

National Institute for Health and Clinical Excellence

[document type for example, IFP, QRG] on [topic]

Document cover sheet

Date	Version number	Editor	Action
140817	1	AM	Preconsultation edit

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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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Guideline scope

7

Diverticular disease: diagnosis and management

8

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

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

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

15 **1 Why the guideline is needed**

16 **Key facts and figures**

17 Diverticular disease is a digestive condition characterised by small pouches
18 (diverticula) that protrude from the walls of the large intestine. Diverticula can
19 be present without any symptoms and in most people it remains undiagnosed.

20 This is called diverticulosis. It may be revealed by investigations for other
21 problems. When symptoms occur, this is known as diverticular disease.

22 Symptoms include non-specific abdominal complaints, bloating, altered bowel
23 habit and bleeding from the rectum. Acute diverticulitis occurs when a
24 diverticulum becomes inflamed or infected. Symptoms can include constant
25 abdominal pain, alteration in bowel habit, fever or tachycardia, and large rectal
26 bleeds.

27 Most people with diverticula (approximately 75%) will remain asymptomatic.

28 Of the 25% of people with diverticula who develop symptomatic diverticular
29 disease, approximately 75% will have at least 1 episode of diverticulitis, and a

30 third of those with diverticulitis develop complications. These complications
31 include abscesses and perforation of the bowel.

32 Diverticular disease is rare in people younger than 40 years and it increases
33 with age. Approximately 50% of people have diverticula (symptomatic or
34 asymptomatic) by age 50, and approximately 70% of people have diverticula
35 by age 80.

36 From 2008 to 2010 there were 5,025 deaths in England recorded with an
37 underlying diagnosis of diverticular disease. There was a 1.3-fold difference in
38 mortality rates between the strategic health authority with the highest rate
39 compared with the one with the lowest, with rates being highest in the North
40 West of England.

41 **Current practice**

42 Asymptomatic diverticulosis that has been identified incidentally is not
43 evaluated further through diagnostic testing. The person is advised to
44 increase fibre intake and physical activity.

45 People who develop diverticular disease are prescribed analgesics such as
46 paracetamol, in addition to being given dietary advice. Those who have
47 significant blood loss may need to be admitted to hospital for a blood
48 transfusion.

49 People with mild, uncomplicated diverticulitis can usually have their condition
50 managed at home. People with suspected complications such as abscesses
51 and perforations need to be admitted to hospital.

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

56 **Policy, legislation, regulation and commissioning**

57 There are currently no policy documents relating to diverticular disease.

58 **2 Who the guideline is for**

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

62 This guideline is for:

- 63 • People using services, their families and carers, and the public.
- 64 • Healthcare professionals in primary care.
- 65 • Healthcare professionals in secondary care.

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

69 ***Equality considerations***

70 NICE has carried out [an equality impact assessment](#) [add hyperlink in final
71 [version](#)] during scoping. The assessment:

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

74 The guideline will look at inequalities relating to people of Asian family origin.

75 **3 What the guideline will cover**

76 **3.1 Who is the focus?**

77 **Groups that will be covered**

- 78 • Adults 18 years and over with suspected or confirmed diverticular disease.

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

81 **Groups that will not be covered**

- 82 • Children and young people aged 17 years and younger.

83 **3.2 Settings**

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

86 **3.3 Activities, services or aspects of care**

87 **Key areas that will be covered**

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

90 1 Diverticulosis

91 – Management of diverticulosis. including:

- 92 • Dietary advice (dietary fibre: soluble and insoluble)
- 93 • Probiotics
- 94 • Other conservative management (for example exercise).

95 2 Diverticular disease

96 – Diagnosis of diverticular disease:

- 97 • Signs and symptoms
- 98 • Investigations (for example colonoscopy, sigmoidoscopy, CT
99 and MRI).

100 – Management of diverticular disease including:

- 101 • High fibre diet (soluble and insoluble fibre)
- 102 • Bulk forming laxatives
- 103 • Fluids
- 104 • Antibiotics
- 105 • Analgesia (including paracetamol, non-steroidal anti-
106 inflammatory drugs [NSAIDs] and opiates)
- 107 • Antispasmodics
- 108 • Aminosalicylates
- 109 • Management of recurrent episodes of diverticular disease.

110 3 Acute diverticulitis

111 – Diagnosis of acute diverticulitis:

- 112 • Investigations (for example full blood count, C-reactive protein,
113 CT and MRI).
- 114 – Management of acute diverticulitis, for example:
- 115 • Bowel rest (clear fluids only)
- 116 • IV fluids
- 117 • Antibiotics (including choice of antibiotic and route of
118 administration)
- 119 • Analgesia
- 120 • Referral for hospital admission
- 121 • Indications for surgery
- 122 • Choice of surgical intervention (for example elective or
123 emergency, open or laparoscopic resection, extent of colectomy,
124 timing of anastomosis).
- 125 • Management of complications (for example abscesses and bowel
126 perforation).
- 127 • Management of recurrent episodes of acute diverticulitis.

