

Outcomes of bariatric surgery after renal transplant: single center experience in Kuwait .

Authors: Gheith O, Al-Otaibi T, Nampoory MRN, Ahmed Mosaad, Halim M, Saied T, Hosni W, Zakareya Z , Jude Yagan and Prasad Nair .

Hamed Al-Essa Organ transplant center, Inb-Sina Hospital , El-Sabah Area ,Ministry of health , Kuwait

Introduction

➤ Obesity has been associated with poor graft and patient survival after kidney transplantation, requiring functional increase of anti-rejection drugs. Weight loss surgery may be a good alternative in this clinical scenario

Aim of the work

To assess the outcomes of bariatric procedures performed in patients after renal transplantation compared to conventional group of patients.

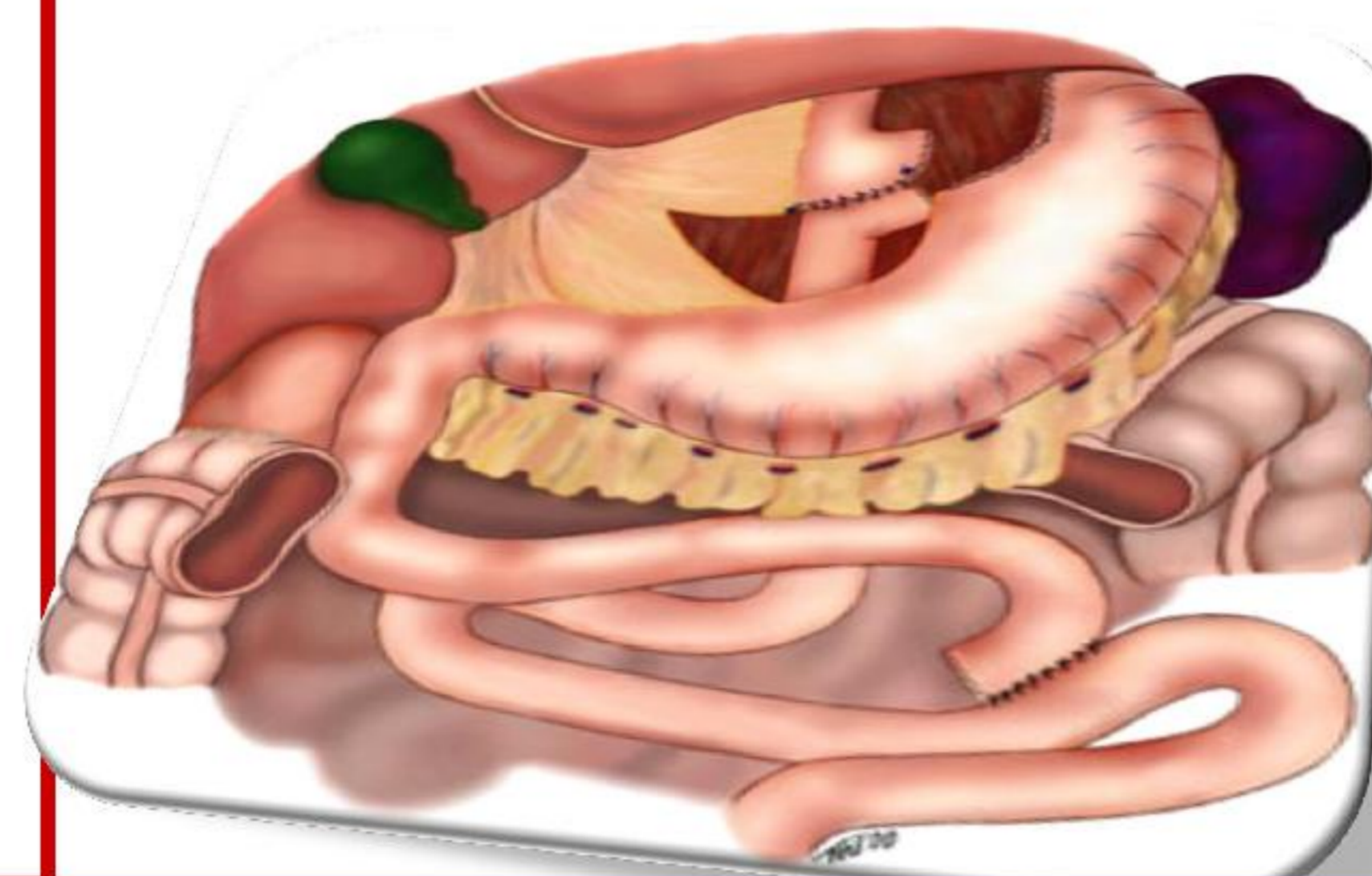
Materials and methods

In this retrospective study, our database was analyzed to compare the outcome of two groups of obese patients (with BMI>38) after their renal transplantation: those who underwent bariatric procedures during the last 5 years (group1, n=22) in comparison to control group (n=44 cases) with conventional life style modification but without this type of surgery. Roux-en-Y gastric bypass was the most common procedure. We evaluate the impact of this procedure on graft and patient outcome among such type of patients.

