Diverticulitis and Colon Resection

Diverticulosis occurs when small pouches (diverticula) form in the wall of the colon. These diverticula are thought to form at natural weak spots in the colon. The cause is thought to be due to thickening of the colon musculature, disordered colonic motility, and is associated with long-standing, low fiber, western diet. If one of the diverticula becomes inflamed or infected, it can cause inflammation of the associated colon. This condition is called diverticulitis. The spectrum of diverticulitis can range from mild inflammation that requires only oral antibiotics (plus possibly probiotics); longer segment of colon inflammation with an abscess that requires hospitalization and intravenous antibiotics; or even to complete perforation of the colon wall and peritonitis.

The treatment recommendations for diverticulitis have changed significantly over the past 5-10 years. Currently the majority of diverticulitis cases can be successfully treated with antibiotics, intravenous fluids and bowel rest without the need for operative intervention. Although many patients will have only one attack of diverticulitis, other patients can have recurrences since the diverticula are still present. The incidence of recurrence is associated with the length of the inflamed colon, a family history, the presence of an abscess during an attack, or previous attacks.

Removal of any diseased segment of the colon can lead to a significant improvement in the patient's quality of life. Nonetheless, this procedure is a major operation that can carry significant risk. This is true even if a laparoscopic approach is chosen over the traditional ‘open’ approach. Laparoscopy has shown to be an improvement over the traditional ‘open’ approach due to a shorter hospital length of stay. Relative contraindications to a laparoscopic resection include: large tumor, previous abdominal operations, cirrhosis, a history of a bleeding disorder, obesity, active inflammation or colitis, pregnancy, or the inability to tolerate a prolonged anesthesia. Also, both the laparoscopic and the traditional ‘open’ technique are associated with a 6-12% recurrence rate and a 3-12% risk of breakdown of the bowel connection (anastomosis) and leakage of fecal material (not the "less than 1%" that is occasionally quoted). A very careful, complete and candid discussion between the patient, the family members, and the surgeon is essential.