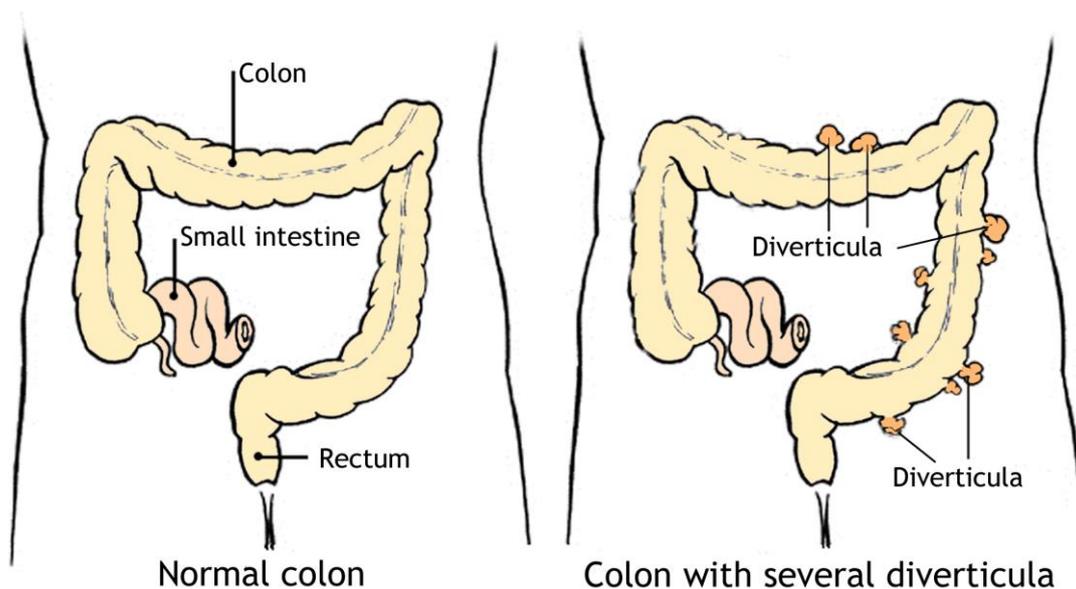


ADPKD and diverticula

This fact sheet is for people with autosomal dominant polycystic kidney disease (ADPKD), their family and friends. It explains problems caused by bulges in the bowel lining, called diverticula. These are more common in people with both ADPKD and kidney failure, compared with the general population.

What are diverticula?

As people age, it's common for them to develop bulges in the lining of the colon (the large bowel) [1]. These are called diverticula (see picture). About 1 or 2 out of every 10 people aged 45 or older have them [NICE CKS]. Diverticula can form in other parts of the digestive system too [2,3].



Usually, diverticula don't cause any symptoms [1]. However, in about 1 in 4 people, they cause symptoms such as abdominal pain, feeling bloated, and constipation or diarrhoea [1,4,NICE CKS].

Other terms you may hear [NHS Choices DD; Patient.info]

- **Diverticulosis:** diverticula that aren't causing symptoms.
- **Diverticular disease:** diverticula that are causing symptoms.
- **Diverticulitis:** infected and inflamed diverticula.

Are people with ADPKD more likely to have diverticula?

You may have heard that you're more likely to develop diverticula if you have ADPKD. This may be true if you have ADPKD and you also have kidney failure (i.e. you're having dialysis or have had a kidney transplant) [2,3].

However, people with ADPKD who have **functioning kidneys** are thought to have the **same chance** of developing diverticular disease as people without ADPKD [3,5]. In the UK, about half of all people aged 50 years have diverticula [3].

How do I know whether I have diverticula?

Like the general population, people with ADPKD are only tested for diverticular disease if they have symptoms. Screening is not routinely available [2]. If you have tests for other bowel problems, these may spot diverticula [1]. If you have symptoms such as bloating, constipation or diarrhoea, your GP may refer you for tests to find the cause. We explain these tests later.

Does it matter if I have diverticula?

Usually, diverticula don't cause symptoms or need treatment [1]. However, if you have ADPKD and kidney failure, you could be more likely to get symptoms and complications of diverticular disease [3,6]. Complications can include infections (called diverticulitis), an abscess in the abdomen, sudden bleeding, or a tear in your bowel [5; NICE CKS], which would need treatment. In a study, 1 in 5 people with ADPKD who had received a kidney transplant developed a diverticulitis infection over a 12-year period [5].

Your doctor can explain symptoms to look out for and ways to reduce your risk of complications if you have diverticula.

If you need dialysis and have diverticular disease, your kidney specialist might suggest haemodialysis rather than peritoneal dialysis [2,7]. Haemodialysis uses a machine to filter the blood, whereas peritoneal dialysis uses fluid placed in your abdomen [8]. It is thought that using peritoneal dialysis if you have diverticular disease might increase your chance of developing fluid on the lung or having a hernia [7]. Many people with diverticula can still have peritoneal dialysis though [2]. The decision of which type of dialysis to have is based on many factors, including what you would find most convenient.

How are diverticula diagnosed?

Diverticula can be found using [1; NICE CKS]:

- a computed tomography (CT) scan, which uses X-rays to make images of the inside of your abdomen [9]
- a colonoscopy, which uses a camera in a thin tube to look inside the bowel [10].

How is diverticular disease treated?

There is no 'simple fix' for diverticular disease, but changes to diet and medications can help. Treatment depends on the treatment of symptoms:

- If you have diverticular disease, your doctor may recommend a diet high in fibre, e.g. whole grains, fruit and vegetables [NICE CKS]. This can reduce pain, bloating and the chance of getting a diverticulosis infection. You can find out more about this diet at NHS Inform. Medications can reduce pain and treat constipation [NICE-CKS].
- If you have a diverticulosis infection, your doctor may recommend having only clear fluids (and no solid food) for 2-3 days to allow your bowel to settle down. You can then reintroduce solid food gradually as you start to

feel better. You may need antibiotics, and if you're becoming very dehydrated, you may need fluid through a drip at hospital [NICE-CKS]. Less commonly, you may need surgery.

Why do people with ADPKD and kidney failure have an increased risk of diverticular disease?

It is not known why diverticular disease is more common in people with ADPKD and kidney failure. One suggestion is that the gene faults that cause ADPKD can also cause the muscle of the bowel wall to be weaker [3]. Another idea is that the 'glue' that holds cells together (the extracellular matrix) is abnormal in the bowel of people with ADPKD [3].

More from the PKD Charity

Visit the PKD Charity website for more information on related topics:

- ADPKD progression
<https://pkdcharity.org.uk/about-adpkd/progression/adpkd-progression>
- Symptoms of ADPKD
<https://pkdcharity.org.uk/about-adpkd/symptoms-of-adpkd>

Information and support from others

Visit the websites below to get information and support from other organizations:

- NHS Inform has information on the diverticular disease and diverticulitis including diet for treatment of flares (low fibre) and for prevention of problems (high fibre).
- NHS Choices has information on diverticular disease and diverticulitis, CT scans, colonoscopy and dialysis.
- Guts UK has information on diverticular disease and other bowel conditions (email: info@gutscharity.org.uk; 020 7486 0341).
- The Bladder and Bowel Community provides advice on bowel conditions (email: help@bladderandbowel.org; medical helpline 0800 031 5412).

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With thanks to all those affected by PKD who contributed to this publication.

© February, 2020 (v1.4)

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Published by the PKD Charity

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