GASTRO-INTESTINAL TRACT INFECTIONS

Acute Diverticulitis

NICE guidance (NG147)(CKS Acute Diverticulitis)

Diverticulitis is a condition where diverticula become inflamed and may be caused by infection, typically causing severe lower abdominal pain, fever, general malaise, and occasionally rectal bleeding.

Infections are usually polymicrobial with the main organisms being:

- *Bacteroides spp.* and other anaerobes
- *Escherichia coli*
- other coliforms e.g., *Klebsiella*

Consider the need for a same-day GP assessment or hospital assessment if the person:

- Has uncontrollable abdominal pain and any features that suggest complicated acute diverticulitis.
- Is dehydrated or at risk of dehydration and is unable to take or tolerate oral fluids at home.
- Is unable to take or tolerate oral antibiotics (if needed) at home.
- Has significant comorbidity or immunosuppression.
- Is aged over 65 years and has comorbidities and/or other risk factors.

Provide verbal and written information to all people with acute diverticulitis managed in primary care:

- Diet and lifestyle choices for people with diverticulosis and diverticular disease (GUTS UK)
- Symptoms and the course of acute diverticulitis
- The likelihood of complicated disease or recurrent episodes — complicated diverticulitis is most often the first presentation of diverticulitis. The risk of complicated diverticulitis decreases with recurrences.
- When and how to seek further medical advice.
- Possible investigations, treatments, risks, and complications.

People with acute diverticulitis who are systemically well:

For uncomplicated diverticulitis antibiotics are generally not indicated. A review (van Dijk et al 2018) of two randomised clinical trials concluded that in CT-proven uncomplicated diverticulitis **omitting antibiotics did not** result in any increased rate of recurrence, progression to complicated disease or need for sigmoid resection.

Management
Patients with mild, uncomplicated acute diverticulitis can be managed at home with paracetamol and clear fluids with review at 48 hours.
Review within 48 hours for clinical response

People with acute diverticulitis who are **systemically unwell but do not meet the criteria for referral** for suspected complicated acute diverticulitis **offer antibiotic:**

Antibiotic[1]	**Dosage**	**Duration**
Co-amoxiclav	500/125mg three times a day	5 days
In penicillin allergy or if co-amoxiclav unsuitable:		
Trimethoprim **PLUS** Metronidazole	200mg twice a day 400mg three times a day	5 days 5 days
Alternatively, if trimethoprim is unsuitable: Cefalexin **PLUS** Metronidazole	 500mg three times a day 400mg three times a day	 5 days 5 days
[1]See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.		

Do not offer an aminosalicylate or antibiotics to prevent recurrent acute diverticulitis.

Version Control- **Acute Diverticulitis**			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher MO and Interface Pharmacist	16/09/22	Added link to CKS. Updated referral information. Added self-care patient advice. Options for patients with and without systemic symptoms. Treatment table updated as per CKS and BNF. Ciprofloxacin removed as specialist initiation required. Re-worded referral/need for hospital assessment after APC meeting