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C. diff

Information for treatment with FMT



This document was written by **Public Health Wales**. It is an easy read version of ‘**Clostridioides difficile (C. diff) – information for treatment with faecal microbiota transplantation (FMT).**’

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How to use this document



This is an easy read version. The words and their meaning are easy to read and understand. But you may need support to read and understand this document.



Words in **bold blue writing** may be hard to understand. You can check what all the words in blue mean under the word in a box.



For more information go to: phw.nhs.wales



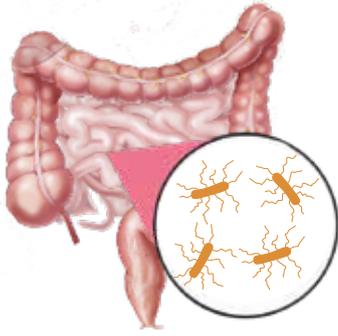
Mae'r daflen hon hefyd ar gael yn Gymraeg. This leaflet is also available in Welsh



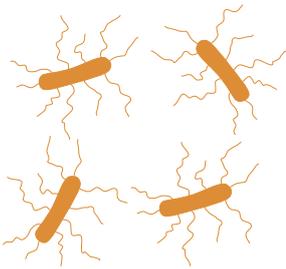
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What is C. diff?



C. diff is short for **Clostridioides difficile**. It is often called **C. diff** or **C. difficile**. It is a type of bug or germ.

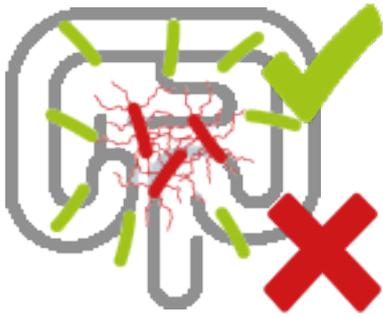


C.diff is usually harmless, but it can grow and cause an infection when you are having certain medicines, like antibiotics or chemotherapy.



Antibiotics usually kill **C. diff** germs and cure the infection. But sometimes diarrhoea (runny poo) caused by a **C. diff** infection can come back.

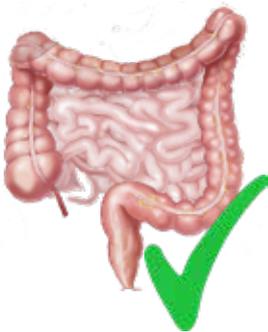
What is FMT?



FMT stands for **Faecal Microbiota Transplantation**.



FMT treatment involves using poo from a healthy person that has 'good' germs in it. It is put into the gut of the person with the **C. diff** infection that keeps coming back.



This helps to get the right level of good germs needed into the patient to help them fight the **C. diff** infection.

Why should I have FMT?



Patients who get another **C. diff** infection, even after having antibiotics to treat it, are at higher risk of getting ill again.



FMT is recommended when antibiotics have not cured the **C. diff** infection.



FMT is the best way to treat **C. diff** that keeps coming back. 9 out of 10 people are cured with **FMT** treatment.



1 out of 5 people may get a **C. diff** infection again after the first **FMT** treatment. They may need a second **FMT** treatment.

What are the risks of FMT?



All **FMT** donors are checked to make sure they are healthy and that their poo is free from many known infections like HIV, syphilis and viral hepatitis.



People with certain diseases or a history of cancer cannot be donors.



Personal information about the donor is kept private.



Everything possible is done to lower the chance of passing on other infections or conditions through **FMT**.



Your healthcare team will talk to you about the risks of **FMT**.

Giving consent for FMT



It is important that you are involved in decisions about your care and treatment.



Your healthcare team cannot know about every germ in a donor's poo. Because there is a small risk of getting an infection through **FMT**, you will be asked to sign a consent form.



The consent form will say that you have agreed to have the treatment. You will confirm that you understand what it involves and the risks.



If your healthcare team is recommending **FMT** for you, it is because the risk from your **C. diff** infection is greater than the risk of **FMT**.

How to prepare for FMT



FMT can be given through a thin tube that goes through your nose down into your stomach.



Or it can be given through a long, thin tube through the bottom. This is called **colonoscopy**.

A **colonoscopy** uses a long, thin, bendy tube with a small camera at the end, which is put into your gut through your bottom.



Both ways of giving **FMT** can be done in Wales.



You should not be able to smell or taste the **FMT** solution, whichever way it is given.



Your healthcare professional will talk to you about which procedure is best for you.



You will be given antibiotics for at least 4 days before the **FMT**. The antibiotics will stop the evening before the **FMT** happens. Your healthcare professional will talk to you about this.



You must tell your healthcare professional about any medicines you are taking. They will tell you if you need to stop taking any medicines.

If FMT is given through the nose:



You will be given a tablet on the morning of treatment to lower the acid levels in your stomach.



You will also be given a second tablet to help your stomach empty into the next part of your gut.



The tube will be put into your stomach through your nose on the day of your treatment. The **FMT** solution will be given through the tube.



After the **FMT** solution is in your gut, the tube will be rinsed with saline – this is a mix of water and salt to clean the tube. The tube is left in for a while and then taken out.



All medical treatments come with some risks. If you have your **FMT** treatment through your nose, there is a risk of the **FMT** solution getting into your lungs.



It is very unlikely this would happen. Specialists will check the process carefully. You will also be given a medicine to lower the risk.

If FMT is given through a colonoscopy:



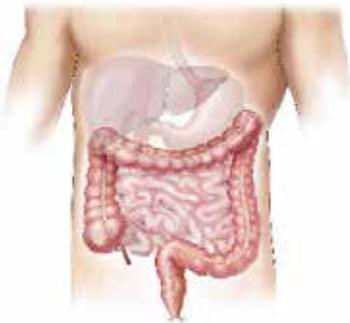
You will be given a liquid to drink beforehand to clear your gut of poo.



The **FMT** solution will be put into your gut through a tube that goes into your bum.



Some patients may have slight side effects after a **colonoscopy**. This may include fever, bloating, being sick and farting. These should only last a few days.



All medical treatments come with some risks. A **colonoscopy** may cause bleeding or tearing of the lining of the gut wall, but this is rare.



If there is a tear to the gut wall, you may need a **blood transfusion** or surgery. A **blood transfusion** is when you are given someone else's blood, usually because you have lost a lot of your own blood.



You can get more information about **colonoscopies** on the NHS website here: www.nhs.uk/conditions/colonoscopy/.

What happens after FMT?



If you are not already staying in hospital, you will be able to go home shortly after the **FMT** treatment.



You should be able to eat and drink within 1 hour of having the **FMT** treatment.



Two to three days after your **FMT** treatment, if the **FMT** works, you will probably be going to the toilet less often and your poo should get less runny.



After 1 week, your poo should be nearly normal.



Your healthcare team will want to speak to you again to check if the treatment has worked.



If you are a hospital patient, when you leave you will be given a date for a follow up appointment. You will be told if you need to give a poo sample.



FMT is a fairly new treatment. It is important to collect information about how often it works, and any side effects - like tummy pain and bleeding.



90 days after your **FMT** treatment your healthcare team will fill in a questionnaire with you about how you are doing after your treatment.



You will be asked questions about your health and any side effects you have had, as well as how happy you are with the treatment.



This information will be collected by your healthcare team and sent to where the **FMT** solution was made.



Your name and personal information will be private. Only your answers will be shared.



If you have questions, or are worried about C. diff, speak to your healthcare professional.