

21-22 Dicembre 2020
XXVIII Congresso Nazionale
SICOB ONLINE

Bariatric Surgery: a safe procedure for obese patient waiting for renal transplant

Caterina Corsini MD

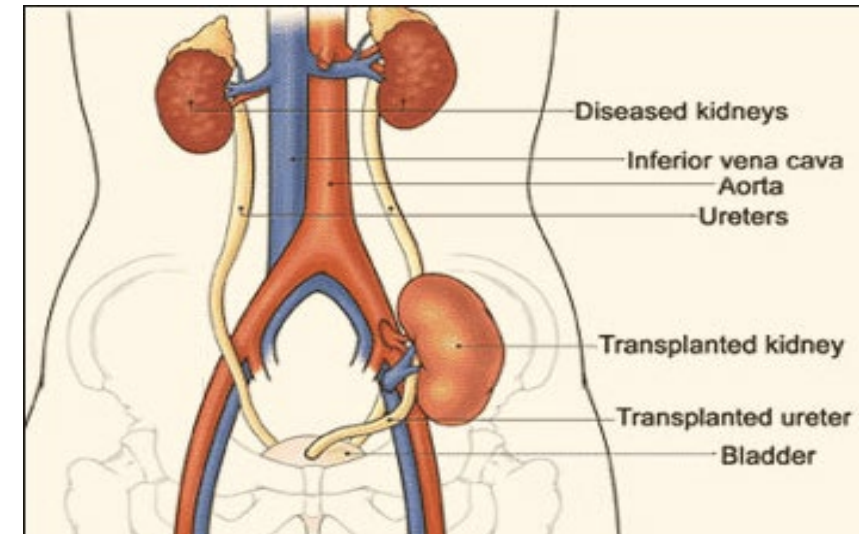
Transplant and Metabolic-Bariatric Surgery, San Raffaele Scientific Institute, Milan, Italy



Introduction

Obesity is more and more frequent among organ **transplant candidates**.

In our centre **BMI > 30 kg/m²** is a contraindication to access transplant waiting list



Effects of Obesity on Kidney- Kidney Pancreas Tx Recipients

- Skin and soft tissue complications: **wound infections, wound dehiscence, and hernias**
- Anastomotic and perinephric complications: **lymphocele, hematoma, vascular complications**
- Complications of allograft function: **DGF, immunologic rejection, graft survival**
- Systemic complications: **sepsis, hospital readmission, post-transplant DM, patient survival**

Bariatric Surgery & Transplant

- **Bariatric surgical procedures have been shown to increase the patient's eligibility for transplant**

Laparoscopic bariatric surgery improves candidacy in morbidly obese patients awaiting transplantation

Mark C. Takata, M.D.,^a Guilherme M. Campos, M.D., F.A.C.S.,^a Ruxandra Ciovica, M.D.,^a
Charlotte Rabl, M.D.,^a Stanley J. Rogers, M.D., F.A.C.S.,^a John P. Cello, M.D., F.A.C.G.,^b
Nancy L. Ascher, M.D., Ph.D., F.A.C.S.,^a Andrew M. Posselt, M.D., Ph.D.^{a,*}

^aDepartment of Surgery, University of California, San Francisco, School of Medicine, San Francisco, California

^bDepartment of Medicine, University of California, San Francisco, School of Medicine, San Francisco, California

Received May 11, 2007; revised November 7, 2007; accepted December 23, 2007

Laparoscopic sleeve gastrectomy is safe and efficacious for pretransplant candidates

Matthew Y.C. Lin, M.D., M. Mehdi Tavakol, M.D., Ankit Sarin, M.D.,
Shadee M. Amirkiai, B.S., Stanley J. Rogers, M.D., Jonathan T. Carter, M.D.,
Andrew M. Posselt, M.D., Ph.D.*

Department of Surgery, University of California, San Francisco, School of Medicine, San Francisco, California

