

Information regarding faecal microbiota transplantation (FMT) in patients with Irritable Bowel Syndrome (IBS) at Moloklinikken

As the leading company in the private market in Norway, Moloklinikken offers FMT to patients with IBS (irritable bowel syndrome). The medical doctors at Moloklinikken have relevant professional background, and the longest experience with the method in Norway and has performed the treatment over several years on about 2000 patients. We are concerned with quality control at all stages of the treatment.

There is much we do not know regarding intestinal bacteria and FMT. The theoretical rationale for the treatment is to try to replace the patient's intestinal flora with a presumptive more favourable intestinal flora in order to achieve symptom improvement/health benefits.

While FMT in clostridium difficile infections is well established, FMT in IBS is still to be seen as an experimental treatment.

Patients that may benefit from FMT:

- Patients with moderate or severe IBS
- Patients with chronic fatigue and IBS, or chronic fatigue with symptoms starting after antibiotic treatment and/or gastrointestinal infection
- Patient needs to be 18 years or older

Patients who wish to try FMT must book an appointment for a consultation at the gastro department at Moloklinikken. We have a large influx of patients, and many of the consultations will therefore be done by phone with an experienced general practitioner we cooperate with. The purpose of the assessment consultations is to make sure that the patient has been thoroughly evaluated and examined by a medical professional, as well as to determine if they are eligible for the treatment.

Before the consultation, one must submit a brief medical history, as well as state the results from various tests that have been carried out by a medical professional in the past (results of any gastro-/colonoscopy, blood tests, stool samples, etc). A referral from a doctor is an advantage. As a minimum, the following tests must have been recently performed:

- Blood tests: celiac disease, lactase deficiency
- Stool samples: Calprotectin (< 40 years), Calprotectin + test for blood in stool (> 40 years)
- Dietary advice against IBS should be tried in advance. Patients with constipation-dominated IBS should have tried medicines aimed at constipation, such as Vi-siblin, Magnesium, Constella or Resolor. Patients with diarrhea-predominant IBS should have tried medication aimed at diarrhoea, such as Loperamide or Cholestyramin.

Patient form

New patients are asked to complete the medical form information and symptom score form (which you will be sent when you make contact) and return to the Moloklinikken before the assessment consultation is assigned.

What can be expected from the treatment?

The effect of FMT in IBS is not easy to predict. Based on own data, it seems that 3/4 have a meaningful response (reduction of IBS-SSS > 100 points) on the treatment after 3 months. It appears that IBS associated with antibiotic use achieves the best treatment results. Of those who respond, it is not necessarily so that all symptoms disappear, but most patients experience a significant reduction in their symptoms. Many also seem to tolerate different foods better than before the FMT-treatment.

On chronic fatigue, about 50% improve after one treatment, based by results after 3 months (reduction in fatigue severity scale >18 points).

See treatment results here: <https://moloklinikken.no/wp-content/uploads/2022/04/FMT-moloklinikken-2021.pdf>

Of those who respond to treatment, there are unfortunately some who seem to lose the effect after a while. We do not know the reason for this. Several of those who lose their response over time seems to benefit from renewed treatment, but for this group it may seem like it is difficult to achieve a lasting effect.

Important considerations regarding FMT: Treatment with FMT for IBS is still in its childhood, and much research remains to clarify its role of treating IBS and other diseases in the future.

What does the treatment consist of?

FMT is given via colonoscopy or gastroscopy. Which of these methods that gives the best results is not completely clear.

As donor material we use Bactari® or BactariPluss®. Bactari® consists of intestinal bacteria from a healthy donor with normal intestinal flora, which has been extensively tested to avoid transmission of infectious diseases. BactariPluss® is a product with intestinal bacteria from 3 different donors. For further information: <https://bactari.no/>

The treatment itself takes no longer than a regular colonoscopy/gastroscopy.

After the treatment

Advice will be given after the treatment. Patients will also receive this information and more when making an appointment

Side effects

It is common for the bowel to become upset after the treatment. This is especially common in the first week after treatment. Diarrhoea, constipation, flatulence, stomach cramps, headache and nausea are common, but usually tolerable and transient. However, we have had a few patients who experienced worsening of their existing symptoms that lasted for several months.

Disclaimer

As the treatment is to be seen as experimental, the disclaimer must be signed before the treatment.