AAST Acute Care Surgery Didactic Curriculum

Diverticulitis

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Highlights:

- After non-op treatment of acute uncomplicated diverticulitis, the most common risk factors for recurrence is young age (<50yo) and previous history. Evidence suggests that endoscopic evaluation after non-operative treatment of acute uncomplicated diverticulitis without high risk features is unnecessary.
- Antibiotics are first line and necessary for complicated diverticulitis with or without intervention. Percutaneous intervention should be considered for abscesses >4cm, abscesses that do not resolve with antibiotics alone, or any evidence of patient deterioration.
- Successful non-op management of Hinchey Ib-II abscess are unlikely to have recurrence and elective surgery should not be routinely offered to avoid future episodes. Surgical treatment should be considered in Hinchey Ib-II abscesses or presence of peri-colonic air when the patient has exhausted non-operative options without symptomatic improvement. Surgical treatment should be considered in all Hinchey III or IV patients.
- In operative management of Hinchey III/IV, there should be consideration of resection, primary anastomosis, and possible diversion due to the similar mortality, lower morbidity, and lower stoma rate at 12 months compared to Hartmann procedure with reversal. In the hemodynamically unstable patient, Hartmann's procedure is the preferred operation and damage control strategies should be considered.
- Elective interval sigmoid resection should be delayed for minimum of 6 weeks from most recent episode of acute diverticulitis

Controversies:

- In immunocompetent patients with uncomplicated AD, symptomatic treatment without ABX provides similar outcomes to treatment w/ ABX
- In Hinchey II, an interval elective colectomy may still be indicated in some patients who have recurrence despite antibiotics and drainage