Getting to grips with diverticular disease
Webinar Q&A

Thank you to everyone who joined us for our Getting to Grips with Diverticular Disease webinar on Thursday 16 October. The session included a live Q&A, during which we received more than 150 questions. We're grateful to all who took the time to submit one.

As we were unable to answer all questions during the live webinar, we've created this Q&A document to answer as many as we can. Please note, we cannot respond to questions about individual medical conditions and encourage you to consult your GP if you need information or guidance about your own condition.

Causes of diverticular disease

Q: **Do Proton Pump Inhibitors (PPI's) contribute to the development of diverticular disease symptoms?**

A: There are no published guidelines that currently list PPIs as a direct cause or risk factor for diverticular disease.

Q: What defines diverticular disease as a disease, as opposed to other health terms?

A: Diverticular Disease refers to **a group of related conditions** involving the formation and inflammation of diverticula — small pouches in the wall of the colon. There are two main forms:

1. **Diverticulosis** – presence of diverticula (pouches) in the colon, usually *without* symptoms.
    - This alone is **not always a disease**, but more an anatomical finding.
2. **Diverticular Disease** – when those diverticula cause **symptoms** (e.g., pain, bloating, bowel changes) or **complications** (e.g., inflammation, bleeding, infection).

This is the point where it becomes a *disease*, because:

- There's **altered structure** (the pouches).
- There's **disturbed function** (pain, altered motility).
- There may be **inflammation** or infection (diverticulitis).
- It produces **clinical signs and symptoms**.
- It can **impair health** or quality of life.

Q: Would a routine NHS bowel cancer screening test reveal anything new about diverticular disease?

A: In the UK, routine NHS bowel cancer screening currently uses the FIT test (Faecal Immunochemical Test). A FIT test detects tiny traces of blood (haemoglobin) in the stool

blood that isn't visible to the naked eye. FIT doesn't visualise structure; it only tests for blood and it also can't detect inflammation or infection, so it will not provide any diagnostic information on diverticular disease or diverticulitis. However, if your diverticulum (small pockets in the bowel) bleed, the test may pick this up.

Q: What causes diverticulitis?

A: This is the most common complication, occurring between 1 in 10 to a quarter of people with the condition. More people are being diagnosed, particularly in individuals under 45 years of age. In people over the age of 50, acute diverticulitis happens more frequently in females. In those under 50 years of age, it occurs more commonly in males. The current theory is that the inflammation and/or infection occurs because of an overgrowth of bacteria in the diverticula.

Symptoms of diverticulitis:

- Worsening abdominal pain.
- High temperature.
- Nausea (feeling sick) or vomiting (being sick).

Q: Could diverticular disease be hereditary?

A: It is still uncertain what causes diverticula to develop. The most important risk factor is age. After the age of 40 they become more common. With increasing age about 2 out of 3 people will develop diverticula during their lifetime. More people are being diagnosed, especially people under 45 years of age. There is so current evidence to suggest the condition is hereditary, however, with the high statistics, it is likely to effect multiple people in the same family as they grow older.

Q: How often does diverticulitis recur? Would a high fibre diet and losing weight reduce chance of reoccurrence?

A: The recurrence of diverticulitis is individual to each person, with some people only experiencing one episode.

The causes of flare-ups of diverticular disease or the development of complications such as acute diverticulitis are unknown, despite research.

To effectively manage symptoms, you are advised to maintain a healthy weight and eat a healthy, balanced diet including whole grains, fruit and vegetables. This involves eating lots of different healthy foods. The aim is to have a fibre containing starchy food with each meal, plus five portions of fruit and/or vegetables per day.

Diagnosis, symptoms and symptom management

Q: What medication can be used for pain relief with diverticular disease?

A: Over the counter painkillers such as paracetamol can be used for pain relief. However, painkillers such as codeine should be avoided as they tend to worsen and can even cause constipation, a pharmacist can provide advice with regards to alternatives for abdominal pain. Read more about painkillers causing constipation here. Don't stop taking any medicines without speaking to your doctor.

Q: Why can you be symptomatic with diverticular disease daily?

