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Complicated Diverticular Disease: Position Statement on Outpatient Management, Hartmann's Procedure, Laparoscopic Peritoneal Lavage and Laparoscopic Approach. Consensus Document of the Spanish Association of Coloproctology and the Coloproctology Section of the Spanish Association of Surgeons[☆]

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ABSTRACT

The Spanish Association of Coloproctology (AEC) and the Coloproctology Section of the Spanish Association of Surgeons (AEC), propose this consensus document about complicated diverticular disease that could be used for decision-making. Outpatient management, Hartmann's procedure, laparoscopic peritoneal lavage, and the role of a laparoscopic approach in colonic resection are exposed.

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Enfermedad diverticular complicada: toma de posición sobre tratamiento ambulatorio, intervención de Hartmann, lavado-drenaje peritoneal y cirugía laparoscópica. Documento de consenso de la Asociación Española de Coloproctología y Sección de Coloproctología de la Asociación Española de Cirujanos

R E S U M E N

Palabras clave:

Enfermedad diverticular
Documento de consenso
Lavado peritoneal
Tratamiento ambulatorio
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Desde la Asociación Española de Coloproctología (AECOP) y la Sección de Coloproctología de la Asociación Española de Cirujanos (AEC), se propone un documento de consenso sobre la enfermedad diverticular complicada que pueda ser de utilidad en la toma de decisiones. En él se expone, principalmente, la actualidad en el tratamiento ambulatorio, la intervención de Hartmann, el lavado laparoscópico peritoneal, así como el papel del abordaje laparoscópico en la resección colónica.

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Introduction

Complicated diverticular disease of the colon is one of the 5 gastrointestinal conditions with the greatest impact on the national healthcare system. The presence of perforations has increased from 2.4% per 100,000 inhabitants in 1986 to 3.8 in 2000.¹ This growing trend is a challenge for all surgeons who perform emergency surgery.

This increase has been accompanied by certain changes in treatment, such as outpatient management, resolution avoiding the use of a stoma, or the relatively new proposal that entails peritoneal lavage in purulent peritonitis parallel to the development of laparoscopy as a means of surgical approach, without forgetting that the Hartmann procedure (HP) continues to be one of the most widely used therapeutic options.

There is currently extensive experience and sufficient scientific evidence for surgeons to be able to follow well-defined patterns. In spite of this, we believe that it is useful for the Spanish Association of Coloproctology (*Asociación Española de Coloproctología*, AECOP) and the Coloproctology Division of the Spanish Society of Surgeons to propose basic and specific guidelines based on the most recent scientific evidence in order to help clinicians make decisions in their clinical practice. The following 4 aspects of diverticular disease have been chosen in an attempt to establish solid and basic agreements: outpatient treatment, laparoscopic lavage and drainage, HP and the role of the laparoscopic approach in colonic resection for the current management of diverticular disease. However, we are aware that these factors are being constantly reviewed with the passage of time.

The methodology used in the creation of the consensus document was the following:

- A workgroup was organized, including 4 surgeons specialized in coloproctology from different national hospitals within the Spanish National Healthcare System (TBS, MFM, HMO, LPD), 2 experts in coloproctology (SB, JMRV), and a work coordinator (RRC).
- The consensus document was divided into 4 areas of interest in complicated diverticular disease: outpatient

treatment, HP, laparoscopic lavage and drainage, and the role of the laparoscopic approach in colon resection for diverticular disease (elective and urgent surgery).

- Bibliographic searches were conducted in the PUBMED, MEDLINE and Cochrane Library search engines, using keywords related with each of the sections and including the most relevant articles from the last 10 years. Furthermore, additional interesting publications were located from the references listed by the articles identified in the initial search.
- The 20th National Conference of the Spanish Association of Coloproctology was held in Elche on May 19, 2016, which included a round table: *Consensus Document of the AECOP: Diverticular disease: presentation of evidence and questions answered by experts*. Each of the 4 surgeons presented the updated bibliographic review of each of the lines proposed and closed the round table with conclusions based on scientific evidence and the opinion of each of the experts.
- After the conference, the first document was written, which took into account this information, all the evidence obtained in the bibliographic search and the opinions of the experts. Each surgeon, supervised by the work coordinator, wrote the part corresponding with his/her area of interest. All the evidence and recommendations have been classified in accordance with the Centre for Evidence-Based Medicine, Oxford (CEBM)² (Tables 1 and 2).
- After the first document was completed, it was assessed by the scientific committee of the AECOP, as well as by experts of the work group. After making appropriate modifications and incorporating their suggestions, the definitive document was completed.

Outpatient Treatment

The most frequent complication of diverticular disease is acute diverticulitis, which, in most cases, is uncomplicated or mild acute diverticulitis (75% of the diagnoses of symptomatic diverticular disease).³ Uncomplicated acute diverticulitis is classically defined as inflammation limited to the colonic wall or pericolic fat, in the absence of perforation, abscess, fistula or

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