

A single-centre retrospective study analysing centre specific renal transplant guidelines for patients Body mass index (BMI); assessing the multifaceted risks of renal transplant recipients if their BMI is 30 or greater.

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Introduction

The assessment of a patient's suitability for renal transplant can be very complex and multifactorial. The Leicester transplant unit, UK increased their renal transplant assessment guidelines for a recipient's BMI from 35 or below to a limit no greater than 37. There are increased surgical risks associated with elevated BMI, therefore all recipients needed to be fully informed, consented and accepting of these prospects if they wanted to proceed to listing for activation.

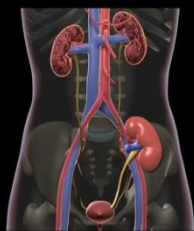
- UK anaesthetic guidelines suggest ideal BMI is 20-25, over 30 is termed as obese and has higher surgical risks and anaesthetic complications. Furthermore we recognise that patients with end stage renal failure have more concomitant diseases that are already associated with being obese.

Methods

Pilot study for both deceased donor recipients and live donor recipients.

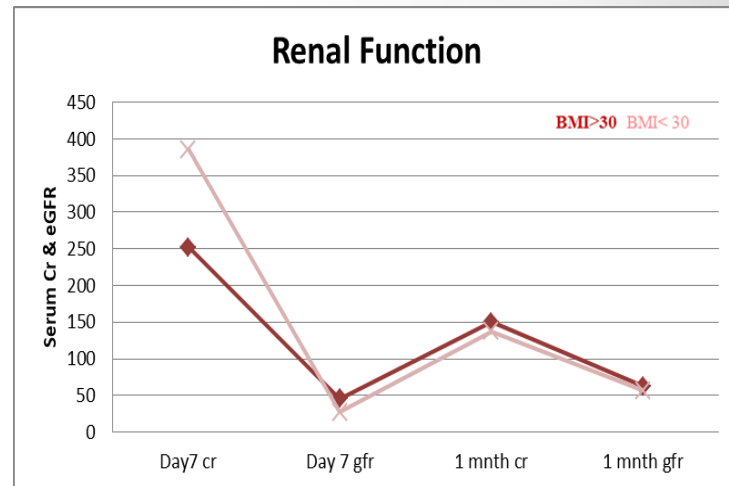
Inclusion criteria: Initial retrospective single-centre analysis of postoperative complications.

- N=21 recipients out of 40 patients transplanted between: August 2022- December 2022.
- Data collection involved patient notes and electronic patient records.



Results

	BMI < 30 (x1 5 female, x6 Male) (X2 LDTX, x9 Deceased = x5 DCD, x4 DBD)	BMI >30 (x1 Female & x9 Male) (x3 LDTX, x7 Deceased = x7 DCD only)
Average Length of Stay (LOS)	9 days	19.6 days
Delayed Graft function (DGF)	X1 DGF	X3 DGF
Red blood cell transfusion	X2 units of RBC	X4 units of RBC
Surgical Re-exploration	0 patients	1 patient
Non-standard Anticoagulation (Aspin only -standard)	X2 patients	X4 patients
Wound complication	X1-large haematoma around kidney, drained & discharged with stoma bag for collection.	X3 patients X1 requiring Betadine flushes X1 patients generalised wound swelling X1 patient = Wound dehiscence & infection & several re-exploration under GA & then VAC therapy,
Other post-operative infections	X3 Urinary tract infections (UTI)	X1 = DVT X1 = NSTEMI
Deceased	0 patient	1 patient



Conclusion

Pre-transplant obesity remains a controversial phenomenon, there remains conflicting arguments for having pre-operative BMI guidelines for transplantation. This initial retrospective analysis has highlighted some of the multifaceted impacts on the patient and the service. The most significant factor is that there is almost double the length of stay compared to a patient with a BMI less than 30.

This abstract highlights that although there are increased associated risks with obese transplant recipients the impact is modest.

A larger cohort study will be implemented to corroborate this conclusion to determine if there should be a standardised BMI limit.