



Miklós Kassai MD, EBSQ colo
Consultant General and
European Colorectal Surgeon

Patient Information for Consent

CR07lite Surgery for Diverticular Disease

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Local information

Private secretary:
Fiona Clemets
Tel: 01534 880 030

Private Clinic:
Little Grove Clinic
La Rue De Haut
St Lawrence
Jersey
JE3 1JZ

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This document will give you information about surgery for diverticular disease. If you have any questions, you should ask your GP or other relevant health professional.

What is diverticular disease?

Diverticular disease is the name given to a condition where bulges form in the lining of your colon. It becomes more common with age, affecting 5 in 100 people over the age of 40, increasing to 60 in 100 people over the age of 80. Most people with diverticular disease have few, if any, symptoms. However, a small proportion do have enough problems to need surgery to remove the affected portion of their bowel. Diverticular disease is probably caused by too little fibre in the diet over many years. This results in high pressure within your bowel, causing the lining of your bowel to bulge through the muscle wall (see figure 1).



Figure 1
Diverticular disease

The bulges can become infected and inflamed (diverticulitis), leading to severe pain and aching in the lower left side of your abdomen. The disease can also cause a narrowing in your bowel, an abscess to form, an abnormal connection between your abdomen and other organs (fistula), and heavy bleeding.

What are the benefits of surgery?

You should no longer have the symptoms that are caused by diverticular disease and your quality of life should improve.

Are there any alternatives to surgery?

Painful episodes of diverticular disease may be treated with repeated courses of antibiotics. Increasing the amount of fibre in your diet may help but the diverticulae will not get better. If a fistula has developed, it will probably not heal without surgery.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about two hours. Your surgeon will make a cut on your abdomen and remove part of your colon. Your surgeon will usually join the ends of your bowel back together inside your abdomen. For safety reasons, they may make a stoma (your bowel opening onto your skin).

What complications can happen?

1 General complications

- Pain
- Bleeding
- Unsightly scarring
- Developing a hernia
- Blood clots
- Infection of the surgical site (wound)
- Chest infection
- Difficulty passing urine

2 Specific complications

- Anastomotic leak
- Continued bowel paralysis
- Damage to other structures inside your abdomen
- Abnormal joining together of tissue
- Death

How soon will I recover?

It is usual for your bowel to stop working for a few days.

If you have a temporary or permanent stoma, you will need to learn how to change the bag and care for your stoma. If you have a stoma, it will take time for you to become confident with it.

You should be able to go home after 5 to 10 days. It may take up to three months for you to recover fully.

It is not unusual for your bowels to be more loose than they were before the operation and for you to need to go to the toilet more often each day. This is normal and should improve with time.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a good recovery.

Summary

Diverticular disease of the colon can cause pain and other serious problems. Surgery to remove the affected part of your bowel should prevent your symptoms from coming back.

Acknowledgements

Author: Mr Jonathan Lund DM FRCS (Gen. Surg.)

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