

# Faecal transplant for recurring *Clostridium difficile* infection

Information for the public

Published: 1 March 2014

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## What has NICE said?

This procedure is safe enough and works well enough for use in the NHS.

It should only be used for patients who keep getting *Clostridium difficile* infections despite taking antibiotics and having other treatments. Confidential records of donors and patients who receive transplants should be kept.

More research on this procedure is needed.

## What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your health professional may ask you if details of your procedure can be collected.

## Other comments from NICE

NICE said that religious beliefs, especially those related to diet, might influence whether patients want to have this procedure or not. It also talked about the possible risk of transferring infections that may cause harm in the long term, but kept in mind that patients having this procedure are usually very ill and that other treatments have not helped them.

## The condition

Clostridium difficile is 1 of many types of bacteria that live harmlessly in the gut of some healthy people. Sometimes, the balance of bacteria in the gut can be upset (for example, because the person takes [broad spectrum antibiotics](#)), allowing Clostridium difficile to multiply more than normal and become a bowel infection. This can cause severe diarrhoea and illness, and sometimes death.

Treatment usually involves specific antibiotics, but sometimes this doesn't work or the infections come back.

[NHS Choices](#) may be a good place to find out more.

NICE has looked at using faecal microbiota transplants as another treatment option. Click on to the next page to find out more.

## The procedure

Faecal microbiota transplants aim to re-balance the bacteria in the gut by introducing bacteria from the faeces of healthy people.

Before the procedure, donors (who can be family members or unrelated) are checked for harmful gut bacteria, viruses and parasites. Faeces from them are taken and mixed with water or another liquid such as milk or yogurt, and then filtered. This is then put into the patient's gut through a tube that is passed through the nose, or into the rectum (back passage). Sometimes before the procedure, patients may have their bowel flushed through with fluid.

## Benefits and risks

When NICE looked at the evidence, it decided that the procedure works well and is safe enough to be used in the NHS. The 7 studies that NICE looked at involved a total of 558 patients.

Generally, they showed the following benefits:

- Nearly all patients were cured (although a few people had to have 2 transplants).
- In 1 study, the infection came back in around 1 in 20 patients within 5 weeks, compared with over half of the patients who had antibiotics. In another study, the infection came back in around 1 in 50 patients between 29 days and 4 years after having a faecal microbiota transplant.
- It didn't make much difference if the transplant was from someone related to the patient or not, or if the transplant had been frozen or not.

The studies showed that the following problems were seen in some patients having faecal microbiota transplant:

- burping, cramps, tummy pain and diarrhoea on the day of the transplant
- infections of the stomach, bowel and the tissue lining the inside of the abdomen (tummy) within 2 days of having the procedure.

If you want to know more about the studies see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?

- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## Medical terms explained

### Broad spectrum antibiotics

Antibiotics that are effective in treating a wide range of different types of infections.

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-7941-7

## Accreditation

