

Understanding & Managing Diverticular Disease

A Patient Guide to Diverticulosis & Diverticulitis

What Is Diverticular Disease?

Diverticulosis means small pouches (diverticula) have formed in the wall of the colon, most often on the left side. It's extremely common, especially with age, and usually causes no symptoms at all — most people find out they have it incidentally, during a colonoscopy done for another reason. **Diverticulitis** is what happens when one or more of these pouches becomes inflamed or infected, causing pain (usually in the lower left abdomen), fever, and a change in bowel habits. Only a minority of people with diverticulosis ever go on to develop diverticulitis, so the diagnosis of diverticulosis alone, on its own, generally isn't something to worry about.

What Causes It?

- **Aging** — the colon wall naturally weakens over time, making pouches progressively more common with each decade of life.
- **Low dietary fiber** has traditionally been considered a major contributor, though its exact role is debated in more recent research.
- **Obesity, a sedentary lifestyle, and smoking** are all linked to higher risk.
- **Regular NSAID use** (ibuprofen, naproxen, and similar medications) is associated with meaningfully higher risk of a perforated diverticulum specifically — roughly 3 times the risk in people using them for 4 or more weeks, compared with people who don't.
- **Red meat consumption** has been linked to higher diverticulitis risk in large studies, while poultry has not.
- **Nuts, seeds, and popcorn do *not* cause diverticulitis** — this is one of the most persistent myths in gastroenterology. Current guidelines explicitly state there's no association, and a large, long-running study actually found lower diverticulitis risk in people who ate nuts or popcorn regularly (up to a 28% reduction with frequent popcorn intake). There's no need to avoid these foods because of a diverticulosis diagnosis.

How It's Diagnosed & Classified

A CT scan is the main tool used to confirm diverticulitis, particularly for a first episode or if symptoms are severe. The CT findings are used to classify the episode as **uncomplicated** (limited inflammation, with no or only a small abscess) or **complicated** (a larger abscess, a perforation with pus or stool leaking into the abdomen, a fistula, or a blockage) — this distinction drives essentially every decision about treatment below. Colonoscopy is avoided during an acute flare, since it carries a higher risk of perforation while the colon is actively inflamed; instead, it's typically done about 6–8 weeks after recovery, mainly to rule out other explanations for the episode, particularly colon cancer, especially if you have alarm symptoms or aren't up to date on routine colorectal cancer screening.

How Diverticulitis Is Treated

Treatment depends heavily on whether the episode is uncomplicated or complicated, which is why imaging matters so much at diagnosis. Most people with a first, uncomplicated episode can recover fully without surgery.

Uncomplicated Diverticulitis

Goal: manage the episode safely, usually without hospitalization — appropriate for most first episodes without warning signs.

- **Outpatient management**, for patients who are otherwise well, able to tolerate liquids, and don't have significant other medical problems or a weakened immune system.

Evidence: Current guidelines support managing most uncomplicated cases at home rather than defaulting to hospital admission, reserving hospitalization for those who are systemically unwell, can't keep liquids down, or have other risk factors.

- **Selective use of antibiotics** — rather than antibiotics for every episode, guidelines now support skipping them in otherwise healthy patients with mild, uncomplicated disease, reserving them for more significant or complicated cases.

Evidence: This is a meaningful shift from older practice, where antibiotics were considered standard for every episode. Studies since then haven't shown a clear benefit from antibiotics in mild, uncomplicated cases in otherwise healthy patients, which is why current guidance now favors a selective approach.

- **Diet** — starting with clear liquids while symptoms are active, then gradually advancing back to a regular diet as symptoms improve, typically over a few days.

Complicated Diverticulitis

Goal: treat a larger abscess, perforation, or other significant complication — requires hospital-level care and, often, a procedural or surgical intervention.

- **IV antibiotics and hospitalization**, for a significant abscess, or when someone is too unwell to manage safely as an outpatient.
- **Percutaneous drainage** (a small tube placed through the skin under imaging guidance), for an abscess large enough to need draining rather than antibiotics alone.
- **Emergency surgery**, reserved for the most severe presentations — a perforation with diffuse pus or stool contamination throughout the abdominal cavity (peritonitis).

Evidence: This is the most severe end of the spectrum, and outcomes correlate closely with severity: reported mortality is around 6% for the more limited form of peritonitis (pus only) but rises to roughly 35% for the most severe form (stool contamination), which is why prompt recognition and treatment matter so much for complicated disease.

Preventing Future Episodes

Goal: reduce the risk of another episode once you've recovered — relevant for everyone with diverticulosis or a prior episode of diverticulitis.

- **A fiber-rich diet**, built around fruits, vegetables, legumes, and whole grains.

Evidence: See our separate High-Fiber Diet guide for practical food-by-food guidance and daily gram targets.

- **Regular physical activity and maintaining a healthy weight.**

- **Smoking cessation**, if applicable.

- **Avoiding regular NSAID use** when a reasonable alternative pain reliever is available.

Evidence: Discuss this with us or your prescribing provider before making any change, particularly if you're taking an NSAID regularly for another medical reason.

- **Continuing to eat nuts, seeds, popcorn, and similar foods** without restriction, since the old advice to avoid them isn't supported by evidence.

Surgery for Recurrent or Complicated Disease

Surgery (usually removal of the affected segment of colon, most often the sigmoid colon) is the clearest choice for a fistula, for recurrent complicated episodes, or when cancer can't confidently be ruled out. The older rule of automatically recommending surgery after a second uncomplicated episode, or after a first episode in a younger patient, has largely been abandoned in favor of an individualized discussion, since most people do fine without surgery even after a recurrence. For context: roughly a third of people have a recurrence after a first uncomplicated episode, but only a small minority of those recurrences are complicated; surgery lowers the chance of a future episode substantially (down to roughly 4–15% afterward) but doesn't eliminate the risk entirely, and carries its own risks and recovery, so the decision is a shared one based on how episodes have affected your life.

Diverticular Bleeding: A Different Problem

Diverticula can also cause sudden, usually painless rectal bleeding, when a small blood vessel near a pouch is eroded — a distinct process from diverticulitis, and not something that necessarily happens together with it. Most episodes stop on their own without any specific treatment. When bleeding is significant or ongoing, colonoscopy can identify the source and treat it directly (with a clip, cautery, or similar technique) in the same procedure.

When to Contact Our Office

- Severe or rapidly worsening abdominal pain, or a fever
- Inability to tolerate liquids, or persistent vomiting
- Rectal bleeding
- Symptoms not improving within 2–3 days of starting outpatient treatment
- Before starting, stopping, or combining any medication in this guide

This guide supports your personalized plan and isn't a substitute for individualized medical advice. Check with your provider before starting, stopping, or combining anything mentioned here.

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