
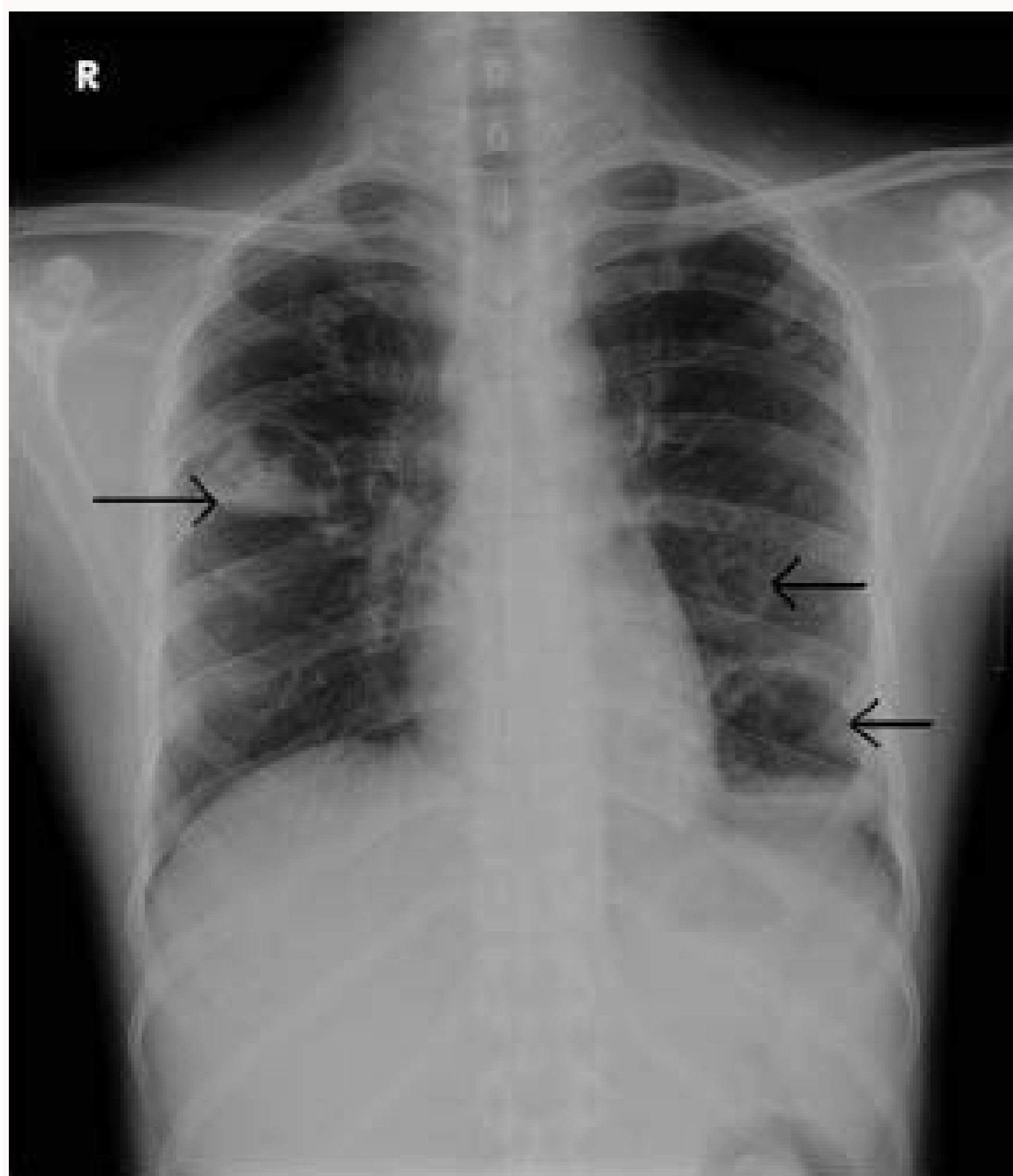


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**Open**



- Grade III<sup>d</sup>
- Carbapenem (ertapenem, imipenem-cilastatin, meropenem or doripenem)
  - Piperacillin-tazobactam
  - Cefepime
  - Ceftazidime
  - Aztreonam
- Each +/- metronidazole<sup>e</sup>
- Vancomycin to be added to selected regimen
    - Linezolid or daptomycin to be substituted if patient known VRE colonized, if previous treatment included vancomycin or if VRE is common in community

**Summary of indications and procedure for requesting FMT for CDI in UK**

**Indications:**

- **Refractory CDI** – ongoing CDI-related symptoms despite appropriate extended antimicrobial therapy.
- **Recurrent CDI** – ≥ 2 recurrences, or those who have had one recurrence and have risk factors for further episodes, including severe and severe complicated CDI.
  - Patients would typically already have tried therapies recognised to reduce the rate of CDI recurrence (i.e. extended/ pulsed vancomycin and/or fidaxomicin, or bezlotoxumab) prior to considering FMT.

N.B. Coexisting IBD and/or immunodeficiency are not contraindications for receipt of FMT, but administration in such patients requires careful consideration.

**Current FMT providers in the UK:**

Different arrangements in different regions of UK, but includes Imperial College Healthcare NHS Trust, Guy's and St Thomas' NHS Trust, EnteroBiotix, and University of Birmingham, i.e.:

- University of Birmingham Microbiome Treatment Centre (UoBMTC): contact via [bho-fo-FMT@nhs.net](mailto:bho-fo-FMT@nhs.net) or +44 (0)121 414 4547.
- FMT is provided to the clinicians within 1-2 working days of receipt of the completed FMT request form.

**Assessment of response**

Response to FMT in the form of resolution of diarrhoea is usually seen within 3-5 days. We would recommend repeating FMT if no response is seen after 1 week of treatment. Routine laboratory testing for *C. difficile* toxin after FMT is not recommended, but it is appropriate to consider in the case of persistent CDI symptoms/suspected relapse.

**FMT checklist for treatment of CDI**

**Before FMT:**

- Check and confirm formal consent.
- Stop antibiotics 12-24 hours before.

**Upper GI delivery of FMT:**

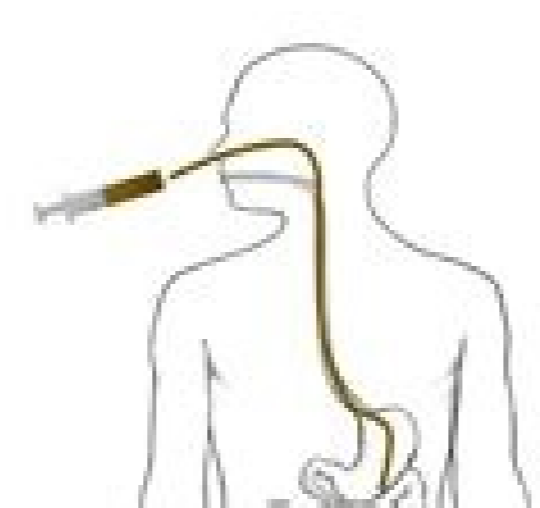
- Consider administering PPI and prokinetic before FMT.
- Bowel lavage may be given before FMT.
- Insert NG tube before procedure and confirm position.

**Lower GI delivery of FMT:**

- Administer bowel lavage before FMT.
- Consider loperamide immediately before or after FMT.

**After FMT:**

- Common effects include bloating, nausea and constipation.
- Monitor and report adverse events specifically vomiting, aspiration, fever and sepsis.





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