Diverticular Disease

Understand the Twists and Turns of a Complex Condition

By John McCormack

"Medical assistants are often the first ones to respond to a patient call, and they often help with education," says V. Liana Tsikitis, MD, FACS, FASCRS, professor and division head of gastrointestinal and general surgery at Oregon Health and Science University in Portland. So, they need to know enough about diverticular disease to ensure that patients receive proper care, asserts Dr. Tsikitis. She wants medical assistants to be educated on diverticular disease, as they will likely have multiple opportunities to interact with patients at risk for or who already have the conditions that fall under this disease umbrella.

Melinda Hoffman, CMA (AAMA), a medical assistant at GI Associates in Wausau, Wisconsin, is involved in such activities on a day-to-day basis. "Medical assistants at our practice play a key role in educating patients about conditions such as diverticulosis and diverticulitis. We are typically responsible for processing the necessary medications for acute diverticulitis, scheduling follow-up colonoscopies, and providing guidance on the preparatory steps associated with these procedures," explains Hoffman.

As such, medical assistants working in specialty groups and primary care practices need to understand the condition well. This can be a challenge when it comes to diverticular disease, as nomenclature can be quite confusing and best practices are continually evolving.

A basic understanding of diverticular disease—including related symptoms, diagnosis, and treatment—is warranted. Perhaps more importantly, health care professionals must have a handle on changing care protocols and various misconceptions associated with this common disease.

Readers Digest

Understanding the conditions that fall into this disease category can be confusing:

> The term, "diverticulosis," comes from the word "divert," indicating that the path through intestines is diverging into these side pockets. Several pouches are called "diverticula," and one pouch is called a "diverticulum." They most commonly occur in the large intestine (colon), which is more likely to have denser food waste pushing against the weak spots, especially towards the end.[1]

With diverticulosis, patients have small pouches or pockets of diverticula in the inside walls of intestines. These diverticula develop over time in the inside lining of intestines and push into weak spots in the outer wall. Generally, this condition does not cause any symptoms. However, they could serve as a breeding ground for bacteria to hide out and multiply.[1]

While it sounds similar, diverticulitis means inflammation, typically a bacterial infection, is present in at least one of the diverticula. And, diverticulitis can cause pain and other symptoms.[1]

"The problem is a lot of people confuse the presence of diverticula, which is diverticulosis, as diverticulitis, and it's extremely different. The diverticula are just herniations in the colonic wall," says Dr. Tsikitis. "A significant number of the population has diverticulosis, but not everybody will develop diverticulitis, which is the inflammation and infection of those diverticula in the colon."

Typically, 10% to 25% of diverticulosis patients will develop diverticulitis in their lifetime.[2]

Notably, two categories of diverticulitis exist—uncomplicated and complicated. Uncomplicated diverticulitis is inflammation of the colon. Complicated diverticulitis, in addition to inflammation, also involves an abscess collection or some kind of major perforation of the colon, according to Yosef Nasseri, MD, FACS, FASCRS, an associate professor of surgery at Cedars Sinai in Los Angeles.

With an understanding of the conditions that fall under the diverticulosis umbrella, medical assistants can help get

patients on the right path. For example, if a patient calls or comes into the practice with pain on the left side, medical assistants should follow protocol as outlined by the supervising physician, which can mean recognizing "the possibility of diverticular disease and making sure the patient sees the physician, who can order a CT scan of the abdomen and pelvis, get the results, and provide the appropriate treatment," says Dr. Tsikitis. "Of course, if the patient says they woke up with severe pain and cannot keep any food down, the medical assistant needs to direct the patient to the local emergency room."

More than a Gut Feeling

In addition to a basic understanding of diverticular disease, health care professionals should stay on top of current research. The American Gastroenterological Association published a clinical practice update to provide practical and evidence-based advice.[3] Drawing from that guidance as well as input from health care leaders, medical assistants should keep the following insights in mind as they interact with patients with diverticula:

Diet makes a definitive difference. "If someone does have diverticulosis, the No. 1 most important thing we tell people is 'fiber, fiber, fiber.' Patients need to increase multigrain [foods and] raw fruits and vegetables, which have a lot of fiber content in them. … The thought is that fiber is both a bulking agent and also an anti-inflammatory agent, which takes away the pressure from the colon," notes Nasseri.

