

Fecal Microbiota Therapy: *Recipient Information*

What is fecal microbiota therapy?

Fecal microbiota therapy (FMT) is a procedure to treat bacterial infections in the gut. These infections are caused by a germ called *Clostridium difficile*, which is usually just called *C. diff*. FMT involves using one of several ways to put healthy bacteria from a donor's feces into your intestines to fight the infection. (Other common names for feces include stool, fecal matter, poop, and bowel movement.)

Therapy options include:

- **Colonoscopy** (most common). A long, flexible tube, called a **colonoscope**, is inserted into your rectum. The donor material is passed through it into your large intestine. (The other common name for large intestine is **colon**.)
- **Endoscopy**. This may be another method used to place donor material into your gut. It involves inserting a soft, flexible **nasojejunal tube**, or an **endoscope**, into the nose or mouth, respectively, past the stomach, and into your small intestine where the donor material will be placed.
- **Capsule**. Some fecal transplants are now available in capsules that can be swallowed.
- **Enema bag**. A bag containing the fecal matter is attached to a tube that is inserted into the rectum. The fecal matter is put into your colon using pressure.

Most *C. diff* infections can be treated with an antibiotic, which is a medicine that kills bacteria. When antibiotics don't work, FMT may work better.

Why does my doctor recommend FMT?

FMT may help you if the *C. diff* infection comes back two or more times, doesn't go away after taking an antibiotic, or gets worse. FMT works very well and gets rid of *C. diff* in 9 out of 10 people. For most people, symptoms improve within days after the procedure and go away within 2 weeks. Sometimes, more than one treatment is needed to eliminate the *C. diff* infection.

What are the benefits?

FMT may be able to eliminate your *C. diff* infection completely, lessen or get rid of diarrhea, and lessen or get rid of stomach pain.

What are the risks?

- Short-lasting diarrhea, cramping, or belching
- Infection passed from the donor to the recipient
- Normal risks related to the therapy methods

Are there alternative treatments?

Yes. People with *C. diff* infections can also try antibiotics or waiting to see whether the health problem improves or gets worse without treatment.

Who can donate stool?

A stool donor should be a healthy person who doesn't have problems that could be passed to you. A possible donor may be someone that you know, someone that your doctor knows, or someone who has donated stool to a medical company.

No matter how donors are picked, they must pass a careful screening. Donor screening involves answering health questions and testing blood and stool. People shouldn't donate stool if they have:

- **Certain infectious diseases** or recent exposures to HIV or hepatitis
- **Long-lasting digestive problems** such as Crohn's disease or irritable bowel syndrome
- **Participated in activities** such as risky sexual activity, drug use, or had recent tattoos or piercings
- **Recently used certain medicines** like antibiotics, immunosuppressants (medicines that can lower the body's ability to fight germs), or cancer medicine
- **Traveled to countries where certain diseases are more common** like some infectious brain diseases or diseases that cause diarrhea

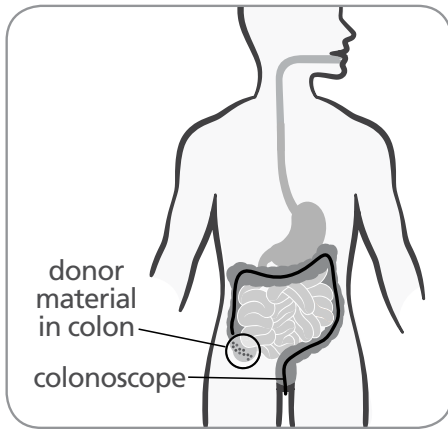
What happens *before* the procedure?

Your doctor will most likely send you to a medical specialist who performs fecal transplants. Their staff will:

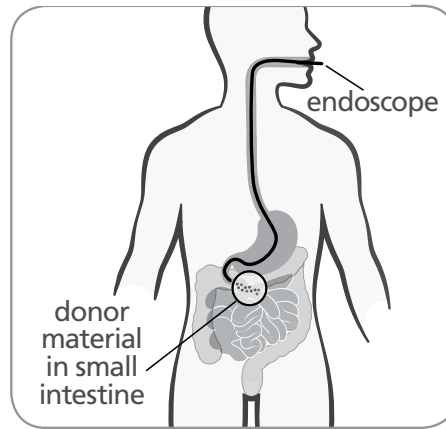
- **Complete screening tests.** You and the donor will be checked for certain illnesses and bacteria.
- **Provide instructions.** Doctors and nurses will tell you and the donor more about the procedure and give you special instructions. You'll also sign a form, giving them permission to treat you.
- **Discuss medicine and prepare your colon.** Your colon may need to be clear before some FMT procedures. If so, your doctor will give you a laxative to clean out your colon. You'll also need to stop eating for at least 24 hours, stop drinking for 4 to 6 hours, and possibly stop taking some kinds of medicine (like antibiotics) before the procedure.
- **Prepare the donor's stool.** Medical staff will prepare the donor's stool before putting it in your intestines. They'll add sterile salt water to the stool and then filter it to remove any solid material. Sometimes, the stool will be prepared, frozen, and stored until the day of the transplant.

What happens *during* the procedure?

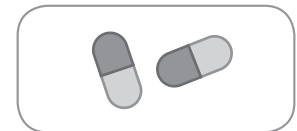
The doctor puts a small amount of the donor's feces into your intestines using **one** of these methods.



or



or



Some fecal transplants are now available in **capsules** that can be swallowed.

or



The tube on an **enema bag** can be inserted into the rectum. It puts the fecal matter into your colon using pressure. You'll be awake during the procedure.

Talk to your doctor about the risks and benefits of these methods, and choose which one is best for you.

What happens *after* the procedure?

- You'll be observed for 30 to 60 minutes.
- You may be given medicine to keep you from going to the bathroom. This helps give the fecal transplant in your body enough time to settle in your gut.
- Your doctor may send you home if the treatment went well and you don't have other health concerns.

You will need to:

- **Avoid unnecessary antibiotics**
- **Discuss any infections** you may have with your doctor
- **Wash hands frequently** with warm water and soap, and wipe toilet surfaces with bleach wipes