

# Defeating Diverticulitis

One patient's experience shows why delay can be dangerous if surgery is indicated for the disease.

**R**ichard Bacon remembers when and where the pain began. "I started having a lot of pain in the left quadrant of my abdomen," he describes. "I went to the doctor for a colonoscopy, and he found that my colon had closed up to about three centimeters from diverticulitis.

"He said I should have it taken care of and have surgery. But like any other brave guy, I put it off . . . which I shouldn't have."

Diverticulitis is the inflammation of pockets that have developed in the colon wall. Symptoms may include abdominal pain, fever, cramps, and alteration of bowel habits, including blood in the stool. If left untreated, the infection may spread, causing worse pain, perforation, and possible fistulas, as in Richard's case.

"If I were working in the yard, that would cause it to be inflamed," he says. "It was even hard sitting for a period of time because of the discomfort in my side."

Ultimately, it led Richard to the hospital.

"I took myself to the emergency room on a Sunday and got myself admitted because I was in such discomfort," he says.

## Avoiding complications

At the hospital, Richard met Cesar A. Santiago, MD, a board-certified colorectal surgeon with The Colorectal Institute. Dr. Santiago and his colleagues, Valerie R. Dyke, MD, and Janette U. Gaw, MD, are the only fellowship-trained colorectal surgeons operating in Lee County, and



### THE COLORECTAL INSTITUTE

VALERIE R. DYKE, MD  
JANETTE U. GAW, MD  
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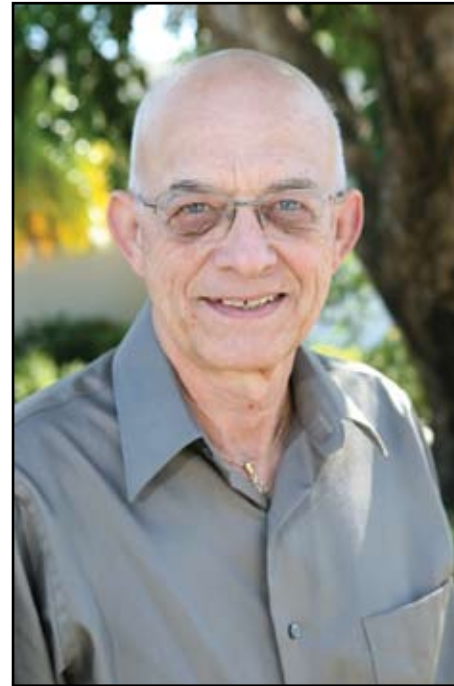
they treat a wide range of disorders, from colon cancer to hemorrhoids.

"When it comes to diverticulitis, surgical resection is reserved for patients whose symptoms are severe," says Dr. Santiago. "If someone has chronic infections or abscesses from diverticulitis, and antibiotics do not help, then surgery may be indicated."

Chronic inflammation can even cause the development of scar tissue, which narrows the colon, making it difficult to have a bowel movement.

"You can have very severe complications if you are diagnosed with something of this nature and you keep putting it off," explains Dr. Santiago. "Richard developed a serious complication called a *colovesical fistula*. The infection eroded into his bladder, creating a connection from his colon to his bladder. When there is a connection between that part of the colon and the bladder, the patient starts passing gas and feces through the urinary system, which makes the surgery more complicated, to a point where the patient might need a colostomy bag.

"The bottom line: if your doctor recommends that you have surgery, don't delay it unnecessarily, as this can lead to serious complications and a much more complex and difficult recovery."



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Richard is doing well again, thanks to Dr. Santiago.

## "Don't put it off"

Richard says he was fortunate that the hospital brought in Dr. Santiago for him to consult.

"Dr. Santiago has a great bedside manner," assures Richard. "I'd never had surgery before, but he sat down and explained everything: what the x-rays showed, what the problem was, and what he needed to do. And afterwards, he came each day and visited me to ask how things were going."

Now nearly recovered, Richard offers a cautionary note from his own experience.

"If you have anything like diverticulitis and the doctor says you need surgery, don't put it off or try to be brave – just take care of it. Otherwise, you can have more problems down the line." **FHCN**



**Valerie R. Dyke, MD, FACS, FASCRS**, is board certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery. After receiving her medical degree from the University of Maryland, she completed her general surgical residency at Abington Memorial Hospital in Philadelphia. Dr. Dyke then completed a colorectal surgery fellowship at the Ferguson Colorectal Clinic in Michigan.



**Janette U. Gaw, MD, FACS, FASCRS**, is board certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery. After receiving her medical degree from Yale University, where she also completed her general surgery residency, Dr. Gaw was awarded a research fellowship with the Division of Colorectal Surgery at the Mayo Clinic. She then completed a colorectal surgery fellowship at the Georgia Colon and Rectal Surgery Clinic in Atlanta.



**Cesar A. Santiago, MD**, is board certified by the American Board of Surgery and the American Board of Colon and Rectal Surgery. After receiving his medical degree from Ponce School of Medicine, Dr. Santiago completed his general surgery residency at Mt. Sinai School of Medicine/Cabrini in Manhattan, NY. He then completed a colorectal surgery fellowship at the University of Miami/Jackson Memorial Hospital in Miami.

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