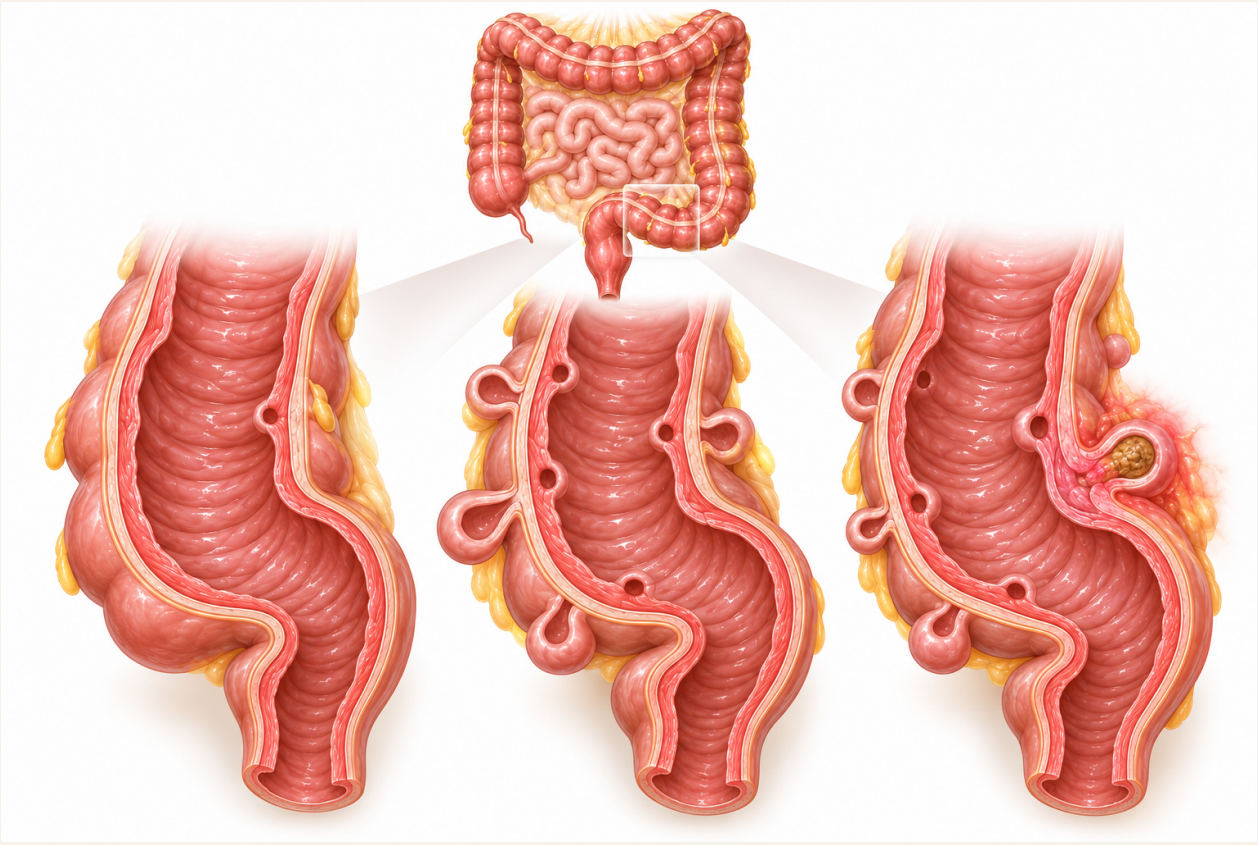
DYSLEXIC DIETITIAN

Diverticular disease: fibre, fluids and managing symptoms

A practical guide for adults with diverticulosis or diverticular disease.

The main thing to remember

Diverticulosis, symptomatic diverticular disease and acute diverticulitis are related but different. Everyday fibre advice is not a treatment for new, severe or worsening abdominal symptoms.



DD Medical Atlas illustration: normal colon, diverticulosis and an inflamed diverticulum.

01 Understanding the condition

Three terms that sound similar

Diverticula are small pouches that form in the wall of the large bowel. Many people have them without symptoms. The words used depend on whether symptoms or inflammation are present.

