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Self-Collection of Stool: An Alternative to Digital Rectal Examination for Fecal Occult Blood Testing in the Emergency Department

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SELF-COLLECTION OF STOOL

AN ALTERNATIVE TO DIGITAL RECTAL EXAMINATION FOR FECAL OCCULT BLOOD TESTING IN THE ED

Objectives
Our objective was to evaluate a new technique for collection of stool for fecal occult blood testing (FOBT) in the Emergency Department (ED). We sought to compare the new approach, Self-Collection of Stool (SCS), against the traditional Digital Rectal Examination (DRE).

Methods
Patients requiring stool sampling were enrolled on a convenience basis and randomized to SCS or DRE. Blinded data collectors obtained pain scores on a 100 mm Visual Analog Scale (VAS), and recorded adequacy of stool specimens, subject's future preference for SCS versus DRE, and demographics.

Results
Thirty patients were enrolled (14 randomized to SCS; 16 DRE). Median (min, max) VAS scores in mm were 5.5 (2, 37) for SCS versus 6.0 (2, 46) for DRE. There were no significant differences between these pain scores (p=0.64). Power for detecting a clinically important difference (13.0 mm) was >90%. Stool samples were adequate in 93% of SCS cases versus 94% of DRE cases (difference not significant; p = 1.00). The study lacked sufficient power to compare future preferences for collection technique.

Conclusions
SCS and DRE are associated with similar, minimal pain scores on VAS. Both methods produce adequate specimens. SCS might be considered as an alternative strategy for stool collection.

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