

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Diverticular disease: diagnosis and management

The Department of Health in England has asked NICE to develop a clinical guideline on diverticular disease.

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for diverticular disease.

1 Why the guideline is needed

Key facts and figures

Diverticulosis is a digestive condition characterised by small pouches (diverticula) that protrude from the walls of the large intestine. It is rare in people younger than 40 years, with a prevalence of less than 5%. This increases with age, and approximately 70% of people have diverticula by age 80. Diverticula can be present without any symptoms and in most people it remains undiagnosed. It may be revealed by investigations for other problems. When symptoms occur, this is known as diverticular disease. Symptoms include: non-specific abdominal complaints, bloating, altered bowel habit and bleeding from the rectum. Acute diverticulitis occurs when a diverticulum becomes inflamed or infected. Symptoms can include: constant abdominal pain, alteration in bowel habit, fever or tachycardia, and rectal bleeding.

The majority of people with diverticula will remain asymptomatic. Between 10% and 25% of people with diverticula will develop symptomatic diverticular disease. A much smaller proportion will experience episodes of acute

diverticulitis or develop complications associated with the diverticula such as abscess, perforation, fistula or stricture. The majority of people presenting with complications do so without a previous diagnosis of diverticulosis. Up to 20% of people who experienced 1 episode of acute diverticulitis have a recurrent episode in the following decade.

Current practice

Asymptomatic diverticulosis that has been identified incidentally is not evaluated further. The person is advised to increase fibre intake and physical activity.

People who develop diverticular disease are prescribed analgesics such as paracetamol, in addition to being given dietary and lifestyle advice.

People with mild, uncomplicated diverticulitis can usually have their condition managed at home but those with more severe symptoms are assessed at hospital. People with suspected complications such as abscesses and perforations are admitted to hospital.

In England there is geographic and demographic variation in access to secondary care for the management of diverticular disease. This guideline aims to help reduce this variation and give more people access to the care they need.

Policy, legislation, regulation and commissioning

There are currently no policy documents relating to diverticular disease.

2 Who the guideline is for

People using services, their families and carers, and the public will be able to use the guideline to find out more about what NICE recommends, and help them make decisions.

This guideline is for:

- People using services, their families and carers, and the public.
- Healthcare professionals in primary care.

- Healthcare professionals in secondary care.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

- Adults 18 years and over with diverticulosis that is identified incidentally
- Adults 18 years and over with suspected or confirmed diverticular disease.

Specific consideration will be given to people of Asian family origin as they are known to develop right-sided diverticula.

Groups that will not be covered

- Children and young people aged 17 years and younger.

3.2 Settings

The guideline will cover all settings where NHS care is provided or commissioned.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

1 Diverticulosis

- Management of diverticulosis, including:
 - Dietary advice (high fibre diet: soluble and insoluble fibre)
 - Probiotics
 - Other conservative management (for example exercise).

2 Diverticular disease

- Diagnosis of diverticular disease:
 - Signs and symptoms
 - Investigations (for example colonoscopy, sigmoidoscopy, CT and MRI).
- Management of diverticular disease including:
 - High fibre diet (soluble and insoluble fibre)
 - Bulk forming laxatives
 - Fluids
 - Antibiotics
 - Analgesia (including paracetamol, non-steroidal anti-inflammatory drugs [NSAIDs] and opiates)
 - Antispasmodics
 - Aminosalicylates
 - Management of recurrent episodes of diverticular disease including indications for elective surgery or surgical opinion.

3 Acute diverticulitis

- Diagnosis of acute diverticulitis:
 - Referral for urgent hospital assessment
 - Investigations (for example full blood count, C-reactive protein, endoscopy, CT and MRI) for people with suspected acute diverticulitis whether or not they are referred for urgent hospital assessment.
- Management of acute diverticulitis, for example:
 - Bowel rest (clear fluids only)
 - Antibiotics (including choice of antibiotic, route of administration and length of treatment)

- Analgesia
- IV fluids
- Indications for surgery
- Choice of surgical intervention (for example elective or emergency, open or laparoscopic resection, extent of colectomy, timing of anastomosis).
- Management of complications (for example abscesses and bowel perforation).
- Management of recurrent episodes of acute diverticulitis.

