

Excerpted from *Ulcerative Colitis from the Bottom Up: A Memoir of Home Treatment with Fecal Bacteriotherapy*. Smashwords edition. Copyright Vivek Apte.

## [Chapter 10: Our Home FT Protocol](#)

*Note: I am grateful to the online community of fellow home-FMT practitioners for sharing their experiences and informing me about certain aspects of colonic bacteria that, had I focused on at the outset, may have improved the strength of the infusions and reduced the time to remission. Most significantly, because the prized fecal bacteria are anaerobic, it is important to incorporate as little air/oxygen as possible into the solution. Shaking the solution to mix it, therefore, is not optimal; pulsing it briefly in a blender is a surer alternative. Second, although the bacteria live in a slightly saline environment, and saline solution is used to prepare the FMT infusion by Dr. Thomas Borody at the Centre for Digestive Diseases in Australia, saline is not universally recommended by FMT clinicians and can have an undesirable laxative effect in some cases. Therefore, I am not using saline.*

*Dr. Borody also treated his patients with a course of antibiotics prior to FMT. My understanding is that clinicians differ in their opinion about the need for antibiotics. Kate did not take antibiotics prior to FMT. I highly recommend that you work with the guidance of a properly qualified clinician. If this is not possible for some good reason, the second-best alternative I would suggest is to Google “power of poo,” and read the information on that blog carefully. I especially recommend that you “friend” Sally Brown, if you have not already, and join the private Facebook group about this topic to discuss and resolve any questions or concerns not addressed here. While the members of that group are not necessarily experts, many of them are experienced in home FMT, giving you a variety of views on which to base your decisions. To minimize uncertainty and anxiety about your particular experience, once again I recommend that you consult a qualified clinician if at all possible.*

Our preparation process was much as Claire described it, but here I’m substituting a blender for the shaking of the stool and adding details and observations based on having prepared 11 of these now, and still counting. So far I’ve avoided any spills or accidents but there have been small glitches along the way that I’ve taken steps not to repeat.

In case something happens to me, or in general if I were to describe the process in the best way I can to Kate or anyone else who might ask, this is what I would say. For posterity (ahem).

First, some general guidelines.

The recipient’s colon should be as empty as possible before the first treatment, to give the bacteria the best chance of attaching to the colonic lining. In our case we tried to accomplish this via fasting for 18 hours before the first treatment. You may wish to research other, possibly more effective methods to prepare the colon for FMT.

Give yourself plenty of preparation time from start to finish. If you feel rushed you could get clumsy and spill something. That might disincline you or the recipient from repeating the procedure. So be calm and methodical to make the process as easy as possible for you and the recipient.

Additionally, make sure the recipient will have plenty of time to rest and retain the infusion - up to several hours, if possible.

One more thing. Aim for the center when you pour so that the solution doesn't dribble down the side and make rings on the counter. Yuck. It's not a pleasant material, so keep the process clean every step of the way. On the other hand, don't line the counter with newspaper or paper towel; a perfectly hard, flat surface is more reliable.

I think it's helpful to imagine yourself as a lab technician or biology student. Wear the white coat if it helps. A painter's mask certainly wouldn't hurt. Be clean and walk the process through in your mind before beginning. You will note that in this process the equipment and supplies are cleaned and put away before the treatment even begins, with no mess lying around, and everything already set to go for the next preparation.

*About the stool:* The integrity of the stool is central to the effectiveness of this treatment. Although I did not get my stool tested, I recommend testing of the stool for pathogens and anomalies if at all possible. The stool must be from a healthy individual over the age of 16, who does not get sick easily, has no gut issues, and whose stool is almost invariably solid and properly formed. The donor stool must also be free of all prescription medications, most especially antibiotics. Additionally, the donor's diet must not contain anything you know you are allergic to. My experience and that of at least one other donor suggests it is imperative that the donor avoid alcohol completely. *Optionally*, if you have an especially compliant donor, you will find the preparation of the solution less unpleasant if the donor agrees for the day before to eat mostly gentle, soft-fiber-rich, vegetarian foods such as bananas, dates, avocados, brown rice, quinoa, ripe non-citrus fruit such as cantaloupe, and cooked vegetables such as zucchini and squash.

**Assemble the supplies.** I keep needed backups in a cabinet under the bathroom sink. You may need or want to substitute one item for another; that is OK, as long as the basic steps and precautions are the same.

- 1-gallon jug distilled water
- Two disposable plastic spoons
- One 1-qt. Mason jar or similar wide-mouthed jar
- A 12- to 16-oz capacity flask blender, the type that you cap with the blade mechanism before inverting onto the base
- 8 in. x 8 in. cheesecloth to cover the mouth of the Mason jar
- Rubber band
- Two pairs of disposable gloves
- Two 4 oz. store-brand disposable enemas from the pharmacy
- Tweezers (unless you have long fingernails)
- Plastic funnel that correctly fits the enema bottles
- Paper towel
- Antibacterial spray cleaner
- Waste basket double-lined with plastic grocery bags (a foot-operated waste basket would be ideal)
- Safety matches to help clear the smell - they work!

