Forenames **Lastname** **Hospital No.** **D.O.B.**	St Helens and Knowsley Teaching Hospitals NHS Trust **SDEC management of LIF pain**

PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT REVIEW ON WARD

Left iliac fossa pain/diverticulitis pathway

Diverticulitis usually refers to acute sigmoid diverticulitis which is caused by inflammation of diverticula of the sigmoid colon.

Initial assessment

Typical clinical features include left iliac fossa pain and tenderness, inflammatory mass in left lower abdomen, tachycardia, and pyrexia. There may be any of nausea, vomiting, constipation, peritonitis and shock.

Diverticulitis ranges in severity from a mild self-limiting process to fatal colonic perforation and the assessment process should be sufficiently speedy and senior to assess and triage appropriately.

Full clinical assessment including rectal exam is supported by investigations which include inflammatory blood markers.

The diagnosis of acute diverticulitis should be confirmed during the acute attack by radiological means, preferably urgent CT. Other causes of left lower abdominal pain include complicated colorectal cancer, various gynaecological pathologies, urinary obstruction or infection and leaking or ruptured abdominal aortic aneurysm.

Acute diverticulitis – initial management

- Critical illness including shock and peritonitis requires immediate fluid resuscitation, critical care support, diagnosis and treatment of the cause, including antibiotics
- Whenever possible, patients with uncomplicated diverticulitis should be managed medically without recourse to surgery. Traditionally, patients have been admitted to hospital for intravenous antibiotics and fluids. Most settle within 36 to 72 hours

It is feasible to manage patients with mild attacks in an emergency ambulatory setting with access to real-time imaging and senior clinical input. Treatment with oral fluids, antibiotics and stool softeners is supported by regular clinical review

- Some patients with acute diverticulitis can be managed without antibiotics but patients unwell enough to be admitted to hospital should probably have antibiotic therapy initiated, choosing oral or intravenous route according to individual patient circumstance
- CT scanning results are graded and may show localised inflammation, local or more extensive abscess formation, local or free perforation. Bowel obstruction can occur and fistulation into bladder or vagina particularly is seen

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SDEC management of acute lower gastrointestinal bleeding*

***Bleeding into the bowel distal to the ligament of Treitz**

NB: This pathway is designed to be used as a supplement to the Trust

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