

# DIVERTICULITIS DILEMMA:

Many develop diverticulosis, but treatment depends on the individual

By Kristine Meldrum Denholm

**M**ark Schrankel, a 47-year-old father of four, does not remember last Thanksgiving as a time of great holiday comfort. Instead, he was in severe pain.

"It felt like I had a bowling ball stuck in my lower intestines," he recalls.

He had been fighting cramps, bloating and diarrhea for about a week, but then the pain became intense. "I couldn't stand up straight. It felt like there was something in my intestines, a blockage or something," he says. "I was very pale and sweating quite a bit, and walking all hunched over."

Schrankel, a former Westlake resident now living in Pennsylvania, headed to the hospital emergency room. A CT scan revealed diverticulitis, an infection in pouches of the colon. With antibiotics and dietary changes, it cleared up within two weeks.

Schrankel is part of the 10 percent of the population over 40 who have the condition of diverticulosis, pouches in the lining of the colon that could get infected and lead to the painful infection of diverticulitis. Half of all people older than 60 have this condition, according to the National Digestive Diseases Information Clearinghouse. And many people have actually had it since childhood, physicians say.

"The pouches in your intestines actually start to form in your childhood, in our society, with a low-fiber diet," explains Dr. Ryan Williams, a colorectal surgeon with the Cleveland Clinic in Avon

and Lakewood. "It's because all of our breads are ground. It's the development in the 20th century. It started as we became the Wonder Bread Family. We go for quick foods, which we think means fast foods, but they're low in fiber. With a low-fiber diet, the colon has to work harder to get material through. That causes weakness of the colon and pouches form. Then we develop diverticulosis. People don't even know they have it. It's found in a CT scan or a colonoscopy."

He says while most of us will develop diverticulosis, most will not have an episode of diverticulitis. Only about one-fifth experience this type of attack, and most are likely to not suffer another, he says.

Schrankel, then, was in the minority. He did suffer another bout of diverticulitis within six months. "I called my doctor and they put me on antibiotics again, but after a week, it didn't get better. When I called the doctor again, he told me to go straight to the ER. They started me on IV antibiotics and gave me another CT scan. They found it was worse than at Thanksgiving and admitted me. That's when I met the specialist who told me surgery would probably be the best option for me."

Williams says he typically sees patients older than 50, but ac-

knowledges there's a "preponderance of this [condition] younger and younger." When is surgery an option? If it's not emergency surgery, and "if you're having repeat attacks, and they last longer, or become closer and closer together, or you had a complicated attack, perhaps a perforation, there is a strong consideration of elective surgery," Williams says. This decision is the one Schrankel faces. He feels better now, yet contemplates surgery.

But for those who may not even realize they have it and those who wish to prevent it, Williams stresses prevention: eat a high-fiber diet, so the colon doesn't have to work so hard. He also encourages activity, exercise and a reduction in weight.

He advises parents to give their kids a high-fiber diet to prevent pouches from forming at a young age. Williams recommends fruits, vegetables, grains, cereals, and summer berries like strawberries, raspberries, figs, bananas and apples.

"I advise patients to try to get fiber within their normal meals and snacks. If not able to obtain 20-35 grams of fiber with these meals, fiber supplements are acceptable," he says.

Williams reminds those worried about getting this condition: "Most of us will get diverticulosis. It's like grey hair." ■

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