

Management

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Patients are frequently recommended a high-fibre diet and - bulk-forming laxatives, although the evidence for their e ff ec - tiveness in diverticulosis or after an attack of diverticulitis is limited. Antispasmodics may have a role if recurrent pain is - a problem. Acute diverticulitis has been traditionally treated with intravenous antibiotics and bowel r est. More recently , in recognition that diverticulitis may be a more inflammatory process than an infective one, many have advocated selective use of antibiotics. Essentially , antibiotic therapy may not be needed in immunocompetent people with uncomplicated diverticulitis who have no signs of systemic infection, as this may be a self-limiting condition. Uncomplicated disease should - be confirmed by CT . For disease complicated by a localised abscess, intravenous antibiotics and image-guided drainage is indicated. -

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