A Meckel's diverticulum is a common congenital pouch on the wall of the small bowel that is formed while in the womb. The diverticulum may contain stomach or pancreatic tissue. It is not hereditary, it is formed from a remnant of structures within the fetal digestive tract that were not fully reabsorbed before birth, it is often described as a blind pouch.

The classical description rule of 2s is the best way to describe Meckel's diverticulum.

- It is located about 2 ft from the end of the small intestine
- It is often about 2” in length
- It occurs in about 2% of the population (however only a few develop symptoms.)
- It is twice as common in males as females
- It can contain two types of ectopic tissue - stomach or pancreas.
- Many who have a Meckel's diverticulum never have trouble but those that do have symptoms in the first 2 decades of life and more than often in the first 2 years.

The following symptoms often occur during the first few years of life but may occur in adults and are often confused with appendicitis:

- Passing of blood in the stool
- Abdominal pain ranging from mild to severe
- Vomiting
- Tiredness and weakness from loss of blood
- Intestinal obstruction

If any of these symptoms occur please see your health care provider immediately. Sometimes the most common problem is inflammation or infection that mimics appendicitis. This diagnosis is defined at the time of surgery for suspected appendicitis. If it doesn't seem like an immediate emergency the doctors will run a small series of exams and test for visible blood in the stool, stool smear for occult (invisible) blood in the stool, iron deficiency (anemia), hemoglobin, hematocrit, or a nuclear scan to find the source of bleeding.

Once diagnosed treatment will begin, generally if it has gotten to this state then surgery to remove the diverticulum will be necessary. In rare cases, the segment of small intestine which
contains the diverticulum is surgically removed, and the ends of intestine sewn back together. Some sort of and iron replacement may be needed to correct anemia, so keep the patient on a high fiber diet. If bleeding is significant, a blood transfusion may be necessary.

The outlook after surgery is usually excellent. The source of bleeding, pain, or obstruction is removed so the symptoms also disappear. A Meckel's diverticulum will not return.

As with all surgeries there could be the possible complications of hemorrhage, perforations of the bowel at the diverticulum site, peritonitis (swelling of the abdomen), and intussusceptions (sliding of one part of the intestine to another) with resultant obstruction.