

Standardised Follow-up For Patients With Acute Diverticulitis



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Introduction

Patients admitted with uncomplicated Acute Diverticulitis form a sizable proportion of surgical take in our district general hospital. The follow up for these patients who are some times discharged without any inpatient investigations was variable.

Follow-up Pattern Before QI Project

Colonoscopy

Flexible
Sigmoidoscopy

CT Colonogram

No documented followup investigation at time of discharge

Frail and Unfit

Investigated within last 2 years

CT Colonogram done at 6 weeks after discharge would be least uncomfortable and safer as compared to colonoscopy flexible sigmoidoscopy. It is also fall back investigation for a failed colonoscopy flexible or sigmoidoscopy. There are also financial advantages for Colonogram. On discussion with endoscopists diverticular the disease was one of the major cause for failure of completion of flexible colonoscopy sigmoidoscopy.

Design and Methods

Department wide discussion to confirm that there was variation in follow up of patients with uncomplicated diverticulitis not needing in patient investigations or intervention was under taken. From the views obtained a patient pathway for all the patients with acute diverticulitis was drawn. The patients who did not have any inpatient investigation were shortlisted and pathways were mapped.

Acute Admission with Diverticulitis

Not Requiring inpatient investigation

Conservative treatmentDischarge with follow up

In patient CT Scan

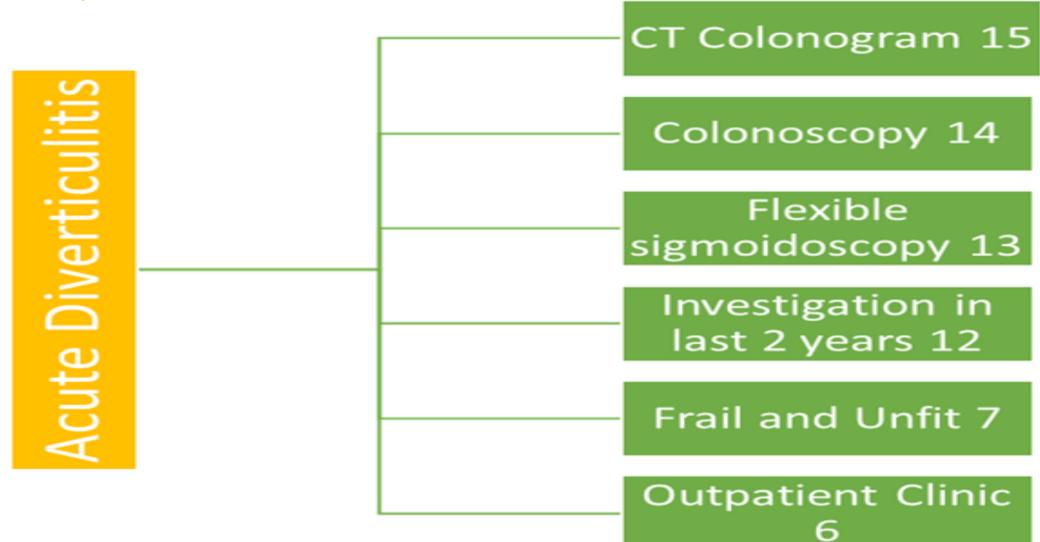
- Intervention
- Conservative in patient
- treatment

 Discharge with follow up

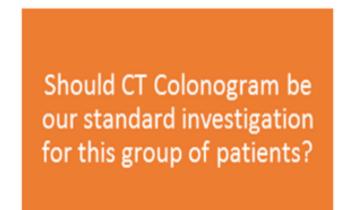
Data obtained from Audit department for patient coded as primary diagnosis of diverticulosis / diverticulitis in 2015.

Total no of patients with primary diagnosis of diverticulosis / diverticulitis
 Diagnosed at routine lower GI endoscopy
 Complicated Diverticulitis
 In patient CT scan
 In-Correct Coding
 Patients entered in to the project and analysed

Analysis



Draft protocol discussed at Departmental Clinical Governance meeting



What should be the interval between discharge and investigation?

Role of endoscopy and what bowel prep?

What would be the acceptable interval before repeating investigations in patients with known documented diverticular disease?

Antibiotic therapy and length of the same?

Outcomes from the consensus meeting

CT Colonogram 6weeks after discharge would be the preferred investigation. It is more cost effective than endoscopy A flexible sigmoidoscopy with full bowel prep after 6 weeks would be the preferred method of investigations of those patients who have had an inpatient CT where there has been any suspicions or recommendation in the report for direct visualization. This would also apply to patients who present with a diverticular bleed who are deemed fit for further investigation and management of any findings that the investigation will reveal

For the patients presenting with a flare up of known diverticulitis, investigations within last 24 months i.e. CT Colonogram or endoscopy would be acceptable as not to necessitate repeat investigations due to the current admission if clinically appropriate

The length of antibiotic therapy on discharge will depend upon the assessment of the Consultant in charge

The European model of treating Acute Diverticulitis without antibiotic was discussed and rejected

Departmental Consensus Statement

To summarise we would like to investigate appropriate patients who didn't have any colonic investigation within last 24 months with an Outpatient CT Colonogram 6 weeks after discharge. All the patients needing a flexible sigmoidoscopy should have full bowel prep. The length of interval between discharge and investigation should be at least 6 weeks and should be clearly mentioned in the request forms and discharge summaries