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

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

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

Analysis

Acute Diverticulitis

CT Colonogram

Colonoscopy

Flexible Sigmoidoscopy

No documented followup investigation at time of discharge

Frail and Unfit

Investigated within last 2 years

Draft protocol discussed at Departmental Clinical Governance meeting

Role of endoscopy and what bowel prep?

Should CT Colonogram be our standard investigation for this group of patients?

What should be the interval between discharge and investigation?

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 6 weeks after discharge would be low positioned priority. It is cost effective than endoscopy

Inpatient CT Scan

Intervention

Conservative in-patient treatment

Discharge with follow up

For the patients presenting with a flare up of uncomplicated diverticulitis, investigations will be done within 6 weeks of discharge. It will be done with the aid of a flexible sigmoidoscopy and where appropriate a CT Colonogram.

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

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

Outcomes from the consensus meeting

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.

Future Plan

To re audit, analyse and present findings to the department one year post implementation of the new protocol.