

# Surgery for Diverticular Disease

CR07 Lite - Expires end of January 2026



This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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## What is diverticular disease?

Diverticular disease is the name given to a condition where pouches form in the lining of your colon (large bowel). 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 as your bowel tries to squeeze a relatively low volume of solid matter towards your back passage. The pressure causes the wall of your bowel to weaken at certain points, causing pouches to form in the lining of your bowel that bulge through the muscle wall.

The disease can also cause one or more of the following problems.

- A painful lump in your abdomen caused by inflammation.
- The scars that form when the inflammation has healed cause a narrowing (stricture) in your bowel.
- An abscess can form and make a hole through the wall of your bowel.
- Inflamed diverticulae can stick to other organs in your abdomen (usually your bladder), causing an abnormal connection (fistula) to develop between them.
- Sometimes the inflamed diverticulae will wear down a nearby blood vessel, causing heavy bleeding through your back passage.

## 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 2 to 3 hours.

Your surgeon will 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).

## How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

## What complications can happen?

### General complications of any operation

- Bleeding
- Developing a hernia in the scar
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Acute kidney injury
- Blood clot in your leg
- Blood clot in your lung
- Chest infection
- Difficulty passing urine



## Diverticular disease

### Specific complications of this operation

#### Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia
- Surgical emphysema
- Gas embolism

#### Complications of surgery for diverticular disease

- Anastomotic leak
- Continued bowel paralysis
- Damage to other structures inside your abdomen
- Tissues can join together in an abnormal way
- Death. The risk is less the fitter you are

### Consequences of this procedure

- Pain
- Unsightly scarring of your skin

### 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.

You should be able to go home after 2 to 10 days.

It may take up to 3 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.

If you have a stoma, it will take time for you to become confident with it.

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. However, diverticular disease can come back.

### 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.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## **Acknowledgements**

### **Reviewer**

Anna Wilkes (B. Pharm, MB.BS (Hons), FRACS)

### **Illustrator**

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