



The High Risk Recipient

Papa's Got A Brand New Bag: Gastric Bypass and Transplantation

J. Wesley Alexander, MD

University of Cincinnati Medical Center

Morbid obesity is an increasingly common disease of modern society affecting about 5% of the adult population in the United States (15,000,000). It is associated with a plethora of complications which cause both morbidity and mortality (greater than 300,000 deaths per year). Obesity can cause progression of renal disease, but bariatric surgery is often felt to be a contraindication in morbidly obese patients because of perceived increase in risk, especially in patients who are on dialysis or are receiving immunosuppressive drugs. Another cause often stated for not doing gastric bypass in dialysis patients is that obesity is associated with a better survival than undernourishment. We herein report our results with 53 patients with varying stages of renal disease, including 10 patients who received a gastric bypass after a kidney transplant. There were no leaks, splenic injury, transfusions or infections starting in the deep parts of the wound, and there were no deaths in the first 110 days. The percentage of weight loss and reduction in co-morbid conditions was similar to the general population. Of particular interest were 14 patients who had a gastric bypass and then a transplant, all of whom had an excellent outcome. In addition, there were 26 patients who had a gastric bypass but were not transplanted. Nine of these patients had stabilization, improvement or complete resolution of their renal disease. Five of these 9 patients had FSGS. Two had membranous glomerulonephritis and 2 had diabetes. Seven of the 43 patients who were not transplanted died within the first 5 years after a gastric bypass (112 -1185 days), all from cardiovascular causes. All were on dialysis and 3 were severe diabetics.

Conclusions: Gastric bypass in patients with chronic renal failure/transplant has acceptable morbidity/mortality. All the deaths were associated with cardiac conditions and not the surgical procedure. There was improvement or stabilization of the renal failure in 9 patients. The indication for gastric bypass in renal disease patients should be the same as for the general population.

References:

1. Alexander JW, Goodman H. Gastric bypass in chronic renal failure and renal transplant. *Nutr Clin Prac* 2007; 22:16-21.
2. Johansen KL, Young B, Kaysen GA, Cherow GM. Association of body size with outcomes among patients beginning dialysis. *Am J Clin Nutr* 2004; 80:324-332.
3. Meier-Kriesche H-U, Arndorfer JA, Kaplan B. The impact of body mass index on renal transplant outcomes: a significant independent risk factor for graft failure and patient death. *Transplantation* 2002; 73:70-74.
4. Meier-Kriesche HU, Schold JD, Srinivas TR, Reed A, Kaplan B. Kidney transplantation halts cardiovascular disease progression in patients with end-stage renal disease. *Am J Transplant* 2004; 4:1662-1668.