128 4 Information and support needs (for people and their families).

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

134 **Areas that will not be covered**

135 1 Prevention.

136 2 Management of bleeding.

137 **NICE guidance about the experience of people using NHS services**

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

- 141 • [Medicines optimisation](#) (2015) NICE guideline NG5.

- 142 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138.
143 • [Service user experience in adult mental health](#) (2011) NICE guideline
144 CG136.
145 • [Medicines adherence](#) (2009) NICE guideline CG76.

146 **3.4 Economic aspects**

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

154 **3.5 Key issues and questions**

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

157 1 Diverticulosis

158 1.1 What is the most clinically and cost effective conservative
159 management for diverticulosis, for example:

- 160 • Dietary advice (dietary fibre: soluble and insoluble fibre)
161 • Probiotics
162 • Other conservative management (for example exercise)?

163 2 Diverticular disease

164 – Diagnosis of diverticular disease:

165 2.1 What signs and symptoms indicate diverticular disease as a possible
166 diagnosis?

167 2.2 In which people with suspected diverticular disease should
168 investigations be performed?

169 2.3 What is the most accurate and cost effective test (for example
170 colonoscopy, sigmoidoscopy, CT and MRI) in the diagnosis of
171 diverticular disease?

- 172 – Management of diverticular disease:
- 173 2.4 What are the most clinically and cost effective treatments for
- 174 confirmed uncomplicated diverticular disease (that is, with mild
- 175 abdominal pain or tenderness and no systemic symptoms)? For
- 176 example:
- 177 • High fibre diet (soluble and insoluble fibre)
 - 178 • Bulk forming laxatives
 - 179 • Fluids
 - 180 • Antibiotics
 - 181 • Analgesia (including paracetamol, non-steroidal anti-inflammatory
 - 182 drugs [NSAIDs] and opiates)
 - 183 • Antispasmodics
 - 184 • Aminosalicylates.
- 185 2.5 What is the most clinically and cost effective management strategy
- 186 for people with recurrent episodes of diverticular disease?
- 187 3 Acute diverticulitis
- 188 – Diagnosis of acute diverticulitis:
- 189 3.1 Which investigations are clinically and cost effective (for example
- 190 full blood count, CRP, CT and MRI) in the diagnosis and
- 191 assessment of acute diverticulitis?
- 192 – Management of acute diverticulitis:
- 193 3.2 What are the most clinically and cost effective non-surgical
- 194 treatments for acute diverticulitis, including recurrent episodes? For
- 195 example:
- 196 • Bowel rest (clear fluids only)
 - 197 • IV fluids
 - 198 • Antibiotics (including antibiotic or no antibiotic, choice of antibiotic
 - 199 and route of administration)
 - 200 • Analgesia.
- 201 3.3 When should people with acute diverticulitis be referred for hospital
- 202 admission?
- 203 3.4 What are the indications for surgery in people with acute
- 204 diverticulitis?

- 205 3.5 What are the clinically and cost effective surgical approaches to
 206 management of acute diverticulitis, including:
 207 • Timing of surgery (elective or emergency)
 208 • Open or laparoscopic resection
 209 • Extent of colectomy
 210 • Timing of anastomosis (primary or secondary)?
- 211 3.6 What is the clinical and cost effectiveness of percutaneous drainage
 212 versus resectional surgery for the management of abscesses?
- 213 3.7 What is the clinical and cost effectiveness of laparoscopic lavage
 214 versus resectional surgery for the management of bowel
 215 perforations?
- 216 3.8 What is the most clinically and cost effective management strategy
 217 for people with recurrent episodes of acute diverticulitis?
- 218 4 Information for patients
- 219 4.1 What information and support do people with diverticular disease
 220 need?
- 221 The key questions may be used to develop more detailed review questions,
 222 which guide the systematic review of the literature.

223 **3.6 Main outcomes**

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

- 226 1 Quality of life.
- 227 2 Mortality.
- 228 3 Diagnostic test accuracy.
- 229 4 Progression of disease.
- 230 5 Side effects of:
 - 231 – antibiotics, for example nausea and vomiting
 - 232 – analgesics, for example constipation
 - 233 – surgery, for example morbidity and mortality.
- 234 6 Symptom control, for example pain relief.
- 235 7 Recurrence rates of acute diverticulitis.
- 236 8 Hospitalisation.

- 237 9 Need for surgery.
238 10 Complications, for example:
239 – infections
240 – abscesses
241 – perforation.

242 **4 NICE quality standards and NICE Pathways**

243 **4.1 NICE quality standards**

244 **NICE quality standards that may use this guideline as an evidence**
245 **source when they are being developed**

- 246 • [Title of quality standard] NICE quality standard. Publication expected
247 [Month Year] **[or]** Publication date to be confirmed
- 248 • [Use 'Bullet left 1 last' style for final point.]