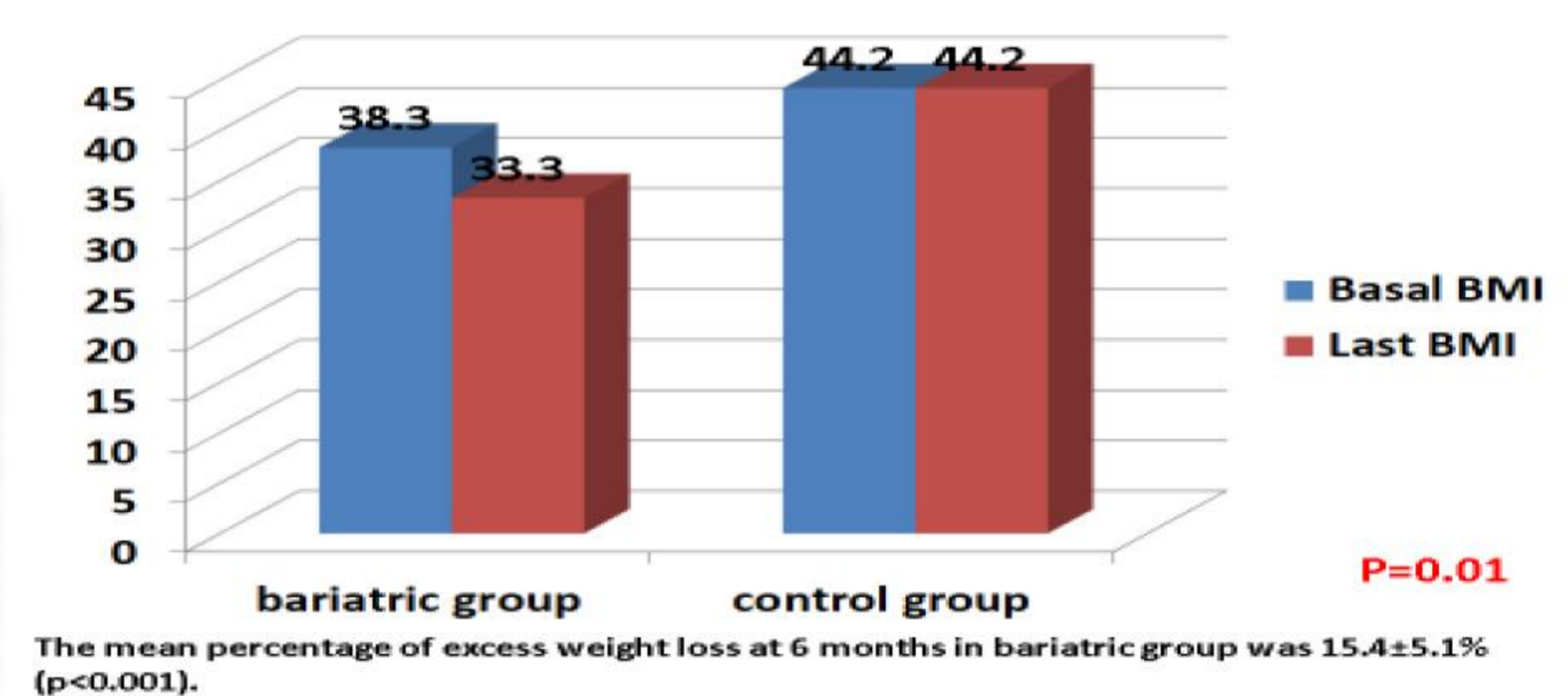
Results

The two groups of patients were matched regarding their demographic data, type of donor, time to graft function, type of induction and maintenance of immunosuppression, pre-transplant co-morbidities as IHD, original kidney disease, type of dialysis, hypertension, DM, and bone disease($p>0.05$).

Gastric bypass, Roux en-Y (proximal)



BMI in both groups (basal and at last follow up)



Most of patients in bariatric group were females (60%) while males dominated the other group (84%, $p=0.03$). The basal and last follow up BMI means were 38.3 ± 8.9 and 33.3 ± 7.3 respectively; vs. 44.2 ± 5.6 and 44.2 ± 6.7 in the control group respectively. The mean percentage of excess weight loss at 6 months in bariatric group was $15.4\pm 5.1\%$ vs. $0.4\pm 0.2\%$ in the control group ($p<0.001$). We found no significant difference in the two groups regarding number of cases with pre-transplant diabetes or NODAT, however the total number of diabetics in the control group was significantly higher (73.3% vs. 40%, $p=0.042$). Moreover, we observed that rejection episodes, graft and patient outcomes were similar in both groups ($p>0.05$). There were no postoperative complications except in two patients: one with strangulated hernia; and the second with postoperative deep venous thrombosis and pulmonary embolism.

Conclusion

Bariatric surgical techniques may be used safely and effectively-with some precautions-to control obesity among renal transplant recipients. Further improvement in metabolic parameters and long term patient and graft outcome can be observed only with longer and larger studies.

