

3rd International Conference on Gastroenterology & Urology

July 28-30, 2014 DoubleTree by Hilton Hotel San Francisco Airport, USA

A prospective audit of the diversity of management in acute complicated diverticulitis

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Background: Acute complicated diverticulitis (ACD) is a common surgical emergency with significant implications for patients like major surgical intervention, intensive care support and life-long stoma. However, there is currently no standardization of care or unified national guidelines. The NICE guidelines stop short at when to refer patients to hospital. Although there are various studies published relating to several management aspects of diverticulitis, none present good level 1 evidence. There is a strong need to design good randomized controlled studies addressing various issues in ACD but for these to be of a sufficiently high quality it is essential to define the current scale of the problem and variability in management trends. This audit aims to provide landmark data on the national incidence, management strategies, short-term patient outcomes, stoma rates and the role of surgical and radiological intervention.

Methods: A national audit over 3 months collecting information on patient demographics, presenting symptoms, number of previous admissions, biochemistry, radiological imaging/intervention, surgical intervention, length and course of hospital stay in ACD. This would be followed up by a one-off follow-up at 6 months from the date of admission to assess the further proposed management with respect to diverticulitis.

Results: This abstract presents the protocol of the CADS audit.

Discussion: There are several unanswered questions relating to the management of ACD, the most pressing of these are roles of and even the need for radiological and surgical intervention with respect to drainage of sepsis and washout, the role of major surgical resection with or without primary anastomosis and stoma formation. All these parameters may differ with the age of the patients who are now increasingly presenting at a younger age. There is a pressing need to define these problems, design trials which could define and refine and streamline the currently diverse practice in this widely prevalent illness.

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