

Diverticular disease overview

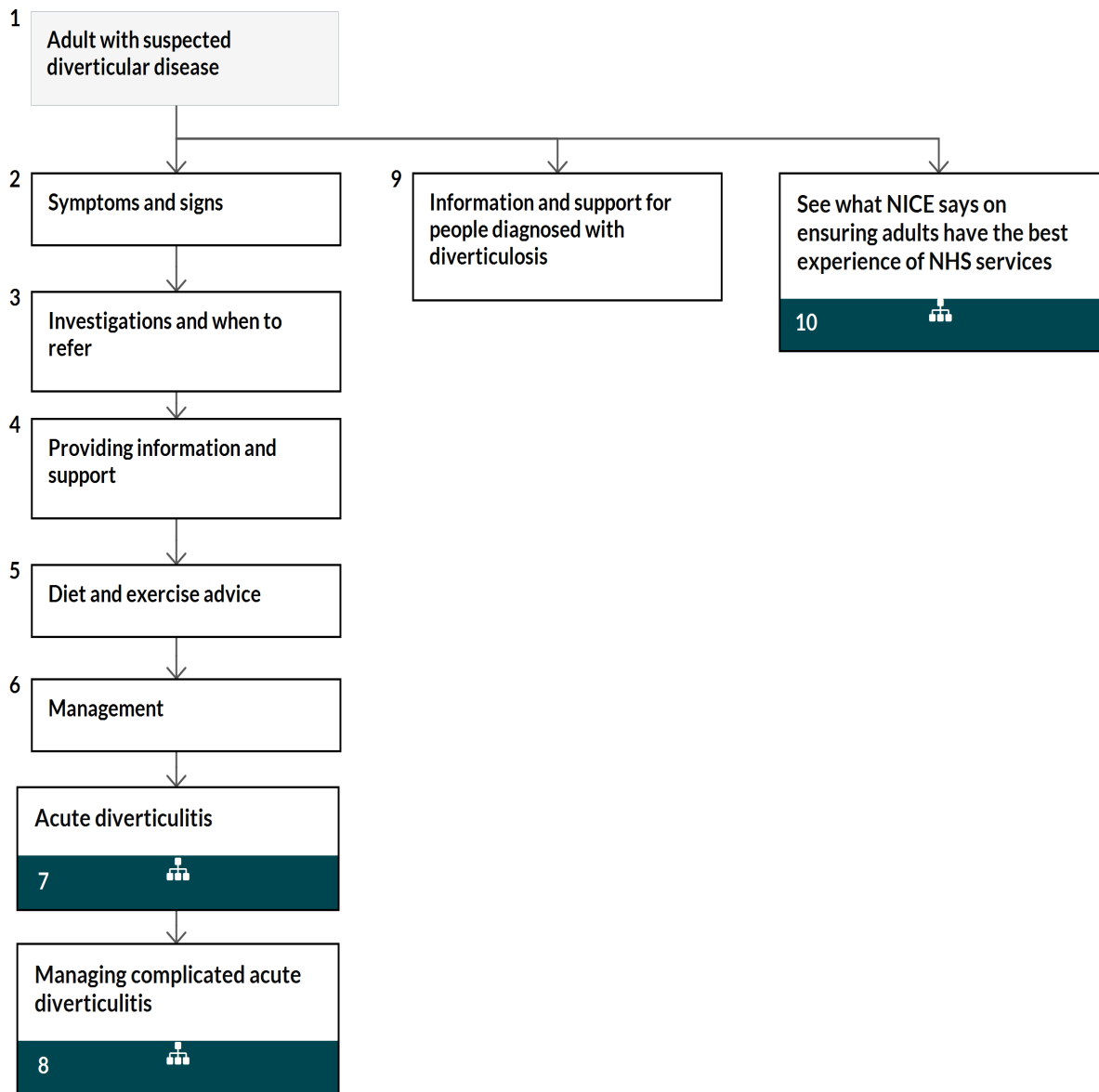
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/diverticular-disease>

NICE Pathway last updated: 26 November 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with suspected diverticular disease

No additional information

2 Symptoms and signs

Suspect diverticular disease if a person presents with one or both of the following:

- intermittent abdominal pain in the left lower quadrant with constipation, diarrhoea or occasional large rectal bleeds (the pain may be triggered by eating and relieved by the passage of stool or flatus)
- tenderness in the left lower quadrant on abdominal examination.