Received December 28, 2012; accepted February 16, 2013

San Raffaele Experience 2015- 2020: Data Collection

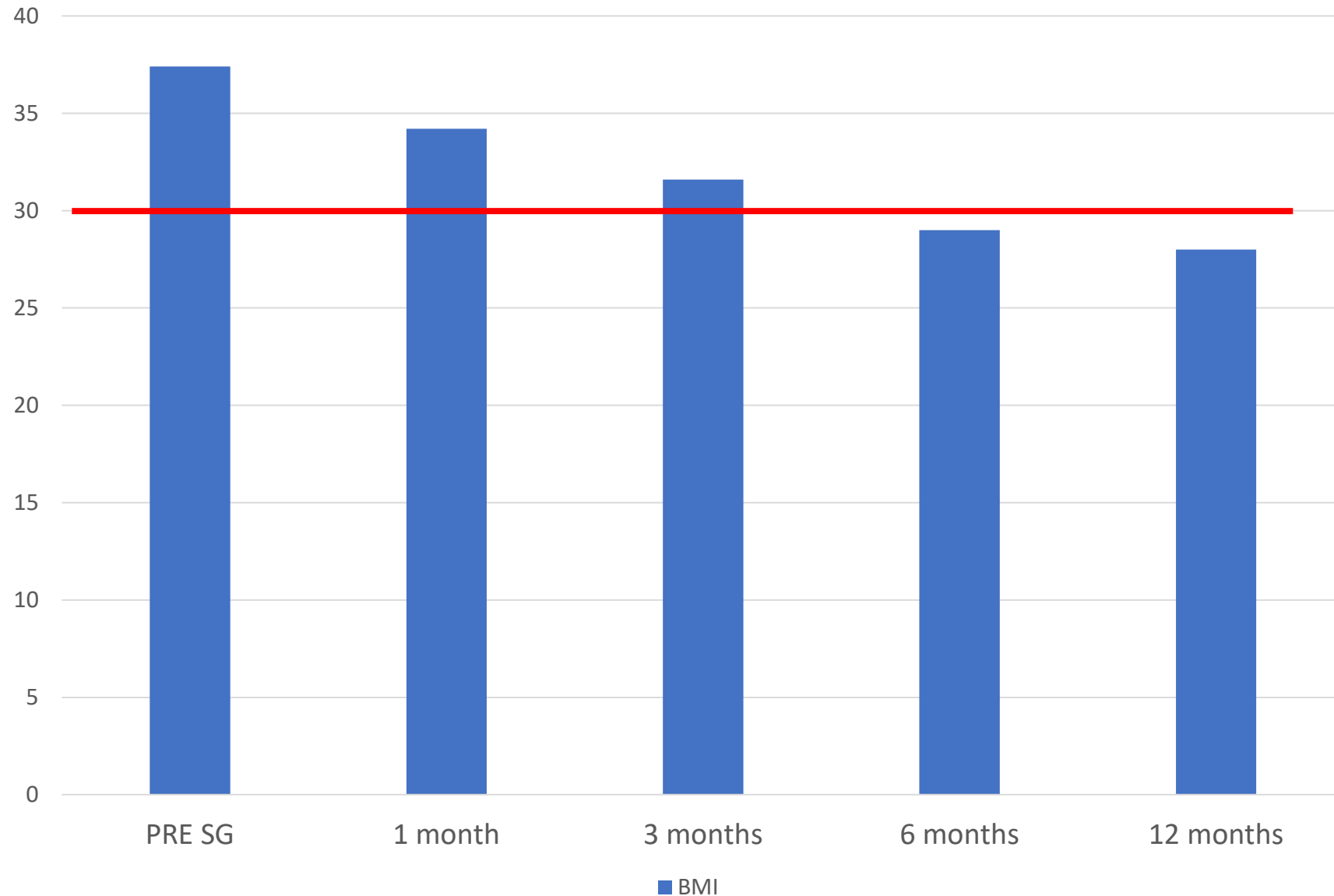
A total of **6** morbidly obese patients **awaiting kidney and kidney-pancreas transplantation** underwent **Bariatric Surgery (BS)**.

