



# WHEN IS THE BEST TIME TO PERFORM BARIATRIC SURGERY IN PATIENTS WITH LIVER TRANSPLANTATION AND OBESITY? INITIAL EXPERIENCE IN A SMALL HOSPITAL CENTER

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# DISCLOSURES

I have no conflicts of interest to disclose





# INTRODUCTION

- MASLD is an important cause of liver transplantation worldwide.
- Overweight compromises survival rates of LT mainly due to cardiovascular complications and diabetes but also because fatty deposits within the transplanted livers.
- Dilemma of when is the best time to do bariatric surgery (BS) in liver recipients is a major concern: before, during or after transplant.

## OBJECTIVE / AIMS

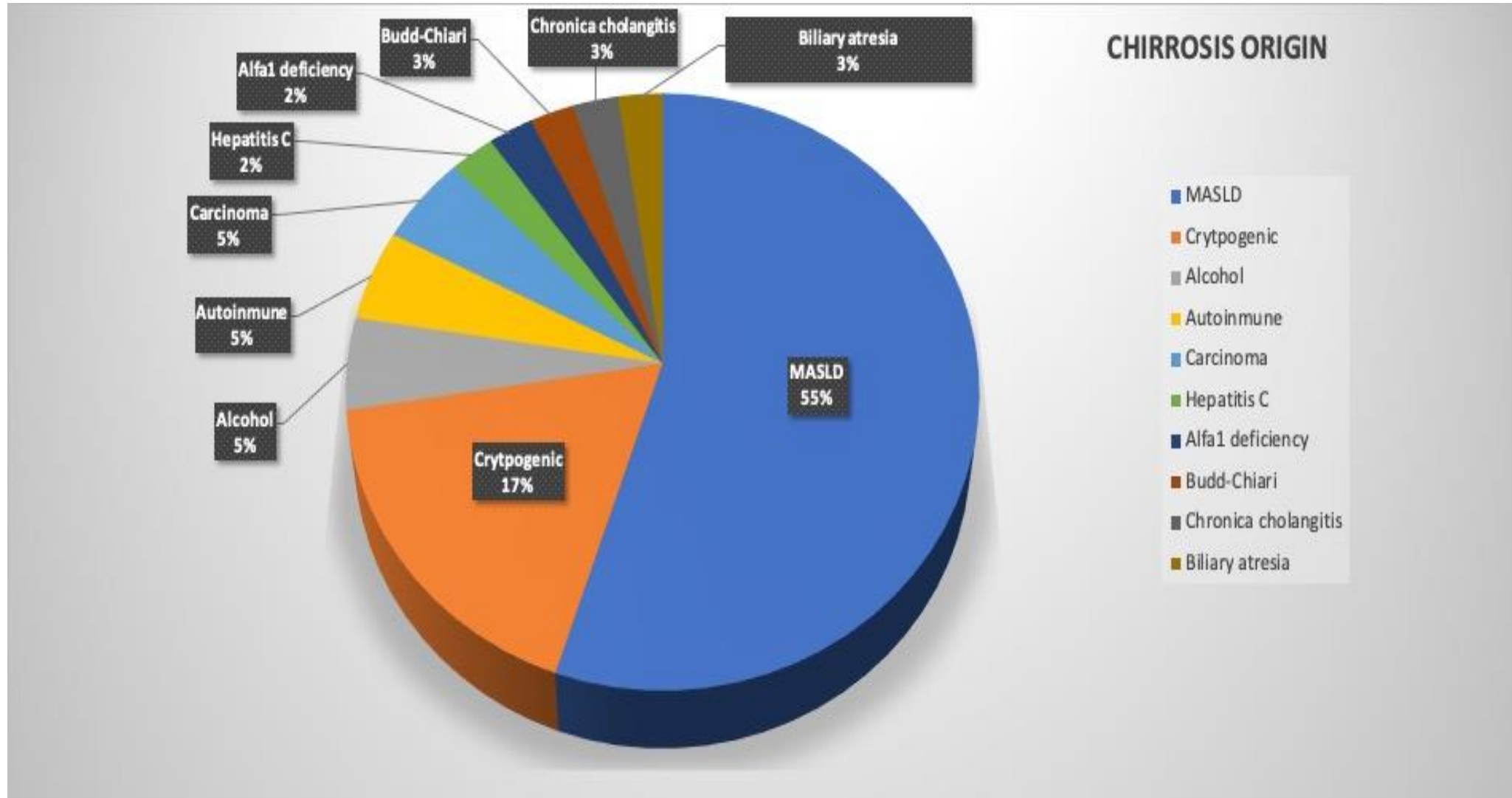
- Present preliminary results about decision taking of when must be the ideal time of performing bariatric surgery in patients going under liver transplantation.

# METHODS

- To patients with cirrhosis and in need of liver transplant due to MASLD, we analyzed, according to clinical conditions at moment of evaluation, if perform any kind of bariatric surgery was necessary.
- Besides normal transplant protocol, patients were informed the risk of liver failure in future if overweight or obesity wasn't solved and proposed a medical consultation from bariatric department, if they agreed to go under bariatric surgery, then a consensus decision was made.
- According to clinical condition at the moment of evaluation, time of surgery was decided, if after, during or after liver transplantation, as well as type of bariatric surgery.