A: For many people with diverticular disease who are regularly symptomatic, the daily symptoms come from a combination of:

- Structural changes (the pouches themselves)
- bowel disturbance due to reduced motility and spasm
- Low-grade inflammation
- Gut–brain sensitivity
- Microbiome imbalance

Often, regular symptoms are not a sign of infection; it is likely the bowel has become reactive and sensitive in the areas affected by diverticula.

Q: Are larger diverticula more of a risk than the usual 1cm size pouches?

A: Yes, although less common, larger diverticula are more at risk of becoming problematic than smaller pockets for the following reasons:

- Mechanical factors: stool or debris is more likely to get trapped.
- Wall thinning: as the pouch enlarges, the colonic wall stretches and the muscular layer becomes thinner.
- Vascular exposure: larger diverticula may stretch blood vessels in the wall, increasing risk of bleeding.
- Difficult healing: if inflammation occurs, the larger area is more prone to abscess or perforation.

Q: Diverticular disease in the sigmoid colon, is that worse than in the large colon?

A: The sigmoid colon is narrower, and muscular contractions create higher pressure, which both contribute to formation and to complications, including:

- Diverticulitis: Most cases occur in the sigmoid.
- Perforation: More likely in sigmoid pouches because it's narrower and pressure is increased.
- Abscess formation: Localised pericolic abscesses are more common.

Q: If you have several diverticula (and not diverticulitis) is it still common to get regular, moderate, rectal bleeding on a weekly basis?

A: Multiple diverticula alone rarely produce regular, predictable bleeding. If someone has weekly rectal bleeding, even if they feel well and have no pain it is advised to see a GP.

Q: Is regularly passing stools more than five times a day normal with diverticular disease?

A: Passing stools more than five times a day can happen in people with diverticular disease, but it is not typically considered “normal.” Diverticular disease more often causes:

- Irregular bowel habits
- Bloating
- Abdominal discomfort
- Diarrhoea or constipation

Q: Why does weight loss occur when faeces is building up in the bowel?

A: Weight loss can occur when faeces builds up in the bowel because it can cause symptoms such as abdominal bloating, pain, or early satiety, and the person may eat less to avoid discomfort, which can in turn result in gradual weight loss. As persistent unintentional weight loss can be a sign of other conditions, you should report it to your doctor.

Q: Would probiotics/prebiotics help reduce bloating/gas?

A: There is no evidence that probiotics are helpful in treating diverticular disease. For more information on research priorities for diverticular disease, please visit our website and download our PSP report here.

Q: If you don't have a temperature, does that mean you do NOT have diverticulitis?

A: You can have diverticulitis without a temperature. A temperature is common but not universal, especially in older, mildly affected, or immunosuppressed patients.

Q: Diagnosis from a blood test? Is that a common way?

A: Diagnosis of diverticular disease is made by examination of the inside of the large bowel. During the examination the doctor or nurse endoscopist will be looking for other abnormalities that could be causing your symptoms. Diagnosis is only confirmed once other conditions have been ruled out. This can be done via:

Colonoscopy or sigmoidoscopy: A tube with a camera is passed into the large bowel via the back passage to view the inner surface of the large bowel. A sigmoidoscopy is a similar procedure that views less of the large bowel. Medicine can be given to make the procedure more comfortable. You will be given medicine to make you poo before the procedure. This ensures you completely empty your bowels. This medicine will cause diarrhoea and urgency; therefore, it is a good idea to stay near a toilet.

CT scan: This is a non-invasive x-ray-based test although, as with the colonoscopy, you will be required to completely empty your bowels before the scan.

Q: I have had one incident of diverticulitis - does it mean I have the disease? I was told not.

A: You may have heard the term diverticulosis, which means the presence of diverticula, this is not the same as diverticular disease. Most people with diverticulosis do not have, or go on to develop, diverticular disease. The great majority of people with diverticulosis will live out their lives never having symptoms. Having symptoms is diagnosed as diverticular disease. Diverticulitis means the condition that occurs when a single diverticulum or several diverticula become inflamed or infected. So, if you have had an episode of diverticulitis, that would mean that you have diverticular disease because you have been symptomatic.

Where does pain commonly present as part of diverticular disease? Are there any other places where pain may be felt?

