed to assess the colon and rule out other potential causes,

and a high fiber diet should be started. There is no data to support that seeds and nuts cause diverticulitis.

After the initial attack, the risk of having another is only about 9%. After a second attack, however, the risk of subsequent bouts increases with each attack so that after the third or fourth, the risk of a fifth occurrence is around 50%. Typically, the first attack is the worst and carries the highest risk of a perforation, which may require an emergency surgery and possible colostomy. Surgery is usually indicated for patients who have had three or more attacks, persistent symptoms after an attack or have a fistula.

Surgery entails removing the left side of the colon and reconnecting the colon to the rectum. This can usually be performed laparoscopically. After surgery, the risk of having another bout of diverticulitis is less than 5%. If you experience diverticulitis, a board-certified colorectal surgeon can work with you to determine the best treatment plan.

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