

DIVERTICULOSIS AND DIVERTICULITIS (P. 1046-1047)

- Diverticula are saccular dilations or outpouchings of the mucosa that develop in the colon at points where the vasa recta penetrate the circular muscle layer
- Diverticulosis = diverticula are present but they are NOT inflamed
- Diverticulitis = diverticula ARE inflamed which results in perforation into the peritoneum
- Ranges from asymptomatic to uncomplicated diverticulosis to complicated diverticulitis
 - Complications: perforation, abscess, fistula, and bleeding
- Most commonly found in the sigmoid colon but can occur anywhere throughout the GI tract

ETIOLOGY

- Right colon diverticula (ascending) most common in Asian population
- Left colon diverticula (descending, sigmoid) most common in Western populations
 - Associated with high luminal pressures from a fiber deficiency
- Uncommon in vegetarians
- Cause unknown
 - May be because of high interluminal pressures on weakened areas of the bowel wall
- Precipitating factors: vomiting, straining, bending, lifting and tight/restrictive clothing

CLINICAL MANIFESTATIONS

- Diverticulosis is usually asymptomatic
 - But can have abdominal pain, bloating, flatulence, and change in bowel habits
- 25% of patients with diverticulosis will have a period of acute diverticulitis
- Diverticulitis usually has pain over the affected area of the abdomen
 - Fever, leukosytosis, and a palpable mass
 - Elderly patients usually are afebrile, with normal WBC and little tenderness
- Complications
 - Peritonitis
 - Abscess and fistula formation
 - Obstruction
 - Bleeding

DIAGNOSTIC

- History and physical examination
- Abdominal and chest radiographs (rule out)
- CT scan with oral contrast (test of choice)
- Sometimes found during routine colonoscopy and sigmoidoscopy
- Occult blood stool test
- Barium enema
- CBC
- Urinalysis
- Blood culture

NURSING AND COLLABORATIVE MANAGEMENT

- Conservative
 - High-fiber diet or supplements
 - Fruits and vegetables
 - Decrease intake of fat and red meat
 - Avoid nuts and seeds is under investigation
 - Stool softener
 - Anticholinergics
 - Mineral oil
 - Bed rest
 - Clear liquid diet
 - Oral antibiotics
 - Bulk laxatives
 - Weight reduction if over weight
 - Increase physical activity
- Acute Care for Diverticulitis - let colon rest
 - Antibiotic therapy
 - NPO status
 - IV fluids
 - Possible resection of involved colon for obstruction or hemorrhage
 - Possible temporary colostomy
 - Bed rest
 - NG suction
- Surgery only for complications (abscess or obstruction)
 - Resection of the involved colon with either anastomosis or temporary colostomy
- Patient teaching about the disease is important to increase adherence