

General guidelines for your Fecal Transplantation (FMT)

Why it's performed:

Fecal transplantation is the transfer of stool from a healthy donor into the gastrointestinal tract for the purpose of treating recurrent C. difficile colitis (C. Diff). C. Diff is a complication of antibiotic therapy it is associated with diarrhea, abdominal cramping and sometimes fever. Diagnosis is based on a stool DNA test that detects the organism.

If you are diagnosed with C. Diff your doctor will treat the initial infections with an antibiotic that specifically targets the C. Diff organism. In 30% of treated patients the infection returns within a few days or weeks. Individuals who continue to have recurrent C. Diff, fecal transplantation is an option.

Prior to procedure:

- The hospital will call you a few days before your procedure to tell you what time to arrive. If you need information prior to receiving this call you can call the endoscopy schedulers at **732-253-3210** or the hospital endoscopy nursing line at **732-828-3000 x 5453**.
- Arrival times are given to admit you to the unit and prepare you for your procedure. Is it important that you arrive at your given time. ***Please Note: Unlike surgery centers this unit treats both inpatients and outpatients and emergencies may arise that may cause delays in scheduled procedure. Please be patient and know that we will provide you with the best care when you go into your procedure. Due to the unpredictable nature of procedure units, please be prepared to spend the day here.***
- Some procedures or recoveries require a hospitalization that we may not always be able to predict be prepared to stay in the hospital if necessary.
- Do not bring any valuables or wear any jewelry the day of your procedure as we do not have space for you to secure belongings.
- Because you will be sedated for the procedure you will need to bring someone with you to take you home. You cannot drive or take public transportation alone for 24 hours after the procedure. We have limited space in the waiting area and we only can allow one visitor to wait during your procedure.
- If you need to send proof of your COVID vaccine please email it to VaccineStatus@rwjbh.org

Medications

- **STOP ANTIBIOTICS 2 DAYS PRIOR TO PROCEDURE**
- If you are taking medications for high blood pressure, seizures, or if you are taking prednisone, you may take these medications the morning of the procedure or at least 2 hours before the procedure with a small sip of water.
- If you are diabetic:
 - If you take a “sugar” pill, **do not** take it on the day of your procedure.
 - If you are taking regular insulin (R), **do not** take it on the day of your procedure.
 - If you are taking any other insulin preparation, please contact your prescribing physician for instructions.
- If you are taking Coumadin, Plavix, or other blood thinners contact your prescribing physician for instructions on when to stop taking this medication.
- If you are taking aspirin daily continue to take this medication.
- Tell your doctor if you have allergies

PREP/DIET

For an upper GI tract procedure, do not eat or drink for 8 hours before the procedure to clear your esophagus of food products.

For a lower GI tract procedure: Miralax Prep (Unless instructed by your physician to follow a different prep)

Supplies Needed

- Four (4) Dulcolax 5mg tablets (available over-the-counter at the pharmacy)
- Miralax 238 grams of powder (available over-the-counter at the pharmacy)
- 64 ounces of clear liquid (any color except red or purple) – Gatorade, unsweetened iced tea, or water. *If you are diabetic or have kidney disease use water crystal light instead of Gatorade.*

5 Days Prior to Your Procedure

- Read all prep instructions
- Contact your prescribing physician for instructions on blood thinners
- Stop herbal, oil-based vitamins and iron supplements
- Stop all fiber supplements such as Metamucil, Citrucel, Fibercon, Benefiber, and Konsyl
- Discontinue all medications that stop diarrhea such as Immodium, Kaopectate, and Pepto Bismol

Day Before the Procedure

- **DO NOT** eat any solid food.
- Drink **clear liquids only** for breakfast, lunch, and dinner.
 - Water (plain, carbonated, or flavored)
 - Fruit juices without pulp, such as apple or white grape juice
 - Fruit flavored beverages, such as fruit punch or lemonade
 - Carbonated drinks, including dark sodas (cola and root beer)
 - Gelatin (not red)
 - Tea or coffee without milk or cream
 - Sports drinks (no red)
 - Clear, **fat-free** broth (bouillon or consommé)
 - Honey or sugar
 - Hard candy, such as lemon drops or peppermint rounds
 - Ice pops without milk, bits of fruit, seeds or nuts
- Drink at least 8 ounces of clear liquid every hour while awake.
- Mix and stir the entire bottle of Miralax with the 64 ounces of clear liquid you purchased above. You may need to do this in a separate container or pitcher. The drink will taste better if it is chilled. When not in use, the mixture must be kept refrigerated.

If your arrival time is before 12 Noon

- At **4pm** the day before the procedure start to drink the first half (32 ounces) of the solution. Drink 1 glass (about 8 ounces) of the Miralax mixture every 15 minutes until the first half of the solution is finished.
 - *If you are too full or have nausea/vomiting, stop for 20-30 minutes, then start again. Refrigerate remaining solution.*
- **One hour after** you complete the first half of the Miralax mixture, take the 4 Dulcolx tablets with a glass of water.
- **At 10pm** Start drinking the second half (remaining 32 ounces) of Miralax mixture. Drink 1 glass (about 8 ounces) of the Miralax mixture every 15 minutes until the first half of the solution is finished.
 - *If you are too full or have nausea/vomiting, stop for 20-30 minutes, then start again. Refrigerate remaining solution.*

If your arrival time is after 12 Noon

- **At 5pm** the day before the procedure start to drink the first half (32 ounces) of the solution. Drink 1 glass (about 8 ounces) of the Miralax mixture every 15 minutes until the first half of the solution is finished.
 - *If you are too full or have nausea/vomiting, stop for 20-30 minutes, then start again. Refrigerate remaining solution.*
- **One hour** after you complete the first half of the Miralax mixture, take the 4 Dulcolx tablets with a glass of water.
- **At 6am** the Morning of your procedure start drinking the second half (remaining 32 ounces) of Miralax mixture. Drink 1 glass (about 8 ounces) of the Miralax mixture every 15 minutes until the first half of the solution is finished.
 - *If you are too full or have nausea/vomiting, stop for 20-30 minutes, then start again. Refrigerate remaining solution.*

*******Finish Drinking 4 hours prior to your arrival time*******

Day of Procedure

- **No Solid Food**
- **No Alcohol**
- **Do Not** drink anything unless you are still completing the Miralax prep.
- **No** gum or breath mints
- **You May** take your morning heart, blood pressure, asthma, seizure medication, and aspirin with a small sip of water.
- **PLEASE STOP ALL LIQUIDS 4 HOURS BEFORE YOUR ARRIVAL TIME.**

PLEASE NOTE: You must take all of the Prep solution as directed to clean your bowel adequately. Even if you are passing clear liquid you must continue to take the entire dose of the prep.

Day of procedure:

Your procedure will be done at Robert Wood Johnson University Hospital in the endoscopy suite on the second floor above Walgreens. The address is:

1 Robert Wood Johnson Place
New Brunswick, NJ 08901

Arrive 1 ½ hours prior to your scheduled procedure time. When you arrive you will register and give your medical history. You will need a responsible adult with you who will accompany you home. Bring with you a photo ID, insurance card, a list of medications that you take, and a copy of your COVID vaccine card or a negative PCR COVID test result.

PARKING

- Park in the hospital parking lot located on Little Albany Street and take the elevator to the 1st floor. Bring your parking ticket with you when you enter the hospital. You can stop at the information desk on the 1st floor and have your parking validated for a flat rate of \$6.00. Turn left as you exit the elevator on the 1st floor and take the North building elevators located in the main lobby to the 2nd floor. When you get out of the elevators make a right and another quick right. At the end of that hallway make a left, pass the Cardiac Cath lab and a set of elevators on your right. You will then see the Endoscopy department on your left-hand side above Walgreens and Starbucks.

During Fecal Transplantation:

- We will start an IV in your vein to administer fluids and anesthesia and other needed medications.
- The procedure is performed by colonoscopy or EGD.
- During colonoscopy the colonoscope is advanced through the entire colon. You will need to follow specific preparation instructions given to you by your doctor.
- A small plastic mouthpiece will be placed between your teeth to prevent damage to the endoscope.
- The endoscope will be inserted through your mouth to your esophagus, stomach and duodenum.

Post procedure:

Once the procedure is finished you will recover from anesthesia in the endoscopy unit. Your doctor will discuss the procedure with you. *Please be advised, it is common after receiving anesthesia to forget some of the conversation you had with your doctor. For this reason, we suggest a family member be available for this conversation at your request.*

Do not drive, operate heavy machinery, or drink alcohol for 24 hours after your procedure. You should go home and rest after your procedure.

We recommend that you eat something light since you have not eaten for over 8 hours. Avoid fried foods, fatty foods and large quantities of food. Things such as: scrambled eggs, toast, a sandwich are good choices. You may eat more food once you have tried something light to make sure you don't become sick to your stomach. You may also have excess gas, so you may choose to avoid foods that cause additional gas, such as beans or carbonated beverages.

Call your doctor right away for:

- Severe or new onset abdominal pain that doesn't improve by passing gas
- Rectal bleeding that turns the entire toilet bowl red
- Fever greater than 101.5 or chills
- Vomiting blood, black or coffee ground looking material
- Severe dizziness, fainting or chest pain

Common Side Effects:

- Abdominal discomfort or cramping
- Constipation
- Bloating
- Diarrhea may last 3-7 days. It should get better each day.
- Belching or flatulence
- Nausea or Vomiting
- Excessive gas, bloating or cramping

Please Note: *These symptoms should improve with each day. Should any of these symptoms be more severe in nature or longer in duration than your doctor has described, please contact your doctor.*

Medications after:

You can resume your daily medications following your procedure. If you are taking any medications that thin your blood discuss with your doctor when to resume these medications.

Commonly prescribed blood thinners:

- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Heparin
- Warfarin (Coumadin)
- Clopidogrel (Plavix)
- Aspirin
- Enoxaparin (Lovenox)
- Ticagrelor (Brilinta)

Follow up:

Contact your physician to schedule a follow up appointment:

Clinical Academic Building (CAB)

125 Paterson Street
Suite 5100B
New Brunswick, NJ 08901
Phone: 732-235-7784

IMPORTANT PHONE NUMBERS:

Rutgers GI Clinic: 732-235-7784

Robert Wood Johnson Schedulers: 732-828-3000 x3210

RWJ Endoscopy Nurse line: 732-828-3000 x5453 (Leave a message and you will receive a call back within 24 business hours)

For after hour **emergencies** call 732-235-7784

FAQs:

1. Where does the stool come from?

The stool used in fecal transplantation comes from healthy human donors. Depending on the procedure the stool is made into a liquid solution or dried into a grainy substance. Potential donors must undergo various tests including:

- Blood tests to check for hepatitis, HIV, and other conditions.
- Stool tests and cultures to check for parasites and other signs of an underlying condition.

Donors also go through a screening process to determine if they:

- Have taken antibiotics in the past 6 months.
- Have a compromised immune system.
- Have a history of high-risk sexual behavior, including intercourse without barrier protection.
- Received a tattoo or body piercing in the last 6 months.
- Have a history of drug use.
- Have recently traveled to countries with high rates of parasitic infections.
- Have chronic GI condition, such as inflammatory bowel disease.

2. What are the benefits of treating C. Diff with FMT?

C. Diff infections are known for being difficult to treat. About 30% of people treated will develop a recurring infection. Antibiotic resistance in C. Diff has been increasing. Bacteria in your intestines usually keep the population of C. Diff in check, preventing it

from causing an infection. A FMT can help to reintroduce these bacteria into your GI tract, allowing them to prevent overgrowth of C. Diff.

3. Who shouldn't have a fecal transplant?

Fecal transplants aren't recommended for people who are immunocompromised because of:

- Drugs that suppress the immune system
- HIV
- Advanced liver disease, such as cirrhosis
- A recent bone marrow transplant

