ISSUE 17

The Bottom Line

Vaughan Endoscopy Clinic (VEC) is a **state of the art** out-of-hospital endoscopy clinic providing **Screening colonoscopy and endoscopy** for the work up of mild gastrointestinal disorders. It is staffed by **gastroenterologists.**

In addition to the endoscopic services, they will provide all the necessary **GI follow-up** required due to findings at the endoscopy.

The Medical Director has been an active participant at the CPSO in the development of **standards for out-of-hospital clinics**, all of which VEC adheres to.

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In addition to high quality and convenient access to endoscopy, the doctors at VEC will provide supplemental practical GI advice through this periodic newsletter. This article is written by Dr. Eric Leong (a gastroenterologist from Humber River Regional Hospital).

Diverticulosis

Diverticulosis is the condition of having outpouchings of the wall of the large intestine. These pouches develop in weak areas of the intestinal wall. Each pouch is called a diverticulum and multiple pouches are called diverticula. Up to 50% of all people older than 60 have diverticulosis and 10-40% of these individuals will develop complications, which include diverticulitis, bleeding, perforation, fistula formation, peritonitis, abscess formation, and obstruction.

Diverticula are most often seen in the lower part of the large intestine. When the pouches become inflamed, the condition is called diverticulitis. Most individuals with diverticulosis have no symptoms. Some people, however, may experience lower abdominal cramps or discomfort, bloating, or constipation. Diverticulitis most commonly presents as abdominal pain, often with tenderness over the lower left part of the abdomen. Fever and chills may be present, and some people may have nausea, vomiting, or a change in bowel habit.

Diverticulitis can lead to infection, requiring antibiotic therapy. If the infection progresses, a localized collection of pus, which is called an abscess, may develop in the intestinal wall. Small abscesses may resolve after treatment with antibiotics but if the abscess does not clear up, drainage of the abscess may be necessary.

Infected diverticula can occasionally rupture, causing an abscess to form in the abdominal cavity; this condition is called peritonitis. Patients with peritonitis usually are very ill and may have fever, nausea, vomiting, and severe abdominal tenderness. Surgery must be performed on an emergent basis to clean the abdominal cavity and remove the damaged portion of the large intestine.

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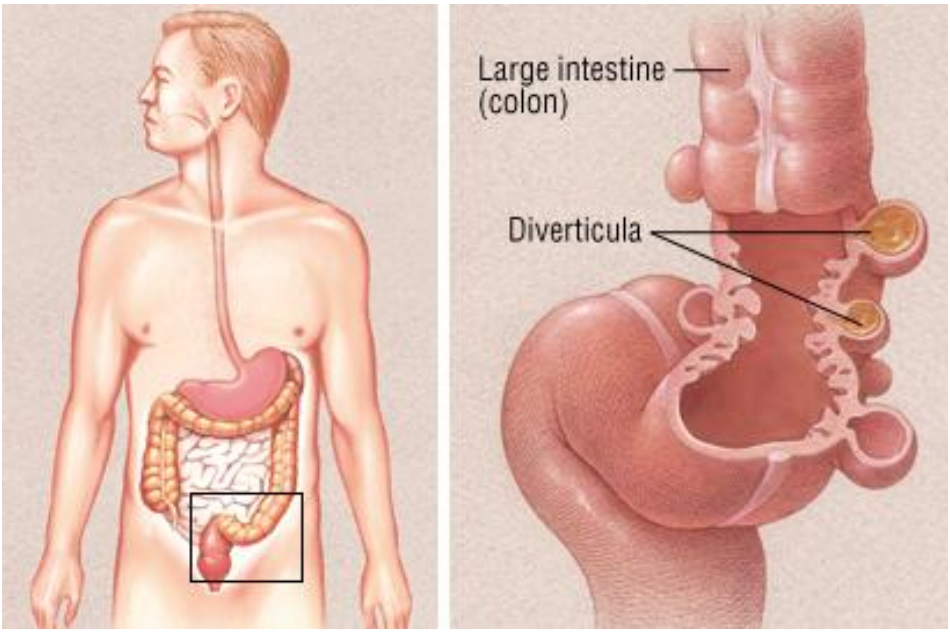
A diverticulum may bleed, causing sudden passage of large amounts of blood. In the majority of cases, the bleeding stops without treatment. However, a person who is passing blood from the rectum should see a physician urgently to determine whether further investigations and treatment are necessary.

Diverticular disease has a high prevalence in developed countries, where diets tend to be low in fibre. In the United States, initial observations of the disease were made in the early 1900s, when processed foods with lower fibre content were introduced into the diet of Americans. The disease is rarely seen in Asia and Africa, where diets tend to have more fibre. Consequently, it is thought that diverticulosis may arise from long-term exposure to increased pressure within the large intestine generated while straining to pass hard stool formed in the setting of low fibre intake. The high pressure within the large intestine is believed to cause the inside layers of the intestinal wall to bulge out through weak areas in the intestinal wall, creating the outpouchings known as diverticula.

That said, a large study published in early 2012 called into question the findings of earlier and smaller studies. This study found that a diet high in fibre was associated with a higher prevalence of diverticula and that this effect was dose-dependent and stronger when restricted to cases with at least 3 diverticula. Additionally, more frequent bowel movements were associated with an increased prevalence of diverticula.



The bottom line is

It appears that the current recommendation for high fibre intake in people with diverticulosis causing no symptoms is based on weak evidence and that more extensive research is needed. On the other hand, higher intake of fibre has been shown to improve symptoms in those who have diverticulosis and to reduce the risk of developing diverticulitis or diverticular bleeding.

Ours newsletters are posted on our website www.vaughanendoscopy.com.