4 Information and support needs (for people and their families).

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

1 Prevention.

Management of bleeding Related NICE Guidance

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to diverticular disease:

- Irritable bowel syndrome in adults: diagnosis and management (2017) NICE guideline CG61.
- Suspected cancer: recognition and referral (2017) NICE guideline NG12
- Crohn's disease: management (2016) NICE guideline CG152.
- [Medicines optimisation](#) (2015) NICE guideline NG5.
- Colorectal cancer: diagnosis and management (2014) NICE guideline CG131.

- Ulcerative colitis (2013) NICE guideline CG166.
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138.
- [Medicines adherence](#) (2009) NICE guideline CG76.

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS perspective, as appropriate).

3.5 Key issues and questions

While writing this scope, we have identified the following key issues, and draft review questions, related to them:

- 1 Diverticulosis
 - 1.1 What is the most clinically and cost effective conservative management for diverticulosis, for example:
 - Dietary advice (high fibre dietary fibre: soluble and insoluble fibre)
 - Probiotics
 - Other conservative management (for example exercise)?
- 2 Diverticular disease
 - Diagnosis of diverticular disease:
 - 2.1 What signs and symptoms indicate diverticular disease as a possible diagnosis?
 - 2.2 In which people with suspected diverticular disease should investigations be performed?
 - 2.3 What is the most accurate and cost effective test (for example colonoscopy, sigmoidoscopy, CT and MRI) in the diagnosis of diverticular disease?

- Management of diverticular disease:
 - 2.4 What are the most clinically and cost effective treatments for confirmed uncomplicated diverticular disease (that is, with mild abdominal pain or tenderness and no systemic symptoms)? For example:
 - High fibre diet (soluble and insoluble fibre)
 - Bulk forming laxatives
 - Fluids
 - Antibiotics
 - Analgesia (including paracetamol, non-steroidal anti-inflammatory drugs [NSAIDs] and opiates)
 - Antispasmodics
 - Aminosalicylates.
 - 2.5 What is the most clinically and cost effective management strategy for people with recurrent episodes of diverticular disease (including indications for elective surgery/surgical opinion)?
- 3 Acute diverticulitis
 - Suspected acute diverticulitis
 - 3.1 When should people with suspected acute diverticulitis be referred for urgent hospital assessment?
 - 3.2 For people with suspected acute diverticulitis who **are not** referred for urgent hospital assessment, which investigations are clinically and cost effective (for example full blood count, C-reactive protein (CRP), endoscopy, CT and MRI) in the diagnosis and assessment of acute diverticulitis during and after the acute episode?
 - 3.3 For people with suspected acute diverticulitis who **are** referred for urgent hospital assessment, which investigations are clinically and cost effective (for example full blood count, CRP, endoscopy, CT and MRI) in the diagnosis and assessment of acute diverticulitis during and after the acute episode?
 - Management of acute diverticulitis:

3.4 What are the most clinically and cost effective non-surgical treatments for acute diverticulitis, including recurrent episodes? For example:

- Bowel rest (clear fluids only)
- Antibiotics (including antibiotic or no antibiotic, choice of antibiotic, route of administration and length of treatment)
- Analgesia.
- IV fluids

3.5 What are the indications for surgery in people with acute diverticulitis?

3.6 What are the clinically and cost effective surgical approaches to management of acute diverticulitis, including:

- Timing of surgery (elective or emergency)
- Open or laparoscopic resection
- Extent of colectomy
- Timing of anastomosis (primary or secondary)?

3.7 What is the clinical and cost effectiveness of percutaneous drainage versus resectional surgery for the management of abscesses?

3.8 What is the clinical and cost effectiveness of laparoscopic lavage versus resectional surgery for the management of bowel perforations?

3.9 What is the most clinically and cost effective management strategy for people with recurrent episodes of acute diverticulitis?

4 Information for patients

4.1 What information and support do people with diverticular disease need and their families and carers?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1 Quality of life.