Q: What about constant pain on the right side? (not the left)

A: Some people may develop diverticula on the right side of the large bowel. This can cause pain in that area due to diverticular disease.

Q: Is it normal with this disease to have a niggling 'stitch' type pain that is present every single day? Especially if there are no signs of infection?

A: Yes, this can happen for some people, daily pain can be a symptom of diverticular disease.

Q: Is central, low, suprapubic pain a symptom of diverticulitis?

A: Diverticular disease pain can be felt in the pelvis. Although other conditions causing pelvic pain should be investigated by your doctor.

Seeking medical help

Q: How do you know when it is time to go to the hospital if something more serious is going on and how do you learn to live with the constant fear and anxiety of a perforation occurring?

A: Most people are aware of symptoms that occur for them. If there is an infection, then pain will generally get persistently much worse and some people will get an increase in temperature and feel unwell. Some people may feel sick and be sick.

Q: The GP ha referred me to a nurse to discuss a diet. How can I get referred to a dietician? Is it possible through NHS?

A: Yes, you can be referred to a dietician through the NHS. Simply explain to your GP you would like support with your diet from a registered dietician and ask them to make the referral.

Diet and lifestyle

Q: Diet is key to living with diverticulitis so the key factors are fat and fibre - what levels would you recommend in terms of grammes per day for saturated fat, fibre and total fat? I've found that the NHS recommended levels seem to be too low on fibre and too high on saturated fat. Too much fibre gives spasms and too much saturated fat causes harder poo.

A: There is no research published that gives a recommended amount of fat in the diet that should be avoided for people with diverticular disease - so this recommendation can't be provided now. A healthy balanced diet is usually what is advised. For more information on research priorities for diverticular disease, please visit our website here and download our PSP report, with particular reference to question 23.

Q: Is there such thing as a fibre supplement to add even more to my diet?

A: Yes, bulk-forming fibre supplements (like psyllium or methylcellulose) are commonly used in managing diverticular disease. They're particularly helpful when dietary fibre alone is not enough or tolerated. Use them gradually and with plenty of water and consult with your healthcare provider for personalised advice.

Q: I hear to eat high fibre but then eat low fibre when having symptoms, is this correct?

A: There has been a review into whether reducing fibre intake during acute diverticulitis is helpful in reducing hospital stay, digestive symptoms or recurrence of diverticulitis. No information was found that following low fibre or low residue diets was more helpful for people with uncomplicated diverticulitis than a more liberalised (typical) diet.

There is no evidence that fibre modification is helpful in treating uncomplicated diverticulitis. Advice may however be different when complications of diverticulitis occur for example fistulas, abscesses, perforation, bowel blockages or after surgery to the bowel. Your doctor or dietitian can provide further advice as needed.

Q: Are flare ups common with diverticulam? I.e it flares after consuming a certain food and then settles down after a day or two?

Many people with diverticular disease notice that certain foods temporarily irritate the bowel. Common triggers include:

- Highly processed foods, which are low in fibre. (Examples are white bread, white pasta and breakfast cereals low in fibre). Please see information on fibre on our website here.
- Spicy foods
- Red meat
- Alcohol
- Caffeine

These foods can increase gas, alter motility, or irritate hypersensitive bowel segments. and often settle within a day or two. They do **not** mean you have infection or diverticulitis unless symptoms persist or worsen.

Q: Should we avoid eating foods with seeds e.g. tomatoes, kiwi fruit, chai seeds, flaxseeds?

A: No. It was previously felt that these foods were likely to lodge in the diverticula and cause diverticular disease and diverticulitis. Research has shown this is not the case so these foods can be consumed as part of a healthy balanced diet**.**

Q: Are eating organic ground flaxseeds helpful?

A: There are no recommendations around particular foods to eat, however there is emphasis on a healthy, balanced diet, including whole grains, fruit and vegetables. This involves eating lots of different healthy foods. The aim is to have a fibre containing starchy food with each meal, plus five portions of fruit and/or vegetables per day.

Q: What do the clinicians advise about eating fermented foods such as kefir, kombutcha probiotics. Do they help with diverticulitis?

