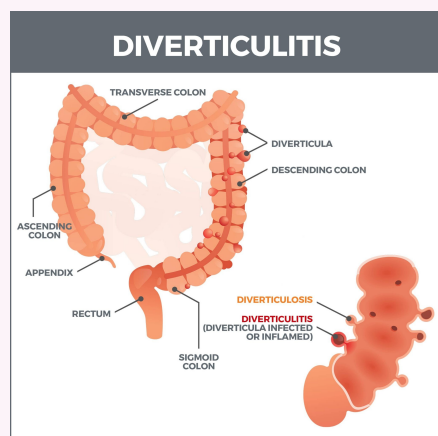


Diverticular disease



What is it?

Small, permanent herniations/pockets/bulges along the colon (towards the end of the large intestine)

Common - 1 in 3 over 45 years

Cause isn't known - thought to be linked to low fibre diet & constipation = pressure on colon walls

Terminology

Diverticulitis = Infected/inflamed

Diverticulosis = Not inflamed

Diverticular = the pockets

S/S

often asymptomatic

Acute abdomen
pain/ distention

Alternating constipation/diarrhoea

Diverticulitis

Sharp intense pain
in the abdomen

N/V

Fever

Cramping and bloating

Blood in stool

Leucocytosis (↑ WBC)

Medical Management

Antibiotics specific to gut bacteria

Anti-inflammatory (*Mesalamine* (also used in UC))

Antispasmodics for pain & incontinence (eg. *Mebeverine*)

Lomotil and *Imodium* to reduce diarrhoea

Surgical management for who fail medical management

Intervention

High fibre diet ≥25–38g/day

Diverticulitis: bowel rest. Low-fibre diet ~10 days. Mostly liquids/ONS. No sharp/fibrous foods **TEMPORARY**

↑ diet diversity

Adequate fluid intake – avoid constipation (1.5–2L/day)

Strategies

Fibre supplements (psyllium)

Stool softeners

Fibre swaps

Flavoured water - tea, lemon, mint, fruit, sugar-free drinks

↑ PA

Avoid caffeine and alcohol

↑ wholegrains, fruit, veg, legumes

Legume recipes

Cooking with skin on

Adding seeds

Grated veg

High fibre pasta

slowly increasing fibre

Consider

Wt hx hx of bowel movements

iron stores (if blood in stools)

Example PESS

P inadequate fibre intake, altered GI function, food/nutrition knowledge deficit

E no prior education, anorexia from chemotherapy, inadequate fibre intake

Guidelines & References

PEN Knowledge pathway on Diverticular disease and Diverticulitis (2020)

Handbook p206



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