SAGES CLINICAL GUIDELINES FOR FAECAL MICROBIOTA TRANSPLANTATION (FMT)

DEFINITION: The transplantation of stool from a healthy donor into a sick patient to cure/improve disease.

NOTE: FMT is not a registered form of treatment and should only be considered as by registered gastroenterologist for the treatment of Clostridium difficile infection or otherwise in a registered clinical trial.

RATIONALE: Alteration in the intestinal microbiome (dysbiosis) is increasingly associated with gastrointestinal disease and correction of this derangement with donorstool transplantation may either improve or cure the disease.

CONSENT: Appropriate consent to be obtained from especially the patient with pertinent mentioning of risk, benefits and limitations of procedure. Also inform patient about experimental nature of FMT.

PROTOCOL:

DONOR:

- Any healthy donor
- A close relative can be considered in urgent cases

Donor exclusions: (Just guideline, use own discretion)

- Antibiotic used within 3 months
- Any gastrointestinal condition associated with diarrhoea/constipation
    - IBS
    - IBD
    - Gastrointestinal malignancy
    - Immunocompromised states
    - Use of anti-neoplastic drugs
- High risk behaviour – M2M, Prostitution, intravenous drug use, body piercing/tattoo
- Chronic illness:
    - Diabetes mellitus
    - Obesity
    - Allergic tendencies: Atopy, Hay fever, Asthma
    - Psychologic/mood disorders
    - Neurologic disease

Donor testing:

- Stool:
    - MCS including ova, cysts and parasites
    - Clostridium difficile PCR/antigen
    - H pylori antigen
    - Cryptosporidium antigen

    - Giardia antigen
    - Transmissible viruses
- Serology:
    - HIV
    - HAV, HBV, HCV
    - Syphilis

Donor treatment night before procedure

- Gentle laxative
- Collect freshly passed stool in morning and use within 6 hours

STOOL PREPARATION

Mixed freshly passed stool with bacteriostatic saline

- Mix by hand or blender

Filter through gauze into canister (use hood with extractor)

Fill 60ml syringes with stool effluent

Prepare 250-300ml in total

Unused stool can be stored at -20° for later use

PATIENT:

Discontinue all antibiotics 3 days prior to procedure

Large volume colonoscopy prep day before procedure

Loperamide ii stat prior to procedure

TRANSPLANTATION

Stool slurry can be deposited via colonoscopy or nasogastric tube placed in the duodenum.

Colonoscopy procedure:

- Sedation as per protocol
- Intubate caecum
- Infuse stool slurry via biopsy port in caecum and ascending colon

NGT procedure:

- Place NGT in standard fashion
- Perform gastroscopy to place NGT past 2nd part of duodenum
- Slowly infuse stool slurry 1-2 hours

Observe patient overnight in hospital:

- May require analgesics/anti-emetics
- Discharge planned on patient well-being