# RESULTS

- In 55% of all liver transplant done in our center, MASLD was the cause of cirrhosis.



# RESULTS

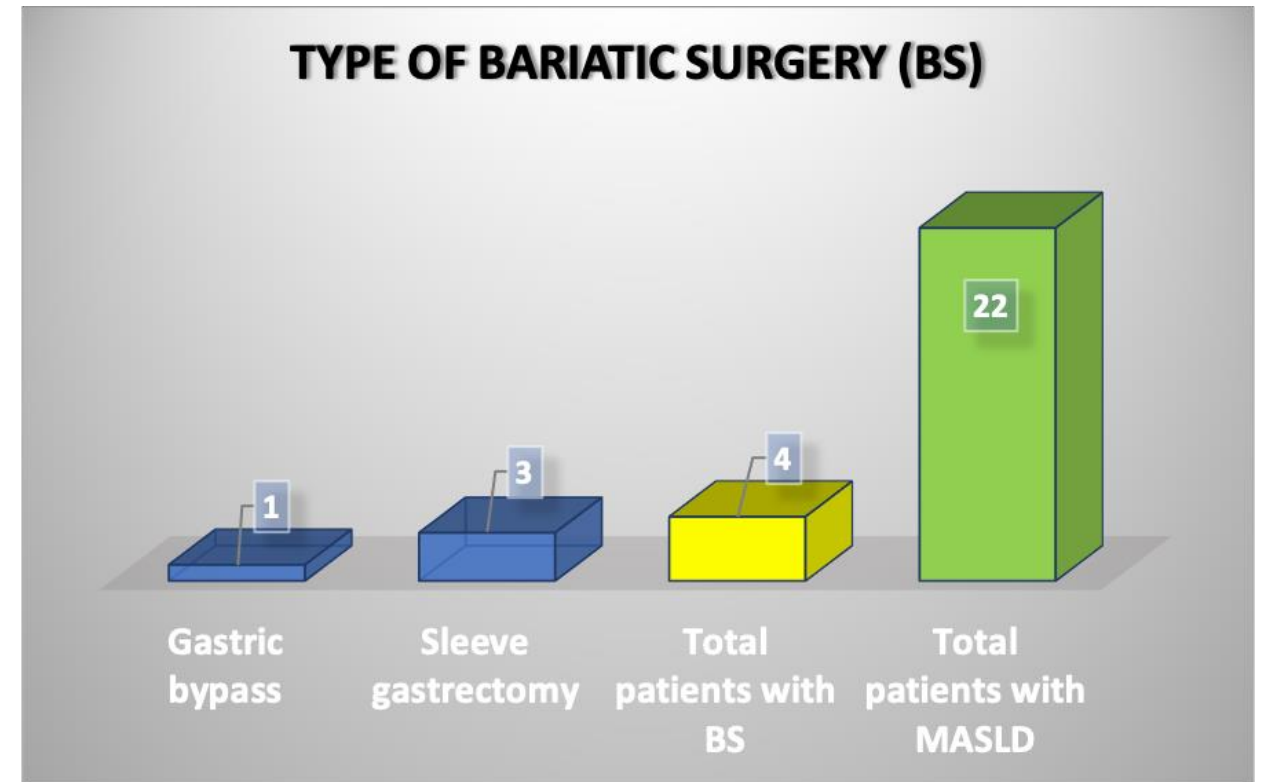
- Only 4 patients went under bariatric surgery:
  - Two previous to liver transplant, one sleeve gastrectomy and one gastric bypass,
  - One during transplant (sleeve gastrectomy) and
  - One within 3 months after liver transplant, also sleeve gastrectomy.

a) Decision of performing bariatric surgery in patients prior to transplant, was based in compensated liver disease (CHILDPUGH A6/B7); but at moment of transplant, we

encounter patients with significant decompensation (MELD 34/38) with weight loss over 80%.

b) Patient with bariatric surgery during transplant, had no problem during surgery and decided sleeve gastrectomy at end of transplant without complications; after 6 years has BMI 24 and good graft function.

c) Post-transplant sleeve gastrectomy patient, decided not doing during transplant because patient's bad physiological conditions, instead did it after 3 months, currently has good graft function and BMI 29.



# CONCLUSIONS



MASLD is becoming main cause of liver cirrhosis in Mexico. Regarding bariatric surgery and liver transplant, preliminary experience in our center shows:

1. Prior transplant, is of high risk because coagulation disorders and portal hypertension; besides, weight loss can results in decompensated illness, worsening patient's condition,
2. Posttransplant surgery, no coagulation disorders and portal hypertension but rather adhesions can hinder an optimal gastrectomy, leaving larger pouch, not allowing optimal weight loss,
3. Believe best time to perform BS is at end of transplant, better sleeve gastrectomy to avoid malabsorption. Timing must be defined by patient's condition an anesthesiologist's evaluation.

# THANK YOU

