

## 'TRICKY' COMPLICATED

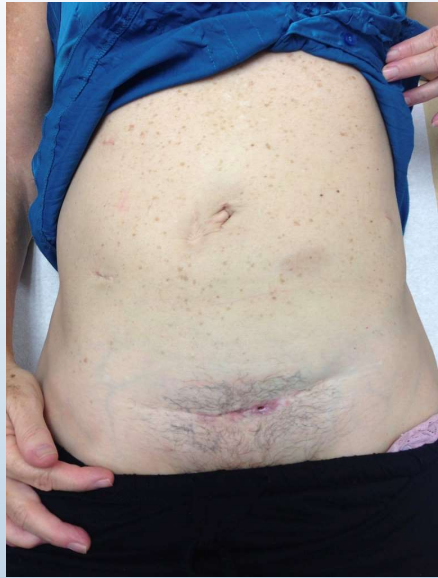
- **SYMPTOMATIC UNCOMPLICATED DIVERTICULAR DISEASE (SUDD)**

- GI symptoms eg bloating, abdominal pain, changes in bowel habits, in patients with diverticulosis but with NO EVIDENCE OF LOCAL INFLAMMATION OR BLEEDING
- Is THIS IBS??
- Surgery not indicated

- **SEGMENTAL COLITIS ASSOCIATED WITH DIVERTICULOSIS (SCAD)**

- SIGMOID inflammation between diverticula (which are typically uninvolved)
- Predominantly males aged over 50 years
- Could respond to immunomodulators i.e. Mesalazine
- Careful consideration for surgery

# WHAT COULD GO WRONG?





## Bowel function after colorectal surgery

This article, written by [Sze-Lin Peng](#), [Suzanne Marshall](#) and [Nicole Falkner](#), describes some common changes in bowel function after colorectal surgery, particularly for colorectal cancer. It also discusses management options, which are further illustrated by some case scenarios

## CASE 2: MR B

- 45 yr old
- May 2021 → sigmoid diverticulitis with localized perforation, improved with antibiotics
- July 2021 → colonoscopy confirms diverticulosis only
- Aug 2021 → Nov 2021 had 3 admissions, all settled with antibiotics
- Dec 2021 seen in clinic - ongoing pain, CRP 80, opts for elective anterior resection
- 'Smouldering' diverticulitis



## CASE 3: MRS C

- 76 yr old, resthome, T2DM, IHD, hysterectomy, Alzheimer's
- Feb 2020 → sigmoid diverticulitis with localized perforation, vaginal discharge
- Improved with antibiotics, discharge decreases
- March 2020 → technical colonoscopy but no ca
- 2023 – remains 'well'
- Not all diverticular fistula require surgery
  - Poor QOL with high volume discharge
  - Recurrent urosepsis



# KEY POINTS

- Most patients with diverticulosis asymptomatic
- Most patients with diverticulitis do not have a complicated recurring course
- Avoid antibiotics for acute uncomplicated diverticulitis
  - ESP IF CRP <50, NOT IMMUNOCOMPROMISED
- Blood tests and CT evidence of diverticulitis preferable
- All complicated and atypical cases should be referred for colonoscopy
- CT colon a good option IF ALWAYS HAD COMMUNITY MANAGEMENT FOR 'PRESUMED UNCOMPLICATED DIVERTICULITIS'
- REDUCE RISK OF DIVERTICULITIS
  - High fibre + healthy weight + exercise
- Surgery should be carefully considered



THANK YOU

