

DIVERTICULITIS

Small diverticular pouches of the bowel become inflamed and infected. Diverticular disease comes with a large range of severity and multiple treatment pathways.

Initial Management

Signs & Symptoms	<ul style="list-style-type: none">● Abdominal pain● Fever● Nausea/vomiting● +/- sepsis (Tachycardia, tachypnea, hypotension, etc.)
Labs & Imaging	<ul style="list-style-type: none">● CBC (leukocytosis)● CT abdomen/pelvis with IV contrast<ul style="list-style-type: none">○ Diverticulitis, +/- free air or fluid
Physical Exam	<ul style="list-style-type: none">● Abdominal pain, typically LLQ
Initial Treatment	<ul style="list-style-type: none">● IV antibiotics<ul style="list-style-type: none">○ Rocephin 2G q 24 hours & Flagyl 500mg q 8 hours prn○ Zosyn 3.375 g q 8 hours prn● serial abdominal exams● NPO/IVF● analgesia and antipyretics

Complications

Perforation	Contained or micro-perforation: Continue abdominal exams and possibly repeat CT Free-Air w/ peritonitis: Probable need for surgical intervention
Abscess	Local: Order CT Guided IR drainage and continue IV antibiotics Distant abscess: Probable need for surgical intervention
Recurring Symptoms	Patient will need outpatient colonoscopy 6-8 weeks after resolution and consultation for elective sigmoid resection.

Hinchey Classification

Stage I: Local peri colonic inflammation/abscess

Stage II: Pelvic intra-abdominal abscess

Stage III: Generalized purulent peritonitis

Stage IV: Fecal Peritonitis

Surgical Management

At any point in hospitalization, the patient may need to escalate to surgical intervention. This highlights the importance of frequent abdominal exams and early recognition of sepsis.

Surgical Procedure		Post Operative Management
Hartmann Procedure	Resection of rectosigmoid colon, closure of rectal stump and creation of end colostomy	<ul style="list-style-type: none"> ● Continue NG tube management ● NPO until colostomy functional, then diet advancement ● continue IV antibiotics
Exploratory Laparotomy w/staged management	Exploration with intra-abdominal washout, resection of infected colon and often left in discontinuity. Patient returns to OR in 48 hours for possible colostomy creation and fascial closure.	<ul style="list-style-type: none"> ● Continue NG tube management ● +/- DPR ● Fluid resuscitation and hemodynamic support ● Strict NPO until colostomy functional, then diet advanced ● Continue IV antibiotics
Robotic Sigmoid colectomy	Minimally invasive resection of non-infected diverticular disease with primary anastomosis. Elective procedure with colorectal surgery.	<ul style="list-style-type: none"> ● ERAS