

Diverticular disease: diagnosis and management

Consultation on draft scope Stakeholder comments table

22/08/17 to 20/09/17

ID	Type	Organisation name	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1		Department of Health	General	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you for your comment and for participating in the consultation process.
2	Internal	NICE	5	105	Please can this be checked with the clinicians, as I was under the impression that NSAIDs and opiates were generally avoided in the management of diverticular disease due to risk of perforation	Thank you for your comment. The guideline committee may decide to make 'do not use' recommendations on the scope topics indicated.
3	internal	NICE	6	117	To consider the course length here as they are antibiotics that are prescribed for a specified duration. To note the Medicines and Prescribing team (in H&SC) are currently developing Managing common infections guideline which will also be covering infected diverticulitis and will be undertaking an evidence review on the choice of antibiotic and resistance. There may be an overlap here in which case this needs to be flagged up with the project lead for the diverticular disease guideline. The project lead for managing common infections is Johanna Hulme.	Thank you for your comment. We have amended the scope topic and now include duration of treatment. We have confirmed with NICE that this guideline is covering antibiotics.
4		Royal College of General Practitioners			Most mild diverticulitis is managed by GP or as an outpatient-therefore the flow chart showing iv fluids is not compatible with this. Though rare acute diverticulitis in young people is often very 'severe' leading to emergency surgery often and often a colostomy Is it appropriate in 2017 for GP to still treat acute presumed diverticulitis with fluids and antibiotics on the basis of clinical signs and experience or should all patients be sent to Hospital for surgical evaluation and scanning as scanning is not available to GP in UK in a timely manner. A recent systematic review has advised that individual risk factors are poor at predicting the severity of the illness and combining these risk factors in a full prognostic model might be the next step to aid the treating physician in predicting the course of diverticulitis and setting the right treatment at initial presentation. Bolkenstein HE, van de Wall BJM, Consten ECJ, Broeders IAMJ, Draaisma WA. Risk factors for complicated diverticulitis: systematic review and meta-analysis. International Journal of Colorectal Disease. 2017 Oct	Thank you for your comment. We have edited the pathway and now have separate strands for people managed in the community and the hospital Young people (except those 17 yrs and under) are included in the scope We have edited the scope to make it clear that we will be considering the diagnosis of acute diverticulitis whether or not the person is referred for hospital assessment. There is also a clinical question on .who should be referred for hospital assessment Thank you for the reference. The authors propose that a prognostic model combining the risk factors identified in the study might be the next step to aid the physician in predicting the course of diverticulitis and setting the right treatment at initial presentation. In the absence of any

Document processed	Organisation name – Stakeholder or respondent	Disclosure on tobacco funding / links	Number of comments extracted	Comments

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