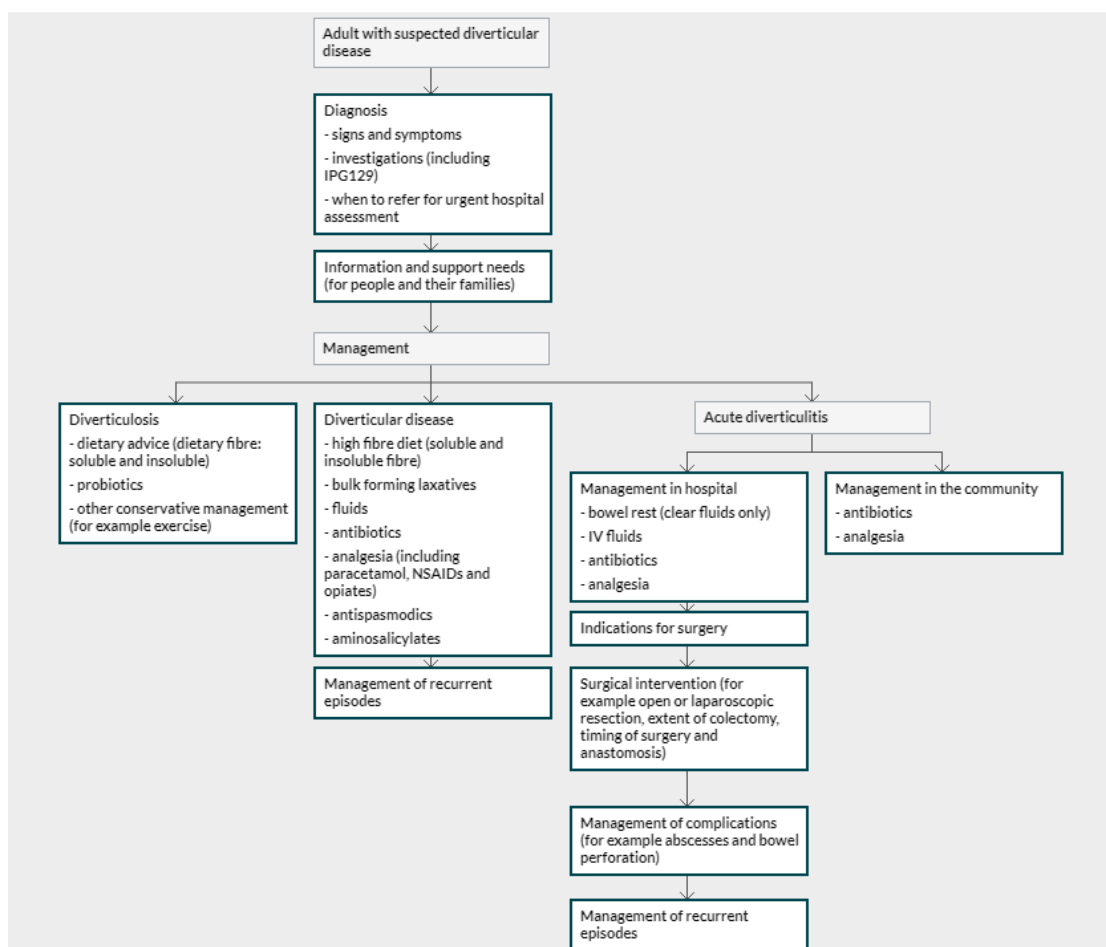
- 2 Mortality.
- 3 Diagnostic test accuracy.
- 4 Progression of disease.
- 5 Side effects of:
 - antibiotics, for example nausea and vomiting
 - analgesics, for example constipation
 - surgery, for example morbidity and mortality.
- 6 Symptom control, for example pain relief.
- 7 Recurrence rates of acute diverticulitis.
- 8 Hospitalisation.
- 9 Need for surgery.
- 10 Complications, for example:
 - infections
 - abscesses
 - perforation.

4 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on diverticular disease (in development). It will be accessible from the NICE Pathway on [gastrointestinal conditions](#).

Other relevant guidance will also be added, including:

- [Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care](#) (2017) NICE diagnostics guidance 30
- [Computed tomographic colonography \(virtual colonoscopy\)](#) (2005) NICE interventional procedure guidance 129



5 Further information

This is the final scope, incorporating comments from registered stakeholder during consultation.

The guideline is expected to be published in October 2019.

You can follow [progress of the guideline](#).

Our website has information about how [NICE guidelines](#) are developed.