249 **4.2 NICE Pathways**

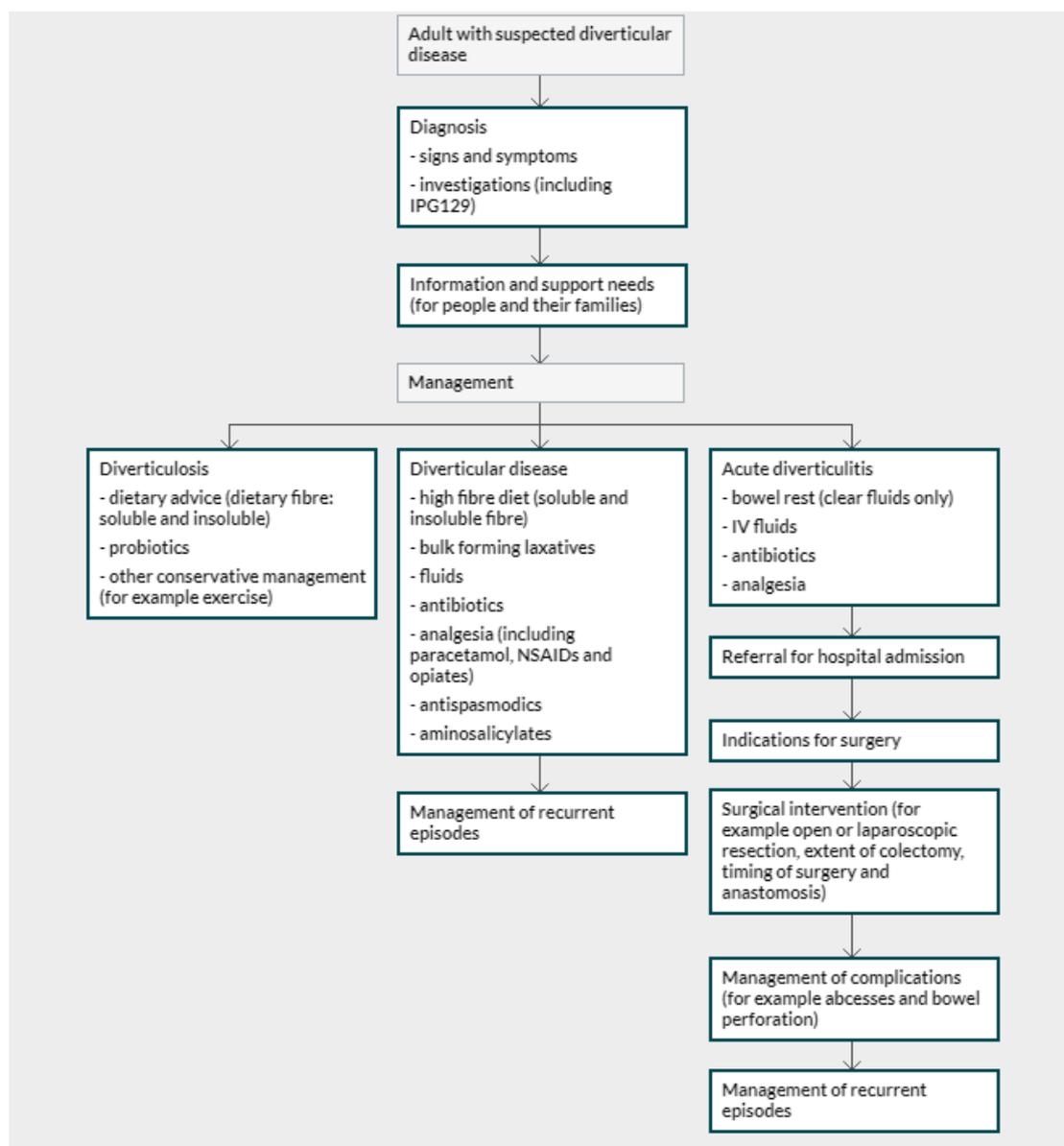
250 [NICE Pathways](#) bring together everything we have said on a topic in an
251 interactive flowchart. When this guideline is published, the recommendations
252 will be included in the NICE Pathway on diverticular disease (in development).
253 It will be accessible from the NICE Pathway on [gastrointestinal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

254 Other relevant guidance will also be added, including:

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

259
260 An outline based on this scope is included below. It will be adapted and more
261 detail added as the recommendations are written during guideline
262 development. Links will be added to relevant NICE Pathways, for example
263 [colorectal cancer](#), [Crohn's disease](#), [irritable bowel syndrome in adults](#),
264 [suspected cancer recognition and referral](#), and [ulcerative colitis](#).

265



266

267 5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 August to 20 September 2017.

The guideline is expected to be published in October 2019.

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

[After consultation, delete the first paragraph above and replace it with 'This is the final scope, incorporating comments from registered stakeholders during

consultation'.]

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

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