

Fecal Transplant:

1. Feces should be diluted 1:4 with non-bacteriostatic saline.
 - The mixture is blended into a slurry in an effort to avoid large visible particles.
 - The suspension is then passed through a sieve (gauze) to remove larger particulate matter.
 - Refrigeration of samples increases O₂ permeability, so very short-term storage (e.g., <4 hours) should be done at room temperature.
 - In addition, exposure to oxygen should be minimized as anaerobic bacteria are thought to be an important part of the micro-biome.
 - The volume of transplant is based at 10 ml/kg (in larger patients, this may not be feasible, and optimal volumes are not known at this time).
2. The patient should be fasted overnight.
3. Ideally the patient should be sedated in order to maximize retention time (45 minutes); however, the procedure has been performed in awake animals.
 - Complications associated with awake animals include the enema not being retained, the catheter not reaching the transverse colon, and discomfort associated with administering a larger volume.
 - Some of these problems have been avoided by administering smaller volumes over the course of a day in the awake patient.
4. The fecal solution is administered via large-bore (12G-14G) red rubber catheter that is introduced at least into the transverse colon.
 - Again, ideally the patient should remain sedated to allow retention for at least 45 minutes.
 - The fecal enema can be delivered at 10ml/kg slowly, with the dose scaled down for larger dogs.
 - If your patient shows signs of discomfort, administration can be stopped briefly.
 - If signs of discomfort are mild and resolve within a short period of time, then you can continue administering the infusion.
 - It is recommended that the patient be moved to different positions (left lateral, sternal, right lateral) during the 45-minute retention period.
5. Some patients may require more than one treatment if signs fail to resolve.