

## Symptoms Of Diverticulitis And Treatment Through Surgery

Due to the change in the lifestyle and eating habits especially in the developed western countries, the incidence of diverticulitis has increased in alarming rates which is a cause for worry to the doctors and the nations as a whole. While diagnosing diverticular disease, the doctor usually asks about the medical history of the patient, does a physical exam, and may perform one or more diagnostic tests. Since most people do not have symptoms, diverticulosis is often found through tests that were advised for some other ailments. Diverticulum is usually an acquired or congenital disease, and they affect either the small intestine or the large intestine. Acquired diverticula is a more common and general phenomenon and may consist of herniation of the mucosa and submucosa through the muscularis, usually at the site where a nutrient artery is present. While congenital diverticula consists of outpouchings of the entire thickness of the intestinal walls.

Diagnosis of diverticulitis should be done by an experienced surgeon or doctor as often the symptoms of the disease go unnoticed. For physical examination of the patient, doctors usually perform a digital rectal examination. In order to perform the digital rectal test, the doctors insert a gloved, lubricated finger into the rectum in order to detect any tenderness, blockage or blood. The routine examination of the stool may also be performed to check for blood or for signs of infection. The surgeon may also advise X-rays of the abdomen or other tests to determine the disease.

Treatment of the disease may be long and may consist of administration of drugs and eating of balanced and wholesome food to counter the imbalance caused by the disease. At the first instance, antibiotics are prescribed and if it is seen that the antibiotics have failed to do its task and the patient has not recovered, then a diverticulitis surgery may be required. There may also be some other reasons for performing emergency surgery. These reasons include continued and uncontrollable bleeding of the intestines, presence of a large abscess, perforation and peritonitis.

Usually in emergency surgery two operations are performed. The first operation is performed to clear the entire infected abdominal cavity and remove parts of the colon. At this time it is not safe to rejoin the colon as there may be chances of infection and obstruction of the same during the first operation. A temporary hole or stoma as it is medically termed is created by the surgeon during this operation. The colon is then connected to the hole, a procedure known as the "Colostomy" to allow normal eating and bowel movement. The entire stool that is formed goes and collects itself into a bag that is attached to the opening in the abdomen. During the second operation, the surgeon rejoins the ends of the colon.