Term	What it means
Diverticulosis	Diverticula are present in the colon but are not causing symptoms.
Diverticular disease	Diverticula are associated with recurring symptoms such as lower abdominal pain, bloating or a change in bowel habit, without acute inflammation.
Diverticulitis	One or more diverticula become inflamed or infected. Pain is often more persistent and may occur with fever or feeling unwell.

Symptoms can overlap

Diverticular disease may cause intermittent lower abdominal pain, bloating, constipation, diarrhoea or mucus. Symptoms can overlap with IBS, inflammatory bowel disease and other bowel conditions, so persistent or changing symptoms should be assessed rather than self-diagnosed.

Arrange medical assessment

Seek advice for new or persistent bowel symptoms, unexplained weight loss, anaemia, rectal bleeding, fever, a major change in bowel habit or a family history that increases bowel-cancer risk.

02 Everyday eating

Fibre supports long-term bowel health

When diverticular disease is stable, NICE recommends a healthy balanced diet including whole grains, fruit and vegetables. UK population guidance uses about 30 g of fibre a day for adults, but the most suitable amount and pace of change are individual.

- Increase fibre gradually rather than changing everything at once.
- Add one new source or portion at a time so its effect is easier to judge.
- Spread fibre across meals and snacks.
- Drink adequate fluid as fibre intake rises, unless you have been given a fluid restriction.
- Allow several weeks to judge whether a gradual change is helpful.
- Reduce only foods that repeatedly cause problems rather than excluding broad food groups.

Where	Ways to add fibre
Breakfast	Porridge, wholegrain cereal, wholemeal toast, fruit or ground seeds.
Lunch	Wholegrain bread, oatcakes, beans or lentils, vegetable soup, salad or fruit.
Evening meal	Brown rice, wholewheat pasta, potato with skin, vegetables, beans, peas or lentils.
Snacks	Fruit, nuts, seeds, popcorn, oatcakes or wholegrain crackers, according to tolerance.
Gentler options	Oats, peeled or cooked fruit, well-cooked vegetables and smooth pulses may be easier for some people.

Fibre is not one single substance

Whole grains, oats, fruit, vegetables, beans, pulses, nuts and seeds contain different types of fibre. A dietitian can help identify better-tolerated sources if bloating or discomfort limits variety.

03 Increasing fibre comfortably

Build up in manageable steps

A sudden increase can produce wind, bloating or cramping. A slower approach often makes it easier to identify a comfortable amount.

A simple starting sequence

- Begin with one change, such as porridge at breakfast or one extra portion of cooked vegetables.
- Keep the change consistent for several days before adding another, unless it clearly causes a problem.
- Choose cooked, peeled or softer sources initially if these feel easier to tolerate.
- Increase fluid at the same time, within any medical restrictions.
- Use the worksheet and symptom diary to identify repeated patterns.

Constipation

Regular meals, adequate fluid, activity and gradual fibre can support bowel regularity. If constipation persists, a clinician may recommend a bulk-forming laxative. Use it with the instructed amount of fluid and do not start or stop prescribed bowel medicines without advice.

When extra fibre is not helping

Pain, bloating and altered bowel habits are not always caused by too little fibre. Discuss persistent symptoms with a GP or dietitian rather than continually increasing fibre or restricting more foods.

> **Personalise, do not pursue a number at all costs**
>
> The 30 g target is population guidance, not a test of success. Comfort, stool consistency, nutritional adequacy and the clinical picture are more important than forcing an amount that is poorly tolerated.

Routine avoidance is not necessary

NICE advises that people with diverticulosis do not need to avoid nuts, seeds, popcorn or fruit skins. There is no good evidence that these foods routinely become trapped in diverticula and cause inflammation.

Common belief	What current guidance says
Seeds must be removed	Seeds do not need routine avoidance. Adapt them only for individual tolerance or another medical reason.
Nuts and popcorn cause attacks	They may be included as part of a varied diet when tolerated. Chew well and use sensible portions.
Fruit and vegetable skins are unsafe	Skins can contribute useful fibre. Peeling may be more comfortable for some people during symptom changes, but it is not a universal long-term rule.

Individual tolerance still matters

A food can be reduced, its texture changed or its portion adjusted if it repeatedly worsens symptoms. Avoiding multiple nutritious foods without a clear reason may reduce fibre, variety and nutritional adequacy.

