

# Antibiotics are no longer the cornerstone of management for acute uncomplicated diverticulitis

- Dilemma with the patient who has recurrent courses of antibiotics without objective diagnosis
- In reality difficult to change current practice
- Antibiotics do not change time to recovery, LOS, progression to complications
  - CT proven uncomplicated
  - Normal bloods esp CRP <50
- 1<sup>st</sup> attack is usually the worse
  - Risk of subsequent attack 1 in 3
  - 1 in 5 get  $\geq 1$  recurrence in 10 yrs
  - 5% complicated

# COMMUNITY MANAGEMENT

## DURING

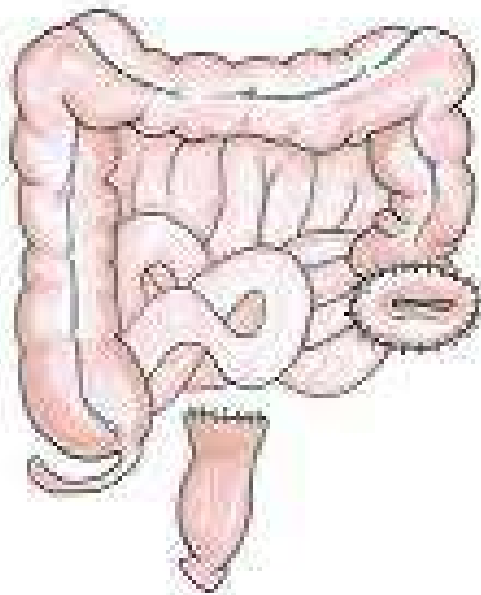
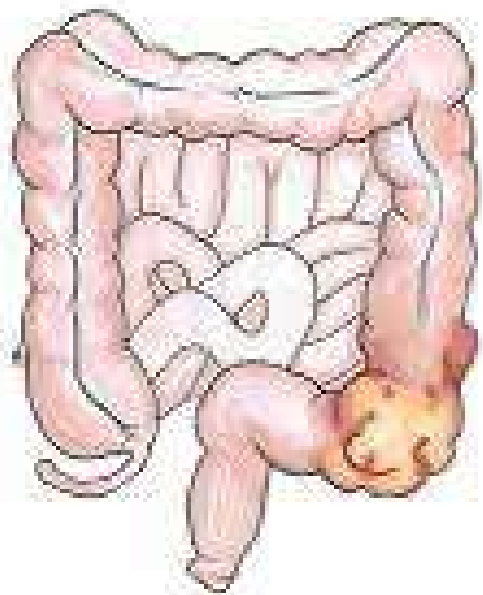
- Clinical assessment + bloods
- Education
  - Prognosis
  - Diet
- Antibiotics
  - 7 days Metronidazole + Amoxil/  
trimethoprim/ cephalosporin vs augmentin
- Analgesia
- REASSESS

## AFTER

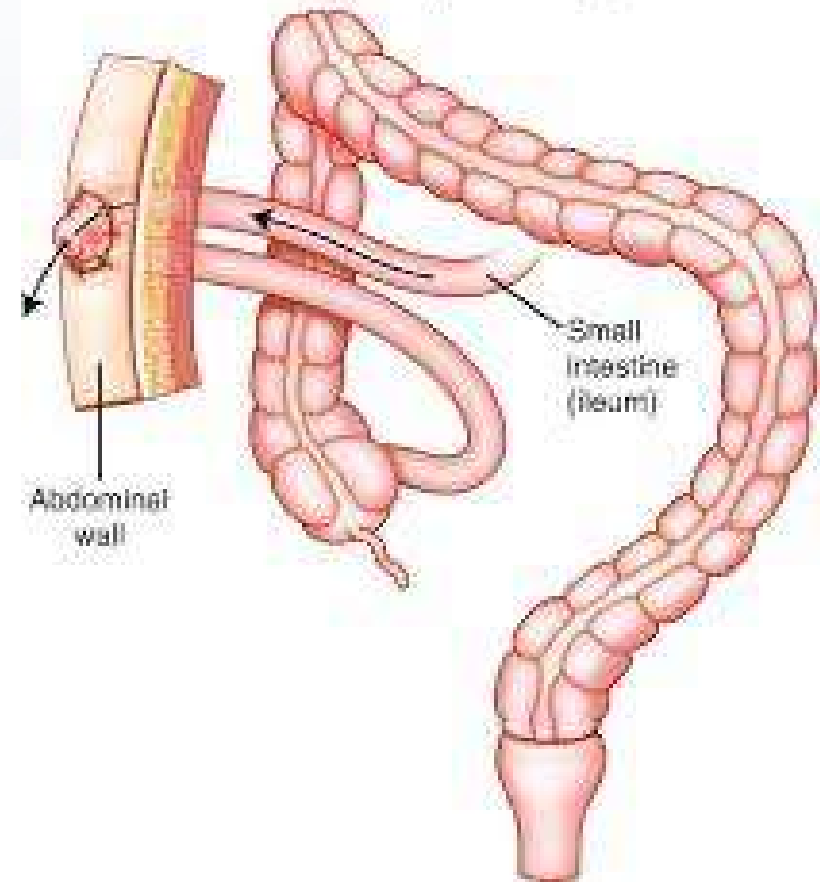
- CT colon (prove diverticulitis + exclude extra-colonic/ colonic pathology)
- Refer gastroenterologist
- Refer colorectal surgeon
- Not often urologist!

# COMPLICATED

BLEEDING	FREE PERF	LOCALISED	DELAYED SEQUELAE	'RECURRENT'
Tends to settle spontaneously Hospital admission for observation/escalation	Surgery -Hartmanns -Anterior resection +/- loop ileostomy	Antibiotics Percutaneous drainage Surgery if sepsis not improving	Colovesical fistula  Colovaginal fistula  Stricture	GOOD • CRP + consistent CT segment  <i>TRICKY</i>
Acute CT angio +/- FU colonoscopy	FU colonoscopy AFTER closure loop ileostomy	FU colonoscopy	FU colonoscopy	FU colonoscopy



### Diverting Loop Ileostomy



# INDICATION FOR COLONOSCOPY

## when need to exclude cancer

- COMPLICATED DIVERTICULITIS
- UNCOMPLICATED WITH RED FLAGS
  - ANEMIA
  - FAMILY HISTORY
  - 'RECURRENT UNCOMPLICATED'
- INCIDENCE OF COLON CANCER IN UNCOMPLICATED CASES IS THE SAME AS THE ASYMPTOMATIC SCREENED POPULATION I.E 3-5%
- LIMITED RESOURCE
- RISK OF PROCEDURE
- RISK OF BOWEL PREP

## CASE 1: MR A

- 52 yr old man BMI 32
- Long hx of PR bleeding, mixed
- LIF pain intermittent
- Renal stones
- Cscope – extensive pan diverticulosis, mid sigmoid inflammation
- CT – no evidence of diverticulitis, mid sigmoid thickening, extensive left colonic diverticulosis
- Bloods – crp 1, normal Hb, normal ferritin