Real food is best. People should get 30 to 40 grams of fiber a day. "Food first, but … if you cannot get enough fiber by food, supplements are fine," Dr. Tsikitis says.

Fiber rules but not when recovering. Notably, fiber needs to be slowly reintroduced into the diet after a diverticulosis episode.

"Due to inflammation that occurs with diverticulitis, bowel rest may be indicated depending on the severity of the inflammation. This may mean a clear liquid diet or nothing by mouth. Consuming too much fiber too quickly can increase the risk of constipation, especially with inadequate water intake, and may cause the inflammation to worsen," says Sue-Ellen Anderson-Haynes, MS, RDN, CDCES, LDN, NASM-CPT, owner of 360Girls&Women and spokesperson for the Academy of Nutrition and Dietetics.

Dietitians can help. "When a patient [has] symptoms that disturb their daily living, including not being able to have proper bowel movements, … a registered dietitian should be consulted," says Anderson-Hayes.

Antibiotics are not the be-all and end-all. Antibiotic treatment should be used selectively rather than routinely.[3]

Antibiotics used to be prescribed in almost all cases. "Antibiotics are not needed with a mild diverticular attack, which more likely than not will resolve with just bowel rest, meaning a clear liquid diet," says Dr. Tsikitis. "The bowel rest is more important than the antibiotics."

Antibiotics are needed, however, when patients present with an active infection, significant inflammation, persistent pain, fever, or high white blood cell count.

Mindful eating. Some health care professionals used to tell patients to steer clear of popcorn, nuts, and seeds. "This is outdated advice," says Dr. Tsikitis. "When there is no acute attack, the popcorn, the nuts, and the seeds are not going to cause any problems. But people need to know how to chew their foods well and take their time to eat their meals."

Never assume. When a patient comes in with left-lower-quadrant abdominal pain, it is easy to assume that they have diverticulitis. But the patient might be presenting with other symptoms such as chronic constipation or difficulty with evacuating. It could be an ovarian cyst or abscess or tubal ovarian torsion.

"It's important to get a CT scan when the patient is having a flare," Nasseri concludes. "A CT scan will not only tell us whether the patient has diverticulitis, it would tell us the severity of the diverticulitis, and that documentation is important." ✦

Treatment

Diverticulosis. When thinking of treatment strategies, Yosef Nasseri, MD, FACS, FASCRS, stresses the importance of educating patients on preventing diverticulosis from becoming diverticulitis. "[Prevention involves] lifestyle management and alterations to prevent the diverticulosis ultimately turning into diverticulitis."

Diverticulitis. Patients are placed on a liquid diet until the symptoms resolve, and antibiotics are sometimes prescribed as well. Elective surgery is warranted when patients present with four or more cases of complicated diverticulitis in 12 months. When patients come in with complicated diverticulitis accompanied by a high fever and pus or stool is coming out of the colon, then an emergency colectomy might be called for. "Those patients end up with a temporary colostomy bag," says Nasseri.

Diagnosis

Diverticular diseases are diagnosed via various methods:

- Physical examination
- Blood test
- Stool test
- Imaging tests such as a CT scan, a barium enema, a flexible sigmoidoscopy or a colonoscopy

References

1. Cleveland Clinic. Diverticulosis. Reviewed April 10, 2023. Accessed April 14, 2025. https://my.clevelandclinic.org/health/diseases/24883-diverticulosis
2. Onur MR, Akpinar E, Karaosmanoglu AD, Isayev C, Karcaaltincaba M. Diverticulitis: a comprehensive review with usual and unusual complications. *Insights Imaging*. 2016;8(1):19-27. doi:10.1007/s13244-016-0532-3
3. Peery A, Shaukat A, Strate LL. AGA clinical practice update on medical management of colonic diverticulitis: expert review. *Gastroenterol*. 2021;160(3):906-911. doi:10.1053/j.gastro.2020.09.059