6 Patients	
Age (years)	53 y.o
Male/Female	5:1
Mean BMI	37.4 kg/m ²
HD	100%
Bariatric Procedure	6 SG

BMI target: ≤ 30 kg/m²

Results before Transplantation

BMI



T (mesi)	BMI (kg/m2)
FU 1 mese	34,2
FU 3 mesi	31,6
FU 6 mesi	29
FU 12 mesi	28

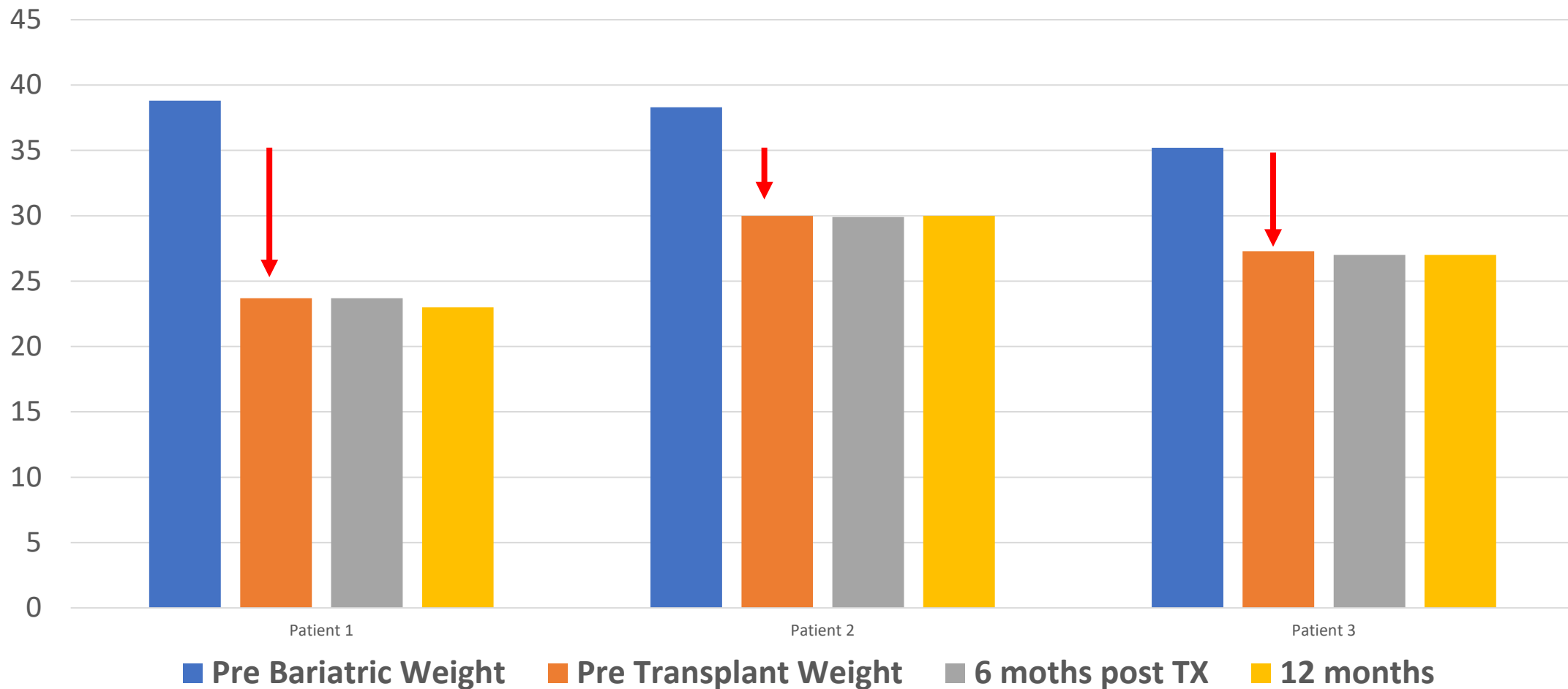
4 pt over 6 (66%)

