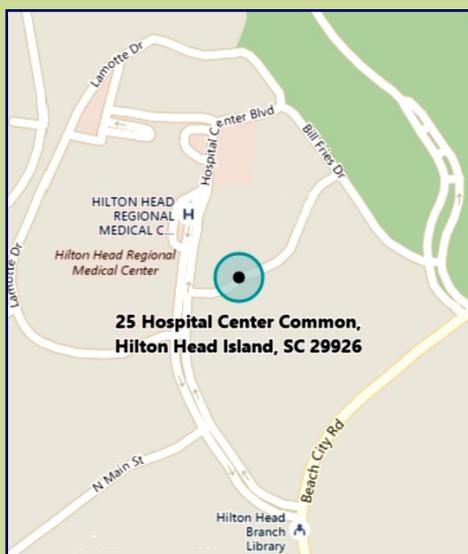


Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications. Their credentials have been found to be consistent with the standards established and demanded by the College.

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ABOUT DIVERTICULAR DISEASE

SURGICAL SPECIALISTS

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Thomas P. Rzczycki, MD, FACS

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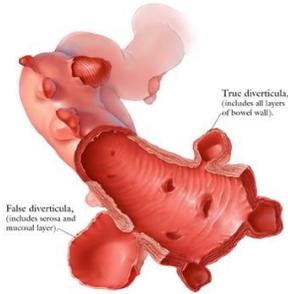
Christopher L. Culpepper, MD

Board Certified
General Surgeons

ABOUT DIVERTICULAR DISEASE

WHAT ARE DIVERTICULA?

Diverticula are acquired areas of weakness along the wall of the **colon** (large intestine) that form “pockets”. Most diverticula occur in the **sigmoid** region located in the left lower quadrant of the abdomen. **Diverticulosis** refers to the presence of diverticula while the term **diverticulitis** indicates inflammation. While diverticula are found in most patients over the age of 70, they remain asymptomatic in the majority.



WHAT ARE THE SYMPTOMS OF DIVERTICULOSIS?

None unless they bleed. Diverticular hemorrhage is one of the most common causes of GI bleeding. It usually presents with significant volumes of fresh blood per rectum.

WHAT ARE THE SYMPTOMS OF DIVERTICULITIS?

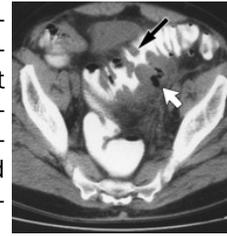
10-25% of patients with diverticula develop diverticulitis. It usually presents with pain in the left lower abdomen and may be associated with bloating, fever, and/or a change in bowels.

HOW IS DIVERTICULITIS DIAGNOSED?

HISTORY & EXAM—Typically the history of left lower quadrant pain with the associated tenderness on examination is sufficient to make the diagnosis.

IMAGING—CAT scan is the preferred

test. While a barium enema can diagnose diverticula it is not usually performed when diverticulitis is suspected due to a risk of perforation.



COLONOSCOPY-- Like a barium enema, colonoscopy is excellent at identifying diverticula but is also avoided when diverticulitis is suspected.



HOW IS DIVERTICULITIS TREATED?

Most cases (85%) are uncomplicated and resolve with antibiotics alone. Surgery is required for complications such as:

- perforation (a leak)
- abscess (pocket of pus)
- stricture (narrowing of the intestinal canal)
- obstruction (blockage of the colon)
- fistula (abnormal communication from the colon to adjacent structures such as the bladder, vagina or skin)
- recurrent or smoldering disease

An abscess can usually be drained through a small catheter inserted under X-ray guidance. Fewer than 6% of patients with diverticulitis will need surgery.

WHAT IS A COLON RESECTION?

Surgery involves removing the portion of the colon with the diseased diverticulum and reconnecting the remaining parts. Depending on the severity and nature of the disease, this may require more than one operation. When staged surgery is needed a patient will usually require an ostomy. An **ostomy** is created by bringing the intestines out through the ab-

dominal wall muscles and sewing them to the skin where the stool empties into a disposable bag. If the small intestine is used to form the ostomy it is called an **ileostomy**, and the use of the colon is referred to as a **colostomy**. Most stomas are temporary and can be reversed in weeks or months.



In the past colon resections were done through a large incision (open). Now, many (but not all) can be accomplished **laparoscopically**. The main advantages of laparoscopy are less pain and shorter hospital stays and recovery.

WHAT ARE THE COMPLICATIONS OR SIDE EFFECTS OF SURGERY?

The complication rates depend upon the nature of the disease and surgery. Emergency surgery is inherently riskier. Overall, the most common risk is infection. Bleeding or damage to other abdominal organs is always a concern. A less common but significant complication is anastomotic leak—when the reconnection between the colon ends breaks apart.

WHAT IS THE RECOVERY?

For laparoscopic resection most patients are discharged home in several days. When an open resection is performed the typical length of stay is about 7 days.

HOW IS DIVERTICULITIS PREVENTED?

A high fiber diet helps prevent the formation of diverticula and subsequent diverticulitis.