

## GASTRO-INTESTINAL TRACT INFECTIONS

### 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.

**Consider the need for a same-day GP assessment and/or hospital assessment if the person meets ANY of the following criteria:**

- 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.
- Has represented with persistent/deteriorating symptoms.

\*Features which suggest complicated acute diverticulitis:

Symptom or sign	Possible complication
Abdominal mass on examination or peri-rectal fullness on digital rectal examination	Intra-abdominal abscess
Abdominal rigidity and guarding on examination	Bowel perforation and peritonitis
Altered mental state, raised respiratory rate, low systolic blood pressure, raised heart rate, low tympanic temperature, no urine output or skin discolouration	Sepsis
Faecaluria, pneumaturia, pyuria or the passage of faeces through the vagina	Fistula into the bladder or vagina
Colicky abdominal pain, absolute constipation (passage of no flatus or stool), vomiting or abdominal distention	Intestinal obstruction

**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 uncomplicated acute diverticulitis who are systemically well:**

Unless the patient is immunosuppressed, has significant comorbidity or is systemically unwell, for uncomplicated acute 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
<ul style="list-style-type: none"> <li>• Patients with mild, uncomplicated acute diverticulitis can be managed at home with paracetamol and clear fluids with review at 48 hours.</li> <li>• Advise the person to avoid nonsteroidal anti-inflammatory drugs (NSAIDs) and opioid analgesia (such as codeine) if possible, due to the potential increased risk of diverticular perforation.</li> <li>• Advise the person to re-present if symptoms persist or worsen.</li> </ul>
Review within 48 hours for clinical response

For people with uncomplicated acute diverticulitis who are **immunosuppressed, have significant comorbidity or are systemically unwell but do not require same-day hospital assessment**, offer antibiotic therapy.

Infections are usually polymicrobial with the main organisms being:

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

Antibiotic <sup>1</sup>	Dosage	Duration
Co-amoxiclav	500/125mg three times a day	5 days
<b>In penicillin allergy or if co-amoxiclav unsuitable:</b>		
Trimethoprim <b>PLUS</b> Metronidazole	200mg twice a day  400mg three times a day	5 days  5 days
<b>Alternatively, if trimethoprim is unsuitable:</b> Cefalexin <b>PLUS</b> Metronidazole	500mg three times a day  400mg three times a day	5 days  5 days
<sup>1</sup> See <a href="#">BNE</a> for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.		

#### **People with recurrent acute diverticulitis**

- **Do not offer an amino salicylate or antibiotics to prevent recurrent acute diverticulitis.**
- Consider arranging referral to a specialist in colorectal surgery if a person is managed in primary care and has frequent or severe recurrent episodes of acute diverticulitis.