Patient Journey: Path to FMT

START HERE

Consultation:
- Initial consult with Gastroenterologist
- Appropriate diagnostic investigations ordered

Diagnostic Investigations (DI):
DI may be necessary and could include:
- Panendoscopy and/or Colonoscopy
- Blood & Stool Tests
- Other tests, as clinically necessary

Trial of Treatment (ToT):
If DI results are within expected clinical parameters:
- A trial of treatment is prescribed for approximately 8 – 12 weeks to help determine your potential response to FMT

Good Response to ToT:
If Clinical Symptoms respond well to ToT:
- You may be a good candidate for FMT.
- Proceed with 1st FMT planning consult.

Poor Response to ToT:
If Clinical Symptoms respond poorly to ToT:
- You may not benefit from FMT
- Consider discharge back into care of GP

Unexpected Finding:
If DI results identify an alternate cause of your condition this will be treated accordingly.
- Examples of unexpected findings are faecal parasites, bacteria or viruses.
- If symptoms persist after treating the unexpected finding, a ToT may be considered.

FMT Planning Consults:
1st FMT Consult with CNS
- Overview of treatment & quote of costs provided
- Pre-FMT DI (including HIV) ordered
2nd FMT Consult with CNS
- Investigation results and in-depth, individualised FMT program discussed
- Bookings made
- Dietitian Consult
- Post-FMT diet development

Faecal Microbiota Transplant (FMT)
FMT treatment courses & costs associated can vary depending on the indication for treatment & severity of condition. Examples of FMT courses:
- *C. difficile* Infection: 3 Treatments over 2 days
- UC: 32 Treatments over 6 months

Post FMT Consults:
Three Months after 1st FMT:
- Consult with Doctor or the CNS (for Prof Borody’s patients only)
- Dietitian Follow-up
- Progress check
Six Months after 1st FMT:
- Consult with Gastroenterologist

Patient Discharge to GP

Estimated time from initial Consultation to FMT Treatment:
Approx. 6 Months. Patient may receive treatment earlier or be delayed depending on their medical condition.

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