A: There is no evidence that probiotics (Kefir - good bacteria) and fermented foods (Kombucha) are helpful in treating episodes of diverticulitis. For more information on research priorities for diverticular disease, please visit our website and download our PSP report here.

Treatments and medications, including surgeries

Q: What is it that causes the serious blockages?

A: People can develop strictures (narrowing of the bowel wall) after an infection (diverticulitis). This can be a cause of obstruction.

Q: Would having sections of the bowel removed be a cure?

A: Having a section of the bowel removed will eliminate diverticula in that area, however it is then possible to develop diverticula in another area of the large bowel, which will not result in a complete cure.

Q: When a colonoscopy is carried out, is treatment for what is found ever done at the same time?

A: A Coloscopy is a diagnostic tool which can help inform the course of treatment. Treatment may be advised following a colonscopy but won't be performed during the procedure itself.

Q: If you have one incidence of a localised perforation, are you more likely to have subsequent issues?

A: Doctors use a scoring system called the Diverticular Inflammation and Complication Assessment (DICA) score to predict a person's risk of complications.

The scoring system is used during endoscopy to show if someone is at more risk of a complications for example diverticulitis or needing surgery. You might find your score on your endoscopy report if you have had an endoscopy.

The DICA's score results:

- DICA 1, when the sum of the points is less than 3, and it indicates Diverticulosis, the presence of diverticula without any endoscopic signs of inflammation and, mainly, without any probability of clinical complications.
- DICA 2, when the sum of the points is between 4 and 7; this defines a moderate Diverticular Disease with low chance of clinical complications.
- DICA 3, when the sum of the points is equal or greater than 8 that it determines a severe Diverticular Disease with a higher risk of complications.

The higher the score the more likely it is that people will have future complications.

Q: If the whole of the colon is removed would diverticular appear in small intestine?

A: There is no published research data to suggest this will happen.

Q: Can you explain what a stoma is please?

A: A stoma is an opening made in the abdomen that allows stool or urine to exit the body into a bag, usually because part of the bowel or bladder needs to heal, rest, or be bypassed. A stoma in diverticular disease is used mainly for complicated diverticulitis — severe infection, perforation, abscess, fistula, or narrowing. It protects the patient and allows the bowel to heal.

Q: Is it hard to wash with a stoma?

A: In most cases, no, washing with a stoma is not difficult, but it does take some getting used to. People usually adapt very well after a short learning period.

- Water does not harm the stoma.
- You do not need to cover it in the shower.
- Soap and water can run over it safely (just avoid oily soaps on the skin around it, because they may affect the adhesive).
- You can shower with the bag on (cleaner and simpler) or with the bag off (gives the skin a breather but may be messier).

Q: What kind of clothing can you wear with a stoma?

A: You can wear almost any clothing with a stoma — far more than most people expect. Once you get used to your bag placement and your body shape, you can dress normally and comfortably without anyone noticing.

Q: Would a resection be considered for someone who is having an infection every month?

A: Surgery depends on many factors and has risks and benefits attached to it. If people are having diverticulitis frequently, they can discuss surgery with their doctor. A decision should be made depending on a person's individual circumstances.

Relationship with other factors/conditions

Q: What role does changing hormones have on this condition e.g. menopause/post menopause?

A: There is no published research to suggest that changing hormones affects diverticular disease. This means the research has not been completed. If you have any change in your usual symptoms, see your GP.

Q: Might there be a link between DD and T1 diabetes?

A: There is no research to suggest there is a link between type 1 diabetes and diverticular disease.

Q: My condition is exacerbated by stress and anxiety - could this have caused me to get diverticulitis and are you aware of the increasing scientific connection between stress/anxiety and daily pain sporadically and more major flare ups too?

A: There is no published research to suggest stress make symptoms worse and cause infection (diverticulitis). Stress affects most health conditions, but more research is needed to show a direct link. For more information on research priorities for diverticular disease, please visit our website and download our PSP report here, where information is referenced in question 17.

Q: Is there a correlation between high stress levels and cortisol in gut impacting on this condition?

A: Answer as above – no research to suggest this has been published. For more information on research priorities for diverticular disease, please visit our website and download our PSP report here, where information is referenced in question 18.
