

CR14lite Laparoscopic Surgery for Diverticular Disease

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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This document will give you information about laparoscopic 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 several small cuts on your abdomen. They will insert surgical instruments, along with a telescope, inside your abdomen and perform the operation. Your surgeon will remove part of your colon. They 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
- Infection of the surgical site (wound)
- Developing a hernia in the scar
- Unsightly scarring
- Blood clots
- Chest infection
- Difficulty passing urine

2 Specific complications

- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts
- Surgical emphysema
- Anastomotic leak
- Continued bowel paralysis
- Tissues can join together in an abnormal way
- Damage to other structures inside your abdomen
- 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

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