

## Powdered Fecal Material Enema Protocol (Canine + Feline)

Note: Dosing charts for cats and dogs are on pages 2 and 3, respectively.

### Materials Needed

- |   |  |
|---|--|
| <input type="checkbox"/> 60ml catheter-tip syringe                  | <input type="checkbox"/> Foley catheter or clean rubber red catheter (for FMT procedure) |
| <input type="checkbox"/> Saline solution (0.9% NaCl)                | <input type="checkbox"/> Gloves  |
| <input type="checkbox"/> Enema packets                              | <input type="checkbox"/> ABV Enema Jar   |
| <input type="checkbox"/> Red rubber catheter (for warm water enema) | <input type="checkbox"/> Non spermicidal lube  |

### Step 1: Prepare Patient

#### Materials

- 60ml catheter-tip syringe
- Red rubber catheter
- Saline solution (0.9% NaCl)
- Gloves

#### Steps

Note: sedation is recommended, but not required.

1. Place the patient into right lateral recumbency with their pelvis slightly elevated.
2. Administration of warm water enema (recommended).
  - a. Draw the appropriate amount of warm water into a 60ml catheter-tip syringe
  - b. Attach the syringe to a lubricated red rubber catheter and aspirate catheter to avoid introducing air into the colon.
  - c. Insert the catheter up to the estimated region of the transverse colon.
  - d. Administer the warm water enema.
  - e. Remove the catheter and allow the evacuation of the colon

### Step 2: Prepare FMT Slurry

#### Materials

- |  |  |
|--|--|
| <input type="checkbox"/> 60ml catheter-tip syringe               | <input type="checkbox"/> Saline solution (0.9% NaCl) |
| <input type="checkbox"/> Foley catheter (or rubber red catheter) | <input type="checkbox"/> ABV enema jar               |
| <input type="checkbox"/> ABV Enema packets                       | <input type="checkbox"/> Gloves                      |

#### Steps

1. Using a lidded wide-mouth jar, mix the number of pouches of fecal powder based on patient weight with the calculated volume of 0.9% NaCl (see full dosage chart on page 2). Pour the saline slowly into the fecal powder to minimize powder aerosolization.
2. Secure lid. Mix thoroughly by shaking (1 minute) until a smooth-consistency slurry results.
3. Transfer the fecal slurry into a catheter-tipped syringe(s) for administration to the patient.
4. The fecal slurry should be administered within 2 hours of reconstitution.

**Step 3: Administer FMT**

**Materials**

- FMT Slurry (see step 2)
- Foley catheter (or rubber red catheter)
- 60ml catheter-tip syringe with FMT slurry contents
- Gloves

**Steps**

Note: Spermicidal lubrication should be avoided for this step.

1. Insert the 60ml syringe into the Foley catheter and flush the catheter to avoid introducing air into the colon.
2. Insert the lubricated Foley catheter rectally, up to the distal region of the transverse colon and proximal to the descending colon. Then inflate the Foley catheter to reduce seepage.
3. Administer the desired volume of fecal slurry slowly.
4. Enema Retention
  - a. 15 min in right lateral recumbency
  - b. 15 min in sternal position
  - c. 15 min in left lateral recumbency

**Dosing Charts:**

**Cats**

Ratio of powder to body weight (lb): 1 g fecal powder per 1 lb body weight

Ideal Cat Weight (lb)*	# Packets	Add 0.9% NaCl (mL)
0 – 10	1	40
10 – 20	2	80
20+	3	120

\*Patients should be dosed based on ideal weight when in a body condition score of 5/9

**Dogs**

Ratio of powder to body weight (lb): 1 g fecal powder per 1 lb body weight

Ideal Dog Weight (lb)*	Fecal Powder (# Packets)	0.9% NaCl (mL)**
0 – 15	1	60
15 – 30	2	120
30 – 45	3	180
45 – 60	4	240
60 – 75	5	300
75 – 90	6	360
90 – 105	7	420
105 – 120	8	480
120 – 135	9	540
135 – 150	10	600
150 – 165	11	660
165 – 180	12	720
180 – 195	13	780
195 – 210	14	840

\*Patients should be dosed based on ideal weight when in a body condition score of 5/9

**Reference:**

Pereira, Giorgio Q., Lucas A. Gomes, Iago S. Santos, Alice F. Alfieri, J. S. Weese, and Marcio C. Costa. "Fecal Microbiota Transplantation in Puppies with Canine Parvovirus Infection." *Journal of Veterinary Internal Medicine* 32.2 (2018): 707-11. Print. [doi.org/10.1111/jvim.15072](https://doi.org/10.1111/jvim.15072)