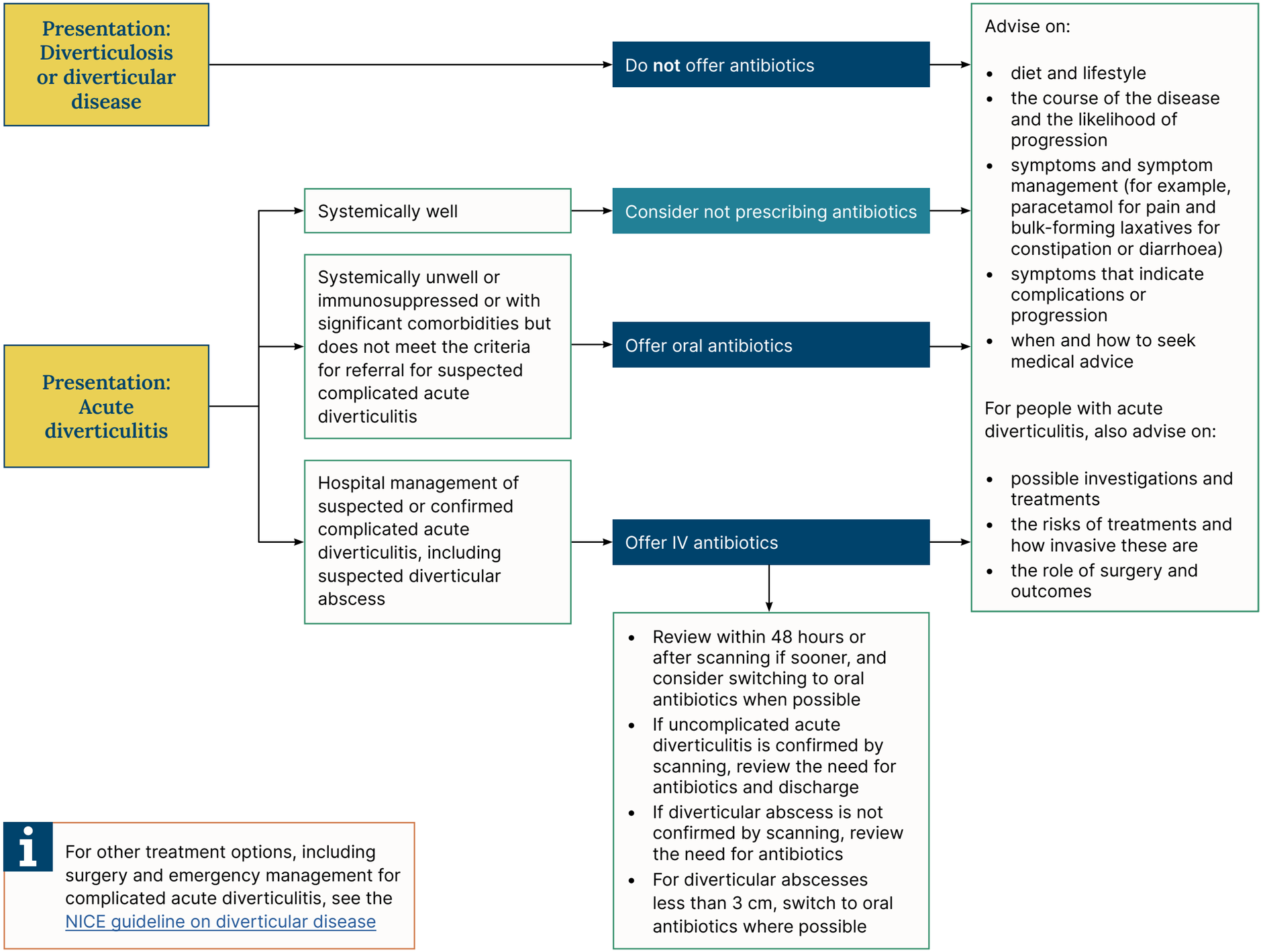
Diverticular disease: antimicrobial prescribing



For other treatment options, including surgery and emergency management for complicated acute diverticulitis, see the NICE guideline on diverticular disease

Background

- Diverticulosis is a digestive condition in which small pouches (diverticula) protrude from the walls of the large intestine, without symptoms
- About 10% to 15% of people with diverticulosis develop symptoms
- Diverticular disease is the presence of diverticula with mild abdominal pain or tenderness
- Acute diverticulitis is inflammation or infection of diverticula. Symptoms include constant abdominal pain, usually severe and on the lower left side, fever and bowel symptoms
- Complications of acute diverticulitis include perforation, abscess, sepsis, haemorrhage, fistula and obstruction

Diet and lifestyle

Give advice on:

- eating a healthy, balanced diet including whole grains, fruit and vegetables
- increasing fibre intake for people with constipation and a low-fibre diet
- drinking adequate fluids
- the benefits of exercise, weight loss and stopping smoking

Microbiological testing

If a diverticular abscess greater than 3 cm is drained, send pus samples to the microbiology laboratory and tailor antibiotic therapy to the results

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Choice of antibiotic for adults aged 18 years and over with suspected or confirmed acute diverticulitis

Antibiotic	Dosage and course length
First-choice oral antibiotic for suspected or confirmed uncomplicated acute diverticulitis	
Co-amoxiclav	500/125 mg three times a day for 5 days
Alternative first-choice oral antibiotics if penicillin allergy or co-amoxiclav unsuitable	
Cefalexin (caution in penicillin allergy) with metronidazole	• Cefalexin: 500 mg twice or three times a day (up to 1 to 1.5 g three or four times a day for severe infection) for 5 days • Metronidazole: 400 mg three times a day for 5 days
Trimethoprim with metronidazole	• Trimethoprim: 200 mg twice a day for 5 days • Metronidazole: 400 mg three times a day for 5 days
Ciprofloxacin (only if switching from intravenous ciprofloxacin with specialist advice) with metronidazole (!)	• Ciprofloxacin: 500 mg twice a day for 5 days • Metronidazole: 400 mg three times a day for 5 days
First-choice intravenous antibiotics for suspected or confirmed complicated acute diverticulitis	
Co-amoxiclav	1.2 g three times a day
Cefuroxime with metronidazole	• Cefuroxime: 750 mg three or four times a day (increased to 1.5 g three or four times a day if severe infection) • Metronidazole: 500 mg three times a day
Amoxicillin with gentamicin and metronidazole	• Amoxicillin: 500 mg three times a day (increased to 1 g four times a day if severe infection) • Gentamicin: Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration • Metronidazole: 500 mg three times a day
Ciprofloxacin (only in people with allergy to penicillins and cephalosporins) with metronidazole (!)	• Ciprofloxacin: 400 mg twice or three times a day • Metronidazole: 500 mg three times a day
Alternative intravenous antibiotics: consult local microbiologist	

Notes

For **all antibiotics**: see BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding and administering intravenous (or, where appropriate, intramuscular) antibiotics. A longer course may be needed based on clinical assessment. Continue antibiotics for up to 14 days in people with CT-confirmed diverticular abscess.

For **intravenous antibiotics:** review within 48 hours or after scanning if sooner and consider stepping down to oral antibiotics where possible.

For **gentamicin**: therapeutic drug monitoring and assessment of renal function is required (see BNF information on gentamicin).

(!) **Warning:** for **ciprofloxacin**, see the MHRA January 2024 advice for restrictions and precautions for using fluoroquinolone antibiotics because of the risk of disabling and potentially long-lasting or irreversible side effects. Fluoroquinolones must now only be prescribed when other commonly recommended antibiotics are inappropriate.

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