

Staying Healthy After Your Fecal Transplant

Your doctor should provide you with separate discharge instructions related to the specific procedure you had. This guidance offers information on what you might expect after your fecal transplant (FMT).



After your procedure: Most patients begin to feel better within a few hours, but it can take up to 4 days to notice improvements. If you do not feel any better within 4 days, call your doctor and let them know. Sometimes people start to feel better but then their diarrhea returns. You should know that this is not always a return of *C. diff*. Ask your doctor about post-infectious IBS and other GI issues that may cause the diarrhea.

Side effects: FMT is still investigational, meaning we do not know all the side effects a person might have afterwards. If you have any changes in your health after FMT, let your doctor know right away. Some common symptoms that usually go away within 24 hours after FMT are nausea, bloating, and mild cramping. If these last for more than 24 hours, call your doctor.



Following up: If you do not have signs of *C. diff*. for 8 weeks, you will be considered cured. Your doctor will call you or ask you to come back to their office in 8 weeks to check on you. It is important you keep this appointment and/or return any calls from your doctor.

Probiotics & diet: No studies have shown that taking probiotics improves the chance of successful treatment. If you do want to take a probiotic, be sure to ask your doctor for recommendations. Generally, diets high in fiber seem to support healthier bacteria.



Hand washing: As with most diseases, washing your hands often helps keep you and those around you healthy. When possible, wash with soap and water. Hand sanitizer is okay, but should be used only when soap and water are not available.

Taking antibiotics: Antibiotics can be lifesaving medicines, but they also put you at risk for another *C. diff*. infection. If a doctor prescribes you anything, be sure to tell them that you have had *C. diff*. and a fecal transplant. Common antibiotic types are listed below according to their risk of causing a *C. diff*. recurrence.

HIGH RISK	MEDIUM RISK	LOW RISK
Fluoroquinolones Clindamycin Penicillins (broad spectrum) Cephalosporins (broad spectrum)	Macrolides Trimethoprim Sulfonamides	Aminoglycosides Tetracyclines Chloramphenicol Metronidazole Vancomycin

Disclaimer: The information here should not be considered medical advice. Our hope is that this document helps you have a more informed conversation with your doctor. If you have concerns, comments, or questions about this material, please write to us at <http://www.openbiome.org/contact>.