Be aware that:

- in a minority of people and in people of Asian origin, pain and tenderness may be localised in the right lower quadrant
- symptoms may overlap with conditions such as irritable bowel syndrome, colitis and malignancy.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

3 Investigations and when to refer

Do not routinely refer people with suspected diverticular disease unless:

- routine endoscopic and/or radiological investigations cannot be organised from primary care **or**
- colitis is suspected **or**
- the person meets the criteria for a suspected cancer pathway.

If the person meets the criteria for a suspected cancer pathway, refer by this route (see [the NICE Pathway on suspected cancer recognition and referral](#)).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Interventional procedures

NICE has published interventional procedures guidance on [computed tomographic colonography \(virtual colonoscopy\)](#) with **normal arrangements** for clinical governance, consent and audit.

4 Providing information and support

Give people with diverticular disease, and their families and carers where appropriate, verbal and written information on:

- diet and lifestyle
- the course of diverticular disease and the likelihood of progression
- symptoms and symptom management
- when to seek medical advice.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

NICE has written information for the public on [diverticular disease](#).

5 Diet and exercise advice

Advise people to eat a healthy, balanced diet including whole grains, fruit and vegetables. Tell them that:

- there is no need to avoid seeds, nuts, popcorn or fruit skins
- if they have constipation and a low-fibre diet, increasing their fibre intake gradually may minimise flatulence and bloating.

Advise people to drink adequate fluid if they are increasing their fibre intake, especially if there is a risk of dehydration.

Advise people that:

- the benefits of increasing dietary fibre may take several weeks to achieve
- if tolerated, a high-fibre diet should be maintained for life.

Consider bulk-forming laxatives if:

- a high-fibre diet is unacceptable to the person or it is not tolerated **or**
- the person has persistent constipation or diarrhoea.

Tell people about the benefits of exercise, and weight loss if they are overweight or obese, and stopping smoking, in reducing the risk of developing acute diverticulitis and symptomatic disease.

Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

6 Management

Advise people to avoid nonsteroidal anti-inflammatory drugs and opioid analgesia if possible, because they may increase the risk of diverticular perforation.

Consider simple analgesia, for example paracetamol, as needed if the person has ongoing abdominal pain.

Consider an antispasmodic if the person has abdominal cramping.

If the person has persistent symptoms or symptoms that do not respond to treatment, think about alternative causes and investigate and manage appropriately.

Do not offer antibiotics to people with diverticular disease.

NICE has produced a visual summary on [antimicrobial prescribing for diverticular disease](#).

For guidance on optimising medicines use see [the NICE Pathway on medicines optimisation](#).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Recurrent diverticular disease

See the NICE guideline to find out [why we were unable to make recommendations on recurrent diverticular disease](#).

7 Acute diverticulitis

[See Diverticular disease / Acute diverticulitis](#)

8 Managing complicated acute diverticulitis

[See Diverticular disease / Managing complicated acute diverticulitis](#)

9 Information and support for people diagnosed with diverticulosis

Tell people with diverticulosis that the condition is asymptomatic and no specific treatments are needed.

Advise people to eat a healthy, balanced diet including whole grains, fruit and vegetables. Tell them that:

- there is no need to avoid seeds, nuts, popcorn or fruit skins
- if they have constipation and a low-fibre diet, increasing their fibre intake gradually may minimise flatulence and bloating.

Advise people to drink adequate fluid if they are increasing their fibre intake, especially if there is a risk of dehydration.

Consider bulk-forming laxatives for people with constipation.

Tell people about the benefits of exercise, and weight loss if they are overweight or obese, and stopping smoking, in reducing the risk of developing acute diverticulitis and symptomatic disease.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Give people with diverticulosis, and their families and carers where appropriate, verbal and written information on:

- diet and lifestyle
- the course of diverticulosis and the likelihood of progression
- symptoms that indicate complications or progression to diverticular disease.

NICE has produced a visual summary on [antimicrobial prescribing for diverticular disease](#).

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

NICE has written information for the public on [diverticular disease](#).

10 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

Colitis

(inflammation of the bowel related to Crohn's disease, ulcerative colitis, ischaemia or microscopic colitis; symptoms may include abdominal pain and change in bowel habits with passage of blood)

Diverticular disease

(the presence of diverticula with mild abdominal pain or tenderness and no systemic symptoms)

Diverticulosis

(the presence of diverticula without symptoms)

Sources

[Diverticular disease: diagnosis and management](#) (2019) NICE guideline NG147

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to

advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with

the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.