

Diverticulitis

Understanding treatment and when surgery may help

Most attacks settle without an operation. Treatment depends on the severity of the inflammation, your general health and how symptoms affect your life.

What is diverticulitis

Diverticula are small pouches in the wall of the large bowel (colon), most often in the sigmoid colon in the lower left abdomen. Having these pouches is called diverticulosis; they often cause no symptoms. Diverticulitis means that one or more pouches have become inflamed. It can cause steady abdominal pain, fever, constipation or diarrhoea.

Uncomplicated diverticulitis is local inflammation. Complicated disease includes a collection of pus (abscess), a hole in the bowel (perforation), a blockage or an abnormal connection to another organ (fistula).

Assessment and treatment

An examination, blood tests and often a CT scan help confirm the diagnosis and look for complications. Mild, uncomplicated attacks can often be managed at home with pain relief, fluids, food as tolerated and planned review. Paracetamol may help; avoid ibuprofen and similar anti-inflammatory medicines unless your doctor advises otherwise.

Antibiotics are not needed for every mild attack. Your doctor will decide whether you need them. They are recommended if you are generally unwell, have reduced immunity, are frail, have significant other illnesses or complications. Follow the treatment and review plan you are given, and seek earlier review if symptoms worsen or fail to improve.

More severe attacks may need hospital care, intravenous fluids and antibiotics. An abscess may need a drain placed through the skin under scan guidance. A perforation with widespread infection, or illness that does not improve, may require emergency surgery.

Recovering and follow up

A short period of lighter food or fluids may be more comfortable during an attack. Gradually return to your usual diet as symptoms improve. Once recovered, aim for a balanced diet with fibre, enough fluid and regular activity. Increase fibre gradually. You do not need to avoid nuts, seeds or popcorn. Stopping smoking can also help.

I will advise whether you need a colonoscopy after recovery, taking account of the CT findings, symptoms, previous colonoscopy and screening history. It is usually recommended after complicated disease. When needed, it is generally delayed for at least 6 to 8 weeks and until the inflammation has settled. Persistent pain, bleeding or unexplained weight loss needs review.

When to seek urgent help

Seek urgent medical review today for worsening or severe pain, fever with feeling very unwell, repeated vomiting, inability to drink, very little urine, heavy bleeding, or a swollen abdomen with inability to pass wind or stool. Go straight to an emergency department for severe symptoms or if prompt medical review is unavailable. Call 000 for collapse, confusion or severe breathlessness.

When an operation may help

Planned surgery may be considered for repeated attacks or persistent symptoms affecting quality of life, or after complications such as an abscess, fistula or narrowing. The decision is individual; there is no fixed number of attacks that automatically means surgery. We will weigh the benefits against the risks and the option of continued medical treatment.

Anterior resection for diverticular disease

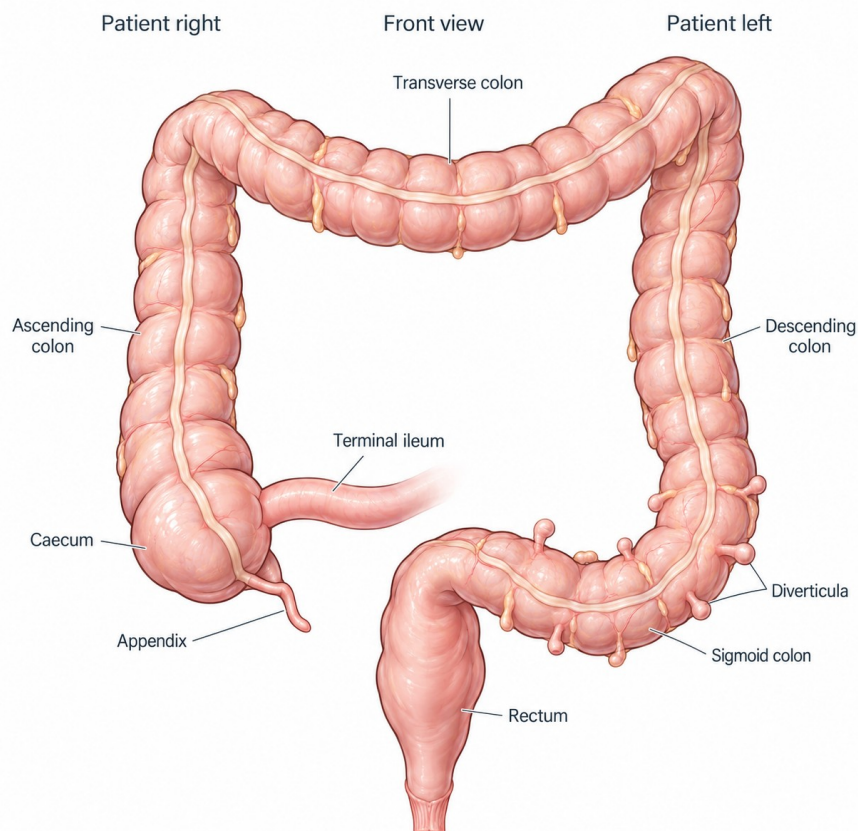
This removes the diseased sigmoid colon and joins healthy colon to the upper rectum. The join is called an anastomosis. The exact amount removed depends on your disease and the blood supply. Surgery uses a general anaesthetic and may be keyhole, robotic or open. A larger incision may be needed for safety.

A stoma brings bowel onto the skin so stool collects in a bag. It may be needed to protect a join, if a safe join cannot be made, or for a complication. It may be temporary or permanent. Risks include a leak from the join, bleeding, infection, blood clots, anaesthetic complications, injury to nearby organs, bowel blockage or hernia, and sometimes bladder or sexual problems. Serious complications can be life-threatening.

Recovery takes several weeks or longer. Bowel frequency, urgency and stool consistency may change. I will tailor your diet, activity and follow-up plan. Surgery reduces the risk of further diverticulitis but does not guarantee that all abdominal symptoms will resolve.

Colon anatomy for your discussion

The diagram shows sigmoid diverticula. I can mark your planned resection and bowel join on it. Anatomy and the surgical plan vary between people.



Illustrative anatomy, not to scale. Most small bowel omitted. Anatomy and disease extent vary.

Sources: ASCRS 2020 | ACG 2026 | NICE NG147 | WSES 2020 | AGA advice
Updated October 2026. General information to support your individual consultation.