

Live Healthy and Be Well!

“Tics in your Colon – not uncommon”

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Before I start this month’s topic, I would like to encourage all to read the excellent article in this month’s edition by my good friend and colleague, Dr. Beverly Gerard. This month is Breast Cancer Awareness month, and I would just reiterate to all that there are three components to breast health and wellness – Yearly mammogram for ladies over 50, annual clinical breast exam by a provider, and the most important part is the monthly self-exam at home!

You may have heard as a result of a colonoscopy or CT scan that you have ‘Tics in your colon. What the provider means by use of this medical slang term is that you have *Diverticulosis*, or might even have *Diverticulitis*. This month’s article will discuss these two conditions and talk about their differences and what they have in common.

A diverticulum, or pleural diverticuli, is a full thickness outpouching of the colonic wall. It contains all the layers of the actual colon. Think of it like a tire that has a weak spot, and a “bubble” pops out on the side. Because it does represent a weakness in the wall of the colon, it is of concern and needs to be documented and known, but not necessarily dangerous and is no reason to live in fear. Because of the way the colon works, these are usually more common on the left side (higher pressure area), and especially the distal segment known as the sigmoid colon, just prior to the rectum.

If you are found to have these outpouchings of the wall, and they are not causing problems, we say you have *Diverticulosis*, or the presence of these diverticuli. They are thought to be caused by conditions which cause straining or increased pressure in the colon – such as people who have chronic constipation, or don’t include enough fiber in their diet. Another reason is that they tend to occur in areas where small arteries penetrate the wall of the colon to nourish the deeper layers. These areas are likely to be more weakened and not as strong, setting you up for diverticulosis with increased pressure conditions inside the colon.

Diverticulosis is not particularly worrisome but is good to know about and have documented, usually by a CT scan or colonoscopy. One complication that can develop, since these may occur where arteries penetrate the colonic wall, is erosion or irritation of one of these arteries, resulting in bleeding. This is usually seen on colonoscopy and can be treated by cauterization or injections to stop the bleeding.

It used to be commonly said that if you have diverticulosis, that you need to avoid nuts, or anything with small seeds, such as strawberries, tomatoes, etc. There was thought to be a chance that these small seeds could “block” up one of these diverticuli and lead to problems. Although this sounds logical – current literature no longer supports this theory, as valid studies have not

shown this to be a major risk factor. Current thinking is more along the lines of “...if you’re gonna get it, you’re gonna get it,” so why deny yourself good things you enjoy? Nonetheless, if you find out you have this condition, follow your provider’s advice.

Remember that we have mentioned in that past that any word ending in “-itis” means “inflammation.” So, there is a condition in which one or more of these diverticuli become infected or inflamed, and this is called *Diverticulitis*. This condition represents a much more serious complication of diverticulosis, and may range from mild discomfort to a surgical emergency. The symptoms include abdominal pain, usually in the left lower abdomen, possible blood in the stool, fevers, nausea, and vomiting. If you have these symptoms, and know you have diverticulosis – this likely represents a progression to diverticulitis. If you don’t know whether or not you have diverticulosis, this could still represent diverticulitis or some other condition that should be examined by your provider.

Obtaining labs, vital signs, and a proper physical exam will usually provide the answer, but a CT scan may also be obtained which will usually clarify or better define the diagnosis. In milder cases, treatment may be as an outpatient on oral antibiotics, with a follow up exam later. Worse cases, such as a CT scan showing severe inflammation or perforation of the colon may require hospitalization, IV antibiotic therapy, or even surgery as the very “worst case scenario.”

If you are found to have diverticulosis, the best prevention of it worsening to diverticulosis is to maintain a high fiber diet. Fresh fruits and vegetables provide a natural source of this, along with whole wheat breads, bran muffins, oatmeal, and granola type cereals. Supplements include psyllium husk preparations like Metamucil. Fiber in the diet will keep your bowel movements soft and regular, keep the pressure down in the colon, thus minimizing chance of progression. And, by the way, a high fiber diet is good advice for us all – young or old, and colon issues or not! Dietary fiber is a great and natural way to reduce cholesterol, as well.

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to rabundoctor@gmail.com, or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at www.rabundoctor.com in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundoctor. Like and follow our Facebook page at facebook.com/rabundoctor. Until next month, live healthy and be well!