# Appendix 1: Advanced Surgical Standards Flow-chart for management of acute diverticulitis in primary care

#### **Antibiotics**

Prescribe broad-spectrum antibiotics to cover anaerobes and gram negative bacilli eg. Coamoxiclav or Ciprofloxacin/Metronidazole.

Treatment should last for 7-10 days.

### **Analgesia**

Prescribe paracetamol if required.

Avoid non-steroidal anti-inflammatory drugs and opioid analgesia.

## Hydration/Food

Recommend clear liquids only.

Reintroduce solid food as symptoms improve over 2-3 days.

#### **Clinical Review**

Review patient within 48 hours, or sooner if symptoms deteriorate, and thereafter depending upon response to treatment.

## If admission becomes necessary

Consider parenteral opioid analgesia.

If symptoms recur or there are concerns about the diagnosis

Consider surgical outpatient referral.

22

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Case One
Case Two
Case Three
Case Four
Appendices

Case One Case Commentary
Case Two Case Commentary
Case Three Case Commentary
Case Four Case Commentary
Resources

Information Section – Coeliac Disease
Information Section – Diverticular Disease
Information Section – Irritable Bowel Syndrome
Information Section - Anal Fissure
References

**Appendix 2: Treatment Options for diverticular disease** 

Appendix 2: Treatment Options for diverticular disease  Appendix 2: Treatment Options for diverticular disease		
Asymptomatic	No treatment	
Diverticulosis		
Symptomatic	Dietary modification	
Diverticulosis		
	Oral Antibiotic (if	Co-amoxiclav 625mg tds for
	suspected infection)	7 days
		Ciprofloxacin 500mg bd for
		7-10 days
		AND
		Metronidazole 500mg tbd for
		7-10 days
Symptomatic	Analgesia	Paracetamol
Diverticulitis		Tramadol
(Uncomplicated)		Morphine
	Oral Antibiotic	Co-amoxiclav 625mg tds for
		7 days
		Ciprofloxacin 500mg bd for
		7-10 days
		AND
		Metronidazole 500mg tbd for
		7-10 days
Symptomatic	Intravenous antibiotics	Ceftriaxone 1-2g od
Diverticulitis		AND
(Complicated)		Metronidazole 500mg tds
		Tazosin 3.375g qds
	Endoscopic	
	haemostatis/angiographic	
	embolisation	
	Surgical intervention	
	maybe required if	
	complications cannot be	
	managed.	