Surgical Management of Colonic Diverticulitis
Own Experience

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Abstract

Results of surgical management of 22 patients with complicated diverticular disease were studied retrospectively over a 10-year period. Half of them were admitted to hospital as emergency cases mainly due to peritonitis. All patients with peritonitis were operated on urgently – Hartmann’s procedure was performed in patients with diffuse purulent or stercoral peritonitis. Seven patients were operated on because of stenosing pericolonic inflammatory mass or abscess and 4 patients were operated on as elective cases after at least 2 episodes of acute diverticulitis. Primary resection and anastomosis were performed in all patients without diffuse peritonitis. There was no mortality. Morbidity occurred in 7 (31.8%) patients – mainly wound infection. Anastomotic leakage occurred in 1 (7.7%) of 13 patients with primary anastomosis. Colostomy closure was performed in 5 (62.5%) of 8 patients after Hartmann’s operation. Results are discussed on the base of recent literature.

Key Words: Diverticulitis · Complicated diverticulitis · Peritonitis · Primary resection and anastomosis · Hartmann’s resection

Operative Behandlung der kolonischen Divertikulitis.
Eigener Erfahrungsbericht

Zusammenfassung

Diverticulosis is a common entity found in approximately 5% of the general population. The incidence of diverticular disease increases with age, and more than 75% of people over the age 80 have diverticulosis [3, 9, 14, 17]. Acute diverticulitis is the most common complication of diverticular disease and is diagnosed on clinical grounds and confirmed by CT or water-soluble enema in the acute setting. Treatment in such condition is with broad-spectrum antibiotics, bed and bowel rest (liquid diet) with the need of hospitalisation based on severity of the attack [6, 14]. Surgery should be considered when complications of diverticulitis occur: free perforation, abscess, fistula or obstruction [15]. The timing of surgery is determined by clinical situation with immediate operation required for patients with free perforation of colon with peritonitis and delayed surgery for other complications. Elective resection should be recommended for patients after 2 documented attacks of acute diverticulitis [9, 15]. Since 25 years an aggressive surgical approach is recommended. Majority of surgeons advice primary resection of affected segment of colon in cases of perforation during acute diverticulitis because it removes the septic focus and continued source of contamination. This procedure replaced suture of perforation and drainage or 3-stage procedure performed in such cases in the earlier period [1, 5, 11, 16]. There is still controversy regarding primary anastomosis. Within the last 10 years there is trend toward single-stage resection with immediate primary anastomosis [2, 3, 9, 13].

This report presents our modest experience with management of 55 patients with diverticular disease of the large bowel. Twenty-two patients operated on because of diverticular disease constitute hardly 2.9% of all patients operated on due to colorectal diseases.

Patients and Method

In the period 1988 to 1998 55 patients were admitted to our Department because of diverticular disease. Most of them, 33 patients, recovered on conservative management. Twenty-two patients were treated surgically for complications of diverticulitis. Patient’s charts were reviewed retrospectively for urgency of presentation, operative procedure, morbidity and length of hospital stay. Diagnosis was based on clinical assessment, radiological examination (plain abdominal X-ray and water-soluble contrast enema) and on endoscopic examinations in elective cases. Surgical procedure was chosen at the time of operation based on patient’s condition, status of peritoneal cavity, completeness of bowel preparation. All patients received perioperative i. v. antibiotics. Bowel preparation was performed in all patients operated on as elective cases (X-prep, Fortrans). Bowel anastomoses were performed manually using 2-layers interrupted sutures. The bowel resection with primary anastomosis or bowel resection with Hartmann’s-like procedure were performed.

Results

Mean age of patients was 65 (38 to 85) years. Seven (31.8%) patients were aged 70 years or more. Female: male ratio was 12:10. Eleven patients were admitted to hospital as emergency cases because of diffuse peritonitis (7), regional peritonitis (2) and hemorrhage (2) patients (Table 1). All patients with peritonitis were operated on urgently and 2 bleeding patients were operated on after 2 to 3 days of unsuccessful conservative management. Patients qualified for emergency-delayed (operation performed within 2 to 3 days after preparation) surgery were admitted because of...