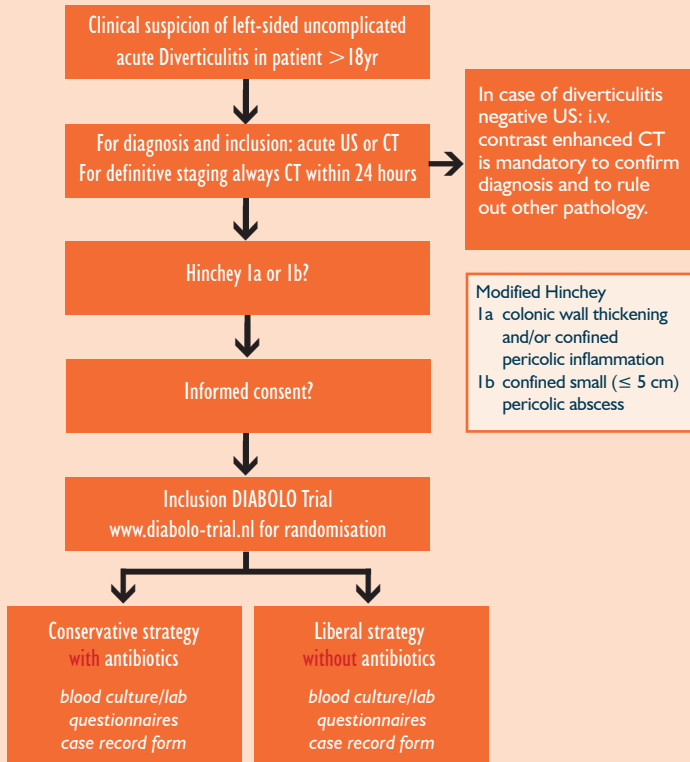


Please register all patients with diverticulitis (who can not be included in the Trial) via the Trial website.



Please report all (serious) adverse events / suspected unexpected serious adverse reactions at the Trial website.

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Exclusion criteria:

1. Previous radiological (US and/or CT) proven episode of diverticulitis;
2. Colonic cancer;
3. Inflammatory bowel disease (ulcerative colitis, Crohn's disease);
4. Hinchey stages 2, 3 and 4, which require surgical or percutaneous treatment;
5. Disease with expected survival of less than 6 months;
6. Contraindication for the use of the study medication (e.g. patients with advanced renal failure or allergy to all antibiotics used in this study);
7. Pregnancy, breastfeeding;
8. ASA (American Society of Anesthesiologists) classification > III;
9. Immuno-compromised patient;
10. Clinical suspicion of bacteraemia (i.e. sepsis);
11. The inability of reading/understanding and filling in the questionnaires;
12. Antibiotic use in the 4 weeks prior to presentation.

Conservative strategy with antibiotics

- Hospital admission;
- Total of 10-day antibiotics;
- 48 hours amoxi-clav. 4 dd 1200 mg iv, if tolerated change to oral 3 dd 625mg;
- In case of allergy: ciprofloxacin + metronidazole
- Adequate pain relief;
- Oral intake as tolerated;
- Daily monitoring.

Liberal strategy without antibiotics

- Admission only if discharge criteria are not met;
- Adequate pain relief;
- Oral intake as tolerated;
- Daily (self)-monitoring.

Discharge criteria:

- Normal diet (defined by tolerating solid food & > 1L of fluid orally) and
- Temperature < 38.0 °C and
- VAS score < 4 (with paracetamol only) and
- Approval by the patient.

What to do at discharge?

- Give along **patient diary**, to keep until full recovery criteria are met;
- Plan **colonoscopy** at 6 weeks;
- Plan **outpatient follow-up** visits at 2 (& 6, 12 and 24) months.