

Madigan Army Medical Center

Referral Guidelines

Hemoccult Positive Stool

Diagnosis/Definition

- Occult bleeding (i.e., no melena or hematochezia) detected by the use of fecal occult blood testing cards (Hemoccult, Fecult).
- FOBT - Fecal occult blood test.

Initial Diagnosis and Management

- Positive stool card on any one of 3 spontaneously passed, consecutive bowel movements with patient on a dietary protocol.
- Should not be done in course of a routine rectal (digital) examination if assessing truly for occult bleeding.
- **FOBT should not be done for screening purposes within 5 years of a previously normal colonoscopy.**

Ongoing Management and Objectives

- Minimum evaluation should be of the entire lower GI tract
- In patients with gastrointestinal symptoms, a more extensive evaluation may be warranted.
- Colonoscopy is the preferred test; alternatively, flexible sigmoidoscopy with CT colonography can be considered as alternative tests.
- If patients are < 40 years of age, do not have a family history of colon cancer or advanced polyps (1st degree relative < 60 years of age), have obvious peri-anal findings to explain the (+) FOBT (i.e. anal fissure/hemorrhoids), AND do not have iron deficiency anemia; the peri-anal disease can be treated (i.e. fiber supplement, sitz baths, Anusol) but a follow-up (-) FOBT should be confirmed.

Indications for Specialty Care Referral

- Patients who meet any one of these criteria: > 39, unexplained anemia or iron deficiency anemia, symptoms worrisome for colonic disease/carcinoma, prior history of colonic adenomas or carcinoma, family history of colon cancer.
- Patients whose flexible sigmoidoscopy reveals adenomatous polyps, carcinoma or diverticular disease.
- Patients with an abnormal barium enema or CT colonography.
- Patients with prior FOBT positive evaluations done with flexible sigmoidoscopy and barium enema and are found to be positive again.
- Colonoscopy desired as first-line w/u for heme + stool in all patients who do not meet the 4th bullet in the previous section.

NOTE: Patients who have positive FOBT with a previous colonoscopy confirming peri-anal disease (hemorrhoids/anal fissure) , who have respective symptoms (mild hematochezia bleeding with BMs), and do not have iron deficiency anemia should have a documented rectal exam and

should be treated accordingly. Refer for refractory symptoms after 2-4 weeks of treatment (high fiber diet, fiber supplement, anusol, +/- sitz baths).

Criteria for Return to Primary Care

Completion of colonoscopy with recommendations to the primary care provider.

Last Review for this Guideline: **June 2011**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator