**Box 2: Proximal GI FMT**

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**FMT PROCEDURE OUTLINE: COLONOSCOPIC METHOD**

**PRE-FMT PROCESS:**

- Patient & donor consent
- Complete FMT ≤ 2 weeks after donor screening
- **Patient:**
  - Terminate antibiotics 1-3 days prior to transplantation
  - Lavage: Standard 4.0 L PEG bowel preparation
- **Donor:**
  - Mild laxative the night prior to FMT (milk of magnesia or citrate of magnesium) if needed
  - Donor may provide fresh stool at the site of transplant, the morning of FMT
  - or- provided an at home stool sample kit with lid
  - donation must still be provided and transplanted the same day of FMT
- FMT should begin ≤ 6 hrs after provision of donor stool specimen
- **Stool Processing:**
  - Follow universal safety precautions for L2 biohazard
  - Appropriate gloves, gown, mask, goggles/eye protection
  - Combine > 50g of donated stool & 200-800 mL of NBS in large suction canister
  - Manually shake the canister, or use a conventional kitchen blender, until reaches thick liquid consistency
  - Filter suspension 1-2 X with multiple 4 X 4 gauze pads draped over the canister and secured in place by rubber bands (or equivalent filtering system)
  - Transfer suspension to large syringes (60 cc)

**COLONOSCOPY:**

- Moderate sedation used at provider/patient discretion
- Conduct standard colonoscopy to the right colon (adult or pediatric scope), reaching the terminal ileum or cecum whenever possible
- Deliver donated suspension (from pre-filled large syringes) through the working channel of the colonoscope
  - Deliver entire suspension at most proximal extent reached (Goal: terminal ileum)
  - or-
  - Infuse gradually, every 5-10 cm, during withdrawal (> fraction infused at most proximal point, and at sites with prominent diverticular disease and/or mucosal disruption)

**POST-FMT PROCESS:**

- **Patients:**
  - OTC diphenoxylate and atropine (Immodium, McNeil PPC INC) or other over the counter anti-diarrheal, immediately post-FMT
  - Avoid excretion of the FMT donation for > 4 hrs
  - Bedrest as long as possible post-FMT, until the next day
  - Standard post-procedure dietary instructions
  - Instruct to call provider upon any signs of CDI return

**L2:** Level; **NBS:** Nonbacteriostatic Saline; **OTC:** Over the Counter

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1: (Kelly et al., 2012; Mellow and Kanatzar, 2011; Yoon and Brandt, 2010); 2: (Rohlke et al., 2010); 3: (Mellow and Kanatzar, 2011); 4: (Persky and Brandt, 2000); 5: (Hamilton et al., 2012)