Overview
A diverticulum is when the inner lining of the large bowel (colon) is pushed out through weak spots in the muscle causing a pouch or sac. Diverticular disease is a medical term that includes three conditions: diverticulosis, diverticular bleeding, and diverticular infection/diverticulitis. Diverticulosis is the presence of diverticula (plural), saclike protrusions of the wall of the large bowel.

Most people with diverticulosis do not have symptoms. Men and women are at equal risk. The left side of the colon is the most frequent site of involvement. Diverticulosis in the small intestine is uncommon and is not related to diverticulosis in the large bowel. Diverticulosis is more common as we get older and appears to be much more frequent in western society.

The high rate of hospitalization and surgery makes diverticular disease one of the five most expensive digestive diseases ahead of irritable bowel syndrome and inflammatory bowel diseases. Direct costs associated with diverticular disease are $88.6 million per year. The risk for symptomatic diverticular disease is negligible for 35 year olds or younger. However, at age 55 the risk increases by a factor of 10 and at 75 years the risk has increased to 40. 50% of Canadians over the age of 80 years develop diverticular disease. At present, there are no known risk factors other than advanced age.

In excess of 130,000 Canadians have diverticular disease and about 10% of these are hospitalized annually. Each year 3,309 Canadians require life-saving surgical intervention to treat their diverticular disease and more than 400 Canadians die due to complications associated with diverticular disease.

What is the cause of diverticulosis?
It is thought that lack of fibre in the diet may cause small stool size and high pressure contractions inside the colon. The inner lining then is pushed out through weak spots in the muscle, causing a pouch or a sac (diverticulum).

What are the symptoms of diverticulosis?
Most people with diverticulosis have no symptoms and never develop complications. Without a complication, symptoms may be related to the low fibre diet rather than the diverticula themselves. Abdominal pain, cramps or irregular bowel habits are common symptoms and many doctors would say that these are due to irritable bowel syndrome (IBS) rather than to diverticulosis.
**What is diverticulitis?**
Diverticulitis is an infection in the diverticulum. This complication occurs in a few patients with diverticulosis. Men and women are affected equally. The resulting infection can be mild, leading only to abdominal pain; or severe, with diffuse infection or sometimes the development of an abscess (a pocket of pus). There is usually fever and an elevated white cell count in the blood. With healing there can be scarring, leading to bowel narrowing and obstruction. Fortunately, severe episodes account for less than one-quarter of all episodes of diverticulitis.

A diagnosis of diverticulitis is based on the symptoms and examination, with tests that help confirm the diagnosis. In ill patients, a CT scan is the safest and most-cost-effective method of diagnosis.

Mild episodes usually respond to antibiotics. Many episodes do not recur. Patients with repeated episodes or a severe attack may need surgery.

**How is diverticular disease treated?**
In general, increasing the amount of fibre in the diet is recommended with adequate fluid intake. While this will not cause the diverticula present to become smaller or go away, the high fibre diet may reduce the formation of other diverticula. There is no evidence that avoiding foods such as popcorn or those with small seeds such as strawberries or tomatoes is useful, although this has been recommended in the past.

Surgery is usually not necessary but is sometimes performed in patients with severe or frequent complications. Often the bowel can be joined together immediately. If there is an infection a temporary connection between the bowel and the skin (colostomy) is formed to avoid connecting infected bowel. This surgery can be reversed at a later operation when the bowel is reconnected. The long term outlook is good.

**More information**
For more information about protecting and enhancing your digestive health, please visit www.CDHF.ca
YES! I want to donate to the Canadian Digestive Health Foundation

Please accept my donation to support:
- [ ] Canadian Digestive Health Foundation Programs as needed
- [ ] Canadian Digestive Health Foundation Endowment Fund

My donation is:
- [ ] Personal
- [ ] In honour of ____________________________________________________________________________ (person’s name)
- [ ] In memory of ____________________________________________________________________________ (person’s name)

[ ] Yes, please send notification of my gift to:
  - Full name: ______________________________________________________
  - Email: __________________________________________________________
  - Mailing address: _________________________________________________
  - Personal message: __________________________________________________________________________

Donate by Cheque:
- [ ] I have enclosed a cheque for $________
- [ ] I have enclosed a blank cheque marked VOID and authorize the Canadian Digestive Health Foundation to deduct $________ from my account on the 28th day of each month

Signature: _____________________________ Date: ____ / ____ / ____ (dd/mm/yyyy)

Donate by Credit Card:
I would like to make a donation using my credit card. Please charge my
- [ ] VISA
- [ ] MasterCard
- [ ] $ 100
- [ ] $ 250
- [ ] $ 500
- [ ] $ 1000
- [ ] Other $________

I want to support the Canadian Digestive Health Foundation with a monthly donation charged to my credit card on the 28th day of each month. My signature below is authorization for this transaction.
- [ ] $ 250
- [ ] $ 100
- [ ] $ 75
- [ ] Other $________ per month

Card #: ____________________________________________________________
CCV2 ________ Exp. _____ / _____ mm/yy

Signature: __________________________________________________________________________
Tel: (__________) ________ — __________________________
Name: __________________________________________________________________________
Email: __________________________________________________________________________
Address: __________________________________________________________________________

[ ] Please send me information about protecting and improving my digestive health.

Ch.Reg.No.: 88996 8269 RR0001

ABOUT US

Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

REDUCE
the incidence and prevalence of digestive disorders

IMPROVE
understanding of digestive health issues

SUPPORT
those suffering from digestive disorders

ENHANCE
quality of life for those living with digestive disorders

Request for support

The Canadian Digestive Health Foundation is a national charity governed by a volunteer board of directors. We rely on donations from the public and the generosity of our partners to develop and deliver our programs. Please consider including our Foundation as one of your chosen charities.

Contact us/Donate to

Canadian Digestive Health Foundation
2525 Old Bronte Road
Oakville, ON L6M 4J2
Tel: 905.847.2002
info@CDHF.ca

www.CDHF.ca