

# C · C Diff

A plain-English guide for you and your family

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## WHAT IS HAPPENING

Your gut is normally packed with millions of helpful bacteria that keep you healthy. One of their jobs is to crowd out bad germs so they can't grow. C. difficile is a germ that lives quietly in some people's guts as a sleeping spore (like a seed). When you take antibiotics — especially the strong kinds like fluoroquinolones, clindamycin, or cephalosporins — they kill the good bacteria along with the infection you're trying to treat. Once the good bacteria are gone, C. difficile wakes up, multiplies fast, and starts making two poisons (toxins A and B) that burn holes in the lining of your colon. That's when you get watery diarrhea (often many times a day), belly cramps, fever, and your white blood cell count shoots up because your immune system is fighting back. If it gets really bad, the toxins can paralyze your colon so it stops moving, balloon it up with gas and fluid (called toxic megacolon), or even tear a hole in the wall, spilling infected stool into your belly and causing life-threatening infection (sepsis). The key idea: antibiotics meant to help you accidentally removed the guards, and C. difficile rushed in to take over.

## What you might feel

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- Watery diarrhea (three or more loose stools in 24 hours)
- Cramping belly pain
- Fever (body temperature above 100.4°F or 38°C)
- Loss of appetite and feeling sick to your stomach
- Blood or pus in the stool
- Swollen, tender belly (abdominal distention)
- Fast heart rate (over 100 beats per minute at rest)
- Low blood pressure and confusion

## Call the doctor right away if...

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- White blood cell count above 15,000 per microliter or blood lactate above 2.2 mmol/L (signs the infection is severe and the body is struggling)

- Swollen colon larger than 6 centimeters on imaging (risk the colon could tear open, called toxic megacolon)
- Low blood pressure, confusion, or organ failure (signs of life-threatening septic shock)

## What the care team will do

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- Place the patient on contact precautions with gloves, gown, and dedicated equipment, and clean all surfaces with bleach-based disinfectant after each contact
- Monitor vital signs every four hours and watch for fever above 100.4°F, heart rate above 100, blood pressure below 90 systolic, or confusion
- Track and document the number, volume, and appearance of stools every shift, and test stool for blood if the patient reports bloody diarrhea
- Assess belly size, shape, and tenderness every shift by measuring abdominal girth at the umbilicus and gently palpating for rigidity or rebound pain
- Check daily white blood cell count and creatinine level, and report white blood cells above 15,000 per microliter or creatinine rising above 1.5 times the baseline
- Replace fluids and electrolytes by giving intravenous normal saline and monitoring potassium, magnesium, and sodium levels daily
- Protect skin around the anus by gently cleaning with pH-balanced perineal cleanser after each stool, applying barrier cream, and avoiding harsh rubbing or toilet paper
- Verify the correct *C. difficile* antibiotic dose and route, ensure oral vancomycin liquid reaches the colon (not given through a nasogastric tube if the patient has an a stalled gut (ileus)), and never give antidiarrheal medicines like loperamide

## Medicines you may be given — and why

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### Vancomycin (oral)

Vancomycin stays in your intestines (it is not absorbed into your bloodstream from the gut) and kills *C. diff* bacteria by breaking down their cell walls. When the cell wall falls apart, the bacteria die. This lets the good bacteria in your colon recover and take back control.

### Fidaxomicin (oral)

Fidaxomicin stays in the intestines and stops *C. diff* bacteria from making the proteins they need to survive. It is narrow-target, meaning it kills *C. diff* but spares more of your normal gut bacteria than vancomycin does. Because it protects good bacteria better, the infection is less likely to come back.

## **Metronidazole (IV)**

Metronidazole is given through a vein when the colon is so swollen or paralyzed (called a stalled gut (ileus), meaning the gut stops moving) that oral medicine cannot reach the site of infection. The drug enters the bloodstream, then leaks into the inflamed colon tissue and kills *C. diff* by damaging its DNA. It is used as a partner to oral vancomycin in severe, complicated cases—not as the only treatment.

## **Bezlotoxumab (IV, single dose)**

Bezlotoxumab is a laboratory-made protein (an antibody) that binds to and neutralizes toxin B, one of the two poisons *C. diff* releases. Toxin B damages the lining of your colon and causes diarrhea and inflammation. By blocking this toxin, bezlotoxumab reduces the chance that the infection will come back after antibiotic treatment ends. It does NOT kill bacteria—it only stops the toxin from hurting your colon.

## **Fecal microbiota transplantation (FMT)**

FMT restores the normal community of bacteria in your colon by transplanting stool (which contains trillions of healthy bacteria) from a carefully screened donor. These healthy bacteria recolonize your gut, crowd out *C. diff*, and make toxins and nutrients that stop *C. diff* from growing back. It is the most effective treatment for recurrent *C. diff* (infection that keeps coming back), with success rates above 80–90%.

## **Where this information comes from**

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- IDSA/SHEA *C. difficile* infection guideline 2021
- CDC Healthcare-associated Infections Program
- Cochrane Database Systematic Reviews
- American Journal of Gastroenterology

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