Food preparation can help

Cooking until soft, chopping finely, choosing smooth nut butter, grinding seeds or reducing portion size can preserve variety when whole or coarse foods are difficult to tolerate.

05 Possible acute diverticulitis

Diet is not a substitute for assessment

More persistent or severe abdominal pain, fever, vomiting or feeling systemically unwell may indicate acute diverticulitis. Similar symptoms can have other causes, so diagnosis and treatment require clinical assessment.

Seek urgent medical advice

Contact a GP or NHS 111 urgently if pain is worsening or does not go away, you have fever or chills, there is blood or mucus in the stool, or you are repeatedly vomiting and cannot keep fluids down.

Eating during an assessed episode

Some people can tolerate their normal diet. Others may temporarily find softer or lower-fibre foods more comfortable because of pain, nausea or reduced appetite. Follow the plan given by the clinician treating the episode rather than self-prescribing a prolonged restrictive diet.

Returning to usual eating

As symptoms settle, fibre-containing foods can usually be reintroduced gradually according to tolerance. Ask for dietetic support if intake has become very limited, weight is falling or you are unsure how to rebuild variety.

Medicines

Antibiotics are not automatically needed for every uncomplicated episode. The decision depends on clinical assessment. Do not start leftover antibiotics or stop prescribed medicines without advice.

06 Lifestyle and bowel habits

Support regular, comfortable bowel movements

Alongside an appropriate diet, regular activity, stopping smoking and maintaining a weight that supports health may reduce longer-term risk. Avoiding constipation can also reduce discomfort and straining.



A stable footstool can raise the knees above the hips. Lean slightly forward, support the feet and avoid forceful straining.

Medicines and pain relief

NICE advises avoiding non-steroidal anti-inflammatory medicines such as ibuprofen and opioid painkillers such as codeine where possible because they may increase complication risk or worsen constipation. Do not stop prescribed medication without speaking to a doctor or pharmacist.

Persistent difficulty needs assessment

A toileting position can support bowel emptying but does not explain or treat ongoing constipation, bleeding, pain or a major change in bowel habit.

07 My gradual fibre plan

One manageable change at a time

Record your starting pattern, then plan small changes. Do not increase fibre during a suspected acute episode unless your treating team has advised it.

Week / step	Food I will add or change	How much / how often	What I noticed
Starting point			
Step 1			
Step 2			
Step 3			
Step 4			
Review			

Review each step

Consider stool consistency, pain, bloating, bowel frequency, fluid intake and how manageable the change feels. A repeated pattern is more informative than one isolated day.

Look for repeated patterns

Use this for a few days when symptoms change or when adding fibre. Record illness, medicines, stress or unusual activity separately because these can affect bowel symptoms too.

Time	Food and drink	Bowel movement / stool	Pain, bloating or other symptoms

Do not use the diary to create an ever-smaller diet

If several foods appear problematic, symptoms are worsening or eating is becoming stressful, ask for medical and dietetic assessment.

09 Review and trusted support

Is the plan helping?

- Bowel movements are more comfortable and predictable.
- Pain and bloating are stable or improving.
- Fibre is increasing without an unacceptable symptom burden.
- Fluid intake is adequate and urine remains a normal pale colour.
- The diet still includes enough variety, energy and protein.
- There are no red-flag or acute symptoms requiring assessment.

Reliable information

NICE: Diverticular disease - diagnosis and management

www.nice.org.uk/guidance/ng147

NICE: Diverticular disease recommendations

www.nice.org.uk/guidance/ng147/chapter/Recommendations

NHS: Diverticular disease and diverticulitis

www.nhs.uk/conditions/diverticular-disease-and-diverticulitis/

Cambridge University Hospitals: Dietary management of diverticular disease

www.cuh.nhs.uk/patient-information/dietary-management-of-diverticular-disease/

Dyslexic Dietitian: Diverticular disease topic guide

www.dyslexicdietitian.com/diverticular-disease

Educational information only

This guide is for adults and does not diagnose the cause of abdominal pain or replace advice for an acute episode. Seek medical assessment for new, severe or worsening symptoms.

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