

BOARD CERTIFIED

Anna M. TOKER, MD
SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



"I have spent a lifetime mastering the art of surgery and now it is time for an individualized approach to medicine. We have an automated phone system and a small personable staff. I know this system is unorthodox, but it allows us to get to know everyone individually and allows me to spend more time with each patient in a one-on-one environment."

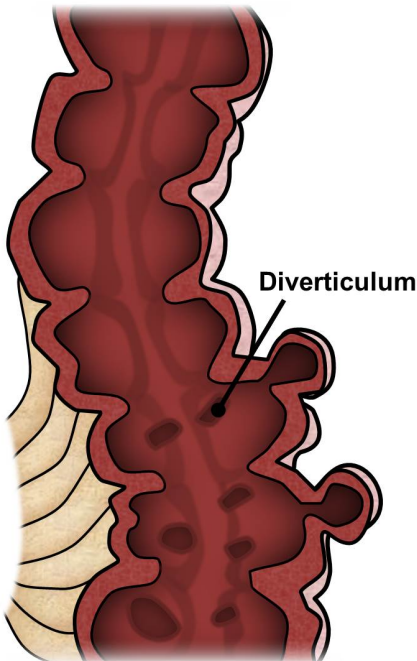
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Elite ColoRectal Surgery for Mansfield and Midlothian

Dr. Anna Toker is a full-service colorectal surgeon in Mansfield and Midlothian, focusing on robotic approaches to colorectal surgery and offering sacral nerve stimulation for fecal incontinence.

Diverticulitis

Information and treatment options



Diverticular disease is the general name for a common condition that involves small bulges or sacs called diverticula that form from the wall of the large intestine (colon). Although these sacs can form throughout the colon, they are most commonly found in the sigmoid colon, the portion of the large intestine closest to the rectum.

Diverticulosis: The presence of diverticula without associated complications or problems.

Diverticulitis: An inflammatory condition of the colon thought to be caused by perforation of one of the sacs.

Complications of Diverticulitis

Abscess formation and peritonitis due to perforation of the colon this is a potentially life-threatening infection that spreads freely within the abdomen, and can cause patients to become quite ill.

Rectal bleeding

Colonic stricture

Fistula formation When a fistula forms, it most commonly connects the colon to the bladder, skin, uterus, vagina, or another part of the bowel.

CAUSES

The most commonly accepted theory for the formation of diverticulosis is related to high pressure within the colon, which causes weak areas of the colon wall to bulge out and form the sacs. A diet low in fiber and high in red meat may also play a role.

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Currently, it is not well understood how these sacs become inflamed and lead to diverticulitis.

DIAGNOSIS

Diverticulosis is often diagnosed during routine screening examinations, such as colonoscopy. However, patients with diverticulitis are often symptomatic and therefore diverticulitis may be diagnosed during work up of the patient's symptoms, most commonly with a CT scan of the abdomen and pelvis.

TREATMENT

Most people with diverticulosis have no symptoms. However, as a preventative measure, people are advised to eat a diet high in fiber, fruits, and vegetables, and to limit red meat.

Most cases of diverticulitis can be treated with antibiotics in pill form (PO) or intravenously (IV). Diverticulitis with an abscess may require treatment with antibiotics and a drain placed under radiologic guidance.

Surgery for diverticular disease is indicated for the following:

A rupture of the colon that causes pus or stool to leak into the abdominal cavity, resulting in peritonitis. Rupture of the colon often requires emergency surgery.

An abscess that cannot be effectively drained.

Severe cases that do not respond to maximum medical therapy, which includes hospitalization and intravenous antibiotics.

Patients with immune system problems (related to an organ transplant or chemotherapy).

A colonic stricture or fistula.

A history of multiple attacks, a patient can undergo elective surgery in order to prevent future attacks.

Elective surgeries are often accomplished with minimally invasive robotic surgery and seldom lead to colostomies. For this reason, many acute and complicated episodes of diverticulitis are treated medically at first in an attempt to convert an urgent problem into an elective one.