Management of Uncomplicated Acute Diverticulitis

Results of a Survey

Steven Schechter, M.D.,* Joan Mulvey, R.N.,* Theodore E. Eisenstat, M.D.†

From the *Department of Surgery, The Miriam Hospital/Brown University, Providence, Rhode Island, and the †Division of Colon and Rectal Surgery, UMDNJ, Plainfield, New Jersey

Diarrheal and Diverticulosis are common entities in western countries, affecting more than 50 percent of patients older than 70 years.1 Diverticula located in the sigmoid may perforate and lead to clinical acute diverticulitis in 10 to 25 percent of cases.2 When this process is a localized inflammatory process or phlegmon of the sigmoid colon, it is termed uncomplicated acute diverticulitis. The presence of free perforation, obstruction, fistula, or abscess is termed complicated acute diverticulitis and is not discussed in this article.

The Standards Task Force of The American Society of Colon and Rectal Surgeons (ASCRS) published practice parameters for acute diverticulitis, along with supporting documentation.3 Information such as this is crucial for surgeons to set up practice guidelines that can help standardize and streamline patient care. Practice guidelines can lead to safer cost-effective treatment. Although the practice parameters concerning acute diverticulitis are highly informative and authoritative, the actual practice patterns of colon and rectal surgeons may or may not have been altered.

Variation in physician management of common disorders such as diverticulitis exists nationally as well as internationally and needs to be documented. This survey examined the practice parameters of colon and rectal surgeons in North America concerning the management of uncomplicated acute diverticulitis.

PATIENTS AND METHODS

A confidential survey was mailed to 667 Fellows of ASCRS certified by the American Board of Colon and Rectal Surgeons residing in the United States and Canada. The queries were based on a clinical scenario of a patient with uncomplicated diverticulitis, which is shown in Figure 1.

The queries covered diagnostic modalities, choice of intravenous antibiotic, length of treatment, discharge instructions, and follow-up diagnostic procedures. Data were collected on a computerized spreadsheet and percentages were calculated.
50 Y/O white male presenting to the emergency room with a four-day history of progressive abdominal pain with constipation but no nausea, vomiting, or fever. His temperature is 100°F and tenderness to palpation in left lower quadrant noted. WBC is 11,000. Abdominal x-rays negative.

1. Diagnostic test of choice to confirm your diagnosis of acute diverticulitis (circle one choice)
   A. CT Scan of Abdomen/Pelvis  D. Other
   B. Gastrograffin Enema  E. None
   C. Endoscopy

2. IV antibiotic of choice. Brand names are in parentheses (if use a combination then may circle more than one)
   - Ticarcillin/Clavulanic Acid (Timentin®)
   - Ampicillin
   - Cefoxitin (Mefoxin®)
   - Amoxicillin/Clavulanate (Augmentin®)
   - Clindamycin (Cleocin®)
   - Cefotetan (Cefotan®)
   - Gentamicin
   - Ciprofloxacin (Cipro®)
   - Other
   - Metronidazole (Flagyl®)
   - Imipenem (Primaxin®)

3. If patient allergic to your first selection, please circle your alternative. (If use a combination then may circle more than one)
   - Ticarcillin/Clavulanic Acid (Timentin®)
   - Ampicillin
   - Cefoxitin (Mefoxin®)
   - Amoxicillin/Clavulanate (Augmentin®)
   - Clindamycin (Cleocin®)
   - Cefotetan (Cefotan®)
   - Gentamicin
   - Ciprofloxacin (Cipro®)
   - Other
   - Metronidazole (Flagyl®)
   - Imipenem (Primaxin®)

4. Choice of oral antibiotic at time of discharge. (If use a combination, then may circle more than one)
   - Ampicillin
   - Doxycycline (Vibramycin®)
   - Amoxicillin/Clavulanate (Augmentin®)
   - Trimethoprim/Sulfamethoxazole (Bactrim®/Septra®)
   - Ciprofloxacin (Cipro®)
   - Other
   - Metronidazole (Flagyl®)
   - None

5. If patient allergic to your first selection, please circle your alternative. (If use a combination, then may circle more than one)
   - Ampicillin
   - Trimethoprim/Sulfamethoxazole (Bactrim®/Septra®)
   - Amoxicillin/Clavulanate (Augmentin®)
   - Doxycycline (Vibramycin®)
   - Ciprofloxacin (Cipro®)
   - Other
   - Metronidazole (Flagyl®)
   - None

6. Please write the average number of days oral antibiotics are prescribed for ________ days.

7. Hospital discharge diet (circle one)
   A. Regular  B. Low Residue  C. High Residue

8. Do you feel patients should avoid vegetables and fruits with seeds, nuts, popcorn? (circle one)
   A. Yes  B. No  C. Undecided

9. What kind of diagnostic exam(s)/test(s) do you obtain when the patient returns to your office in follow-up? (May circle more than one)
   2. Colonoscopy  4. Other

10. Overall, what percentage of patients presenting to your practice with acute diverticulitis do you manage on an outpatient basis? (circle one)
    A. <10%  B. 20%  C. 30%  D. 40%  E. 50%  F. 60%  G. 70%  H. 80%  I. 90%  J. 100%