Clinical Practice Guidelines: Left-Sided Diverticulitis (1/2)

CT scan best initial diagnostic imaging test (1B)

Uncomplicated mild disease can be treated WITHOUT antibiotics (1A)

Percutaneous Drainage for Abscess > 3cm in size (1B)

Recommend Elective Surgery after complicated disease e.g. abscess treatment or if fistula, stricture (1B)

Endoscopic evaluation recommended to confirm diagnosis (1C)

Individualized decision for surgery in Uncomplicated disease based on risk (1B)

NNT=18 elective to prevent 1 emergency surgery

Clinical Practice Guidelines: Left-Sided Diverticulitis (2/2)

Urgent Surgery if peritonitis or failure of medical treatment (1C) 15-30%

Lap Lavage not recommended (1A)

Anastomosis (1B) and Lap approach (1A) preferred if possible / safe

Young Age at index presentation → surgery not recommended (1C)

The Entire Sigmoid should be resected, down to rectum (1C)

(though adoption rates low in acute setting)