100% entering waiting list

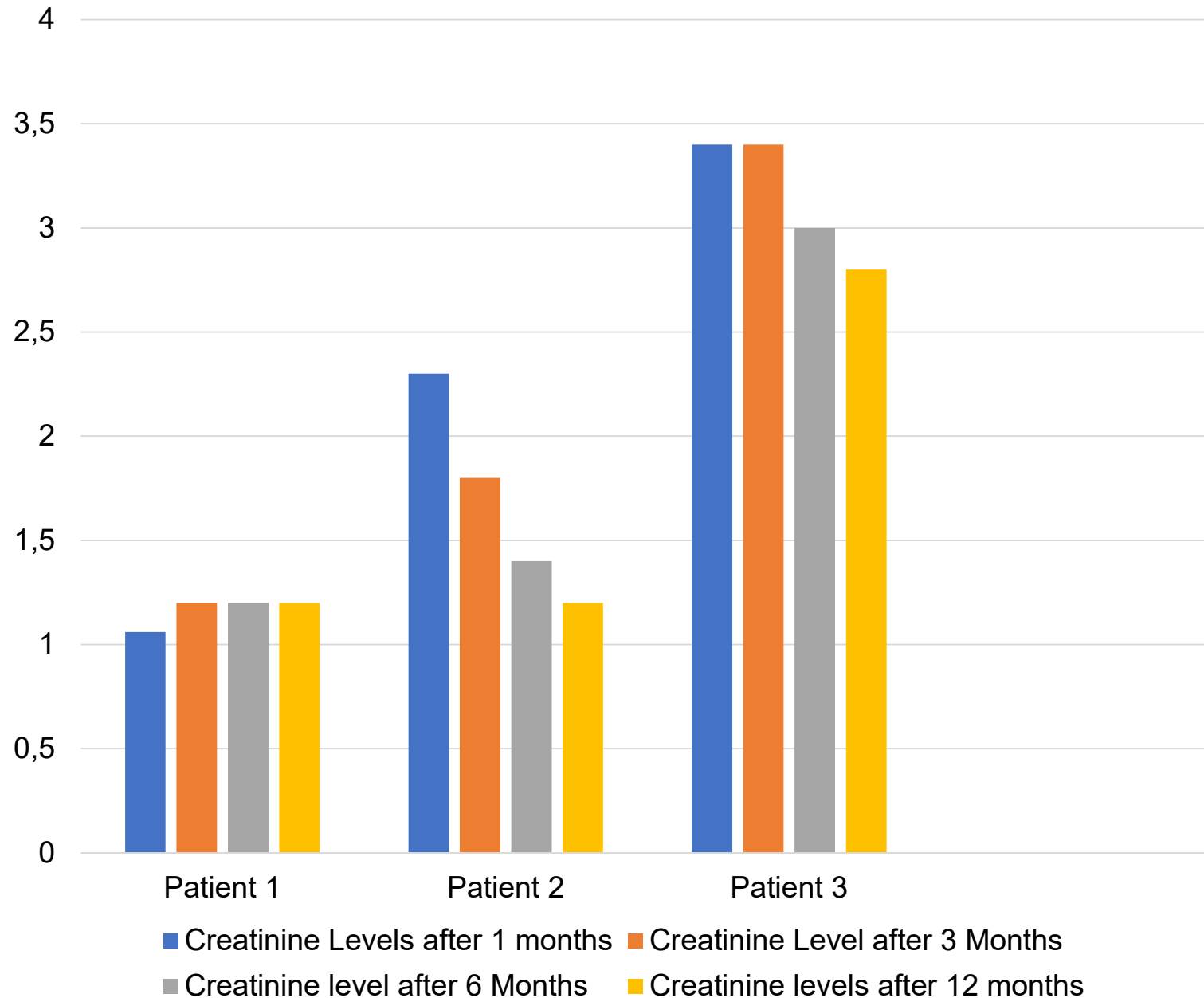
**MEAN EXCESS WEIGHT LOSS:
82%**

Post-Transplant Weight Profile

3 patients underwent **KT** after a mean time between SG and KT of **14 months**. **3 patients** are still in **waiting list**



Results after Transplantation



- No Local Complication (**wound infections, wound dehiscence, and hernias**)
- No **Systemic Complication**
- Normal blood levels of **immunosuppressive drugs** (range 6,2-11,2 ng/mL)

Conclusion

- Bariatric surgery is a valid option to improve outcome of kidney transplant in patients with end-stage renal disease waiting for KT.
- Laparoscopic Sleeve Gastrectomy is a safe and feasible procedure, allows quick and sustained weight loss and improves candidacy for transplantation, reducing posttransplant patient morbidity.
- More evidence to support these findings and longer follow-up period are needed.