- Closed-end rubber enema tube and lubricant (*optional and not recommended for your first infusion; we are using the tube only because in our case there has been persistent difficulty in accepting and retaining the infusion*)
- Last but not least, approximately 4 oz. - about 1/2 cup - fresh, healthy, adult stool in a clean, disposable plastic container with a lid

**Here's what to do next:**

- Clear a work space approximately 2 ft. x 2 ft. next to the bathroom sink and sanitize it with spray cleaner and paper towel. Discard the paper towel and put away the spray.
- Wash hands with soap and water; dry them thoroughly.
- Place the jug of distilled water near the top-left corner of the work space.
- Take two 4-oz. disposable enema bottles, unscrew the tops, and pour out the liquid. Use the funnel to rinse out the bottles with distilled water.
- Look inside the enema bottle caps for the rubber flow-resisting disks or valves - there's one in each bottle. Remove and discard these disks with the tweezers. Place the rinsed bottles with their caps next to them near the top right of your work space. Place the funnel next to the bottles. Put the tweezers away.
- Plug in the blender and place it at the left or right edge of your work space, depending on where the outlet is located.
- Cover the mouth of one Mason jar with the cheesecloth and create a 1-1/2 in. deep pocket in the middle. Attach the cheesecloth with a rubber band; the rubber band should be secure but not too binding. Place this jar near the front center of your work space.
- Put on the disposable gloves - it's time for the stool.
- Transfer the stool to the flask of the blender using a plastic spoon. Discard the stool container and the spoon.
- Fill the flask with 7 oz. of distilled water.
- Cap the flask and blend the contents for 3 to 5 seconds. This breaks up the stool and disperses the bacteria throughout the solution without incorporating too much oxygen.
- Unscrew the flask slowly and rinse the blade mechanism into the toilet bowl using the distilled water - you'll appreciate not having stool in your bathroom sink. Put the blade mechanism aside for now.
- Pour a little of the stool solution into the cheesecloth-covered Mason jar prepared earlier. Do not overfill; leave a comfortable, approximately 1/2 in. space at the top. Coax the solution gently through the cheesecloth using a second plastic spoon.
- When the cheesecloth gets clogged, spoon out the solids into the toilet bowl and continue until all the stool solution is either in the cheesecloth or has passed through it. Discard the spoon.
- Run cool tap water down the inside of the flask that was just holding the unfiltered solution, and empty the water into the toilet bowl. Repeat until all visible traces of stool solution are rinsed off, then put the flask next to the blade mechanism rinsed earlier.

- Bring up the four corners of the cheesecloth with one hand and gently slip off the rubber band so it closes around any remaining solids. Hold this ball well inside the jar and squeeze it to extract more of the solution.
- Remove the glove over the cheesecloth in such a way that the gauze becomes completely wrapped in the inside-out glove. Discard this and the other glove if it's soiled.
- Put on a fresh glove or pair.
- Place the funnel in one of the enema bottles and hold both the funnel and the bottle in one hand. With the other hand, pour in the filtered solution to approximately 3/4 full.
- Transfer the funnel to the second enema bottle and fill that also. There should be just enough solution for two 3/4-full enema bottles, but sometimes it's a little less.
- Rinse the funnel into the toilet bowl and keep the funnel with the items rinsed earlier.
- Cap the enema bottles.
- Rinse the Mason jar as described for the flask. When all traces of stool solution are removed, wash the Mason jar, flask, blade mechanism, and funnel thoroughly in the bathroom sink using antibacterial soap and hot water. Discard the gloves.
- Put everything away except the prepared enemas. Flush the toilet, clean the counter again, and light a match or two to clear the smell. The solution is now ready for the recipient and the recipient's assistant, if any. (An assistant is helpful, especially if using the *optional* closed-end rubber enema tube; again, the tube is probably not necessary unless experience indicates difficulty in retaining the infusion.)
- Attach the closed-end rubber enema tube, if using.
- The recipient should have a bowel movement, if possible, immediately before the enema. This will help prolong the time the enema can be retained within the colon - the longer the better.
- Have the recipient in a crouch position, if possible, head down and bottom up. Introduce the solution at a slow, comfortable pace. After the solution is administered, discard the enema bottles, tie up the bag of trash, and place it in the garbage can outside.
- The recipient should now lie in bed, turned to the left if lack of pain permits, and propped up on cushions so that gravity can help the solution reach into the colon. It's important that the recipient retain the solution for as long as possible before going to the bathroom to let it out; plan on a good book or movie to help pass the time. If the recipient is able to hold the infusion overnight, so much the better.
- The bacteria need to be nurtured over time to encourage their growth and upward colonization. We have found that a gluten-free diet, homemade kefir, and, to the extent we can manage it, avoidance of alcohol, are the key maintenance steps for us. Diet is a complex subject, however, and only a specialist can give concrete advice for any particular individual.

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