

Pre-Transplant Surgical Evaluation of Recipients

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I have no financial disclosures

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 - Clinical focus: Living Donor Kidney Transplant
 - Research focus: Surgical Education.

Surgical Concerns

- Obesity
- Peripheral Vascular Disease (PVD)
- Urological issues.
- Prior abdominal surgery.
- Prior renal transplant.
- Need for native nephrectomy.

BMI

- Body mass index (BMI) is the most widely used marker of obesity despite its limitations.
- The impact of obesity on outcome after renal transplantation has been controversial. For obese patients overall, registry data have demonstrated a significant survival advantage for recipients of both deceased and living donor transplantation compared with remaining on dialysis.
- However, recipients of deceased donor transplants with a BMI >41 kg/m² had no survival benefit.

BMI

- Wound infection, delayed graft function and weight gain are more common in moderately and morbidly obese transplant recipients although patient and graft survival are unchanged.
- A recent analysis of 27,377 patients from the UNOS database showed that compared with normal weight patients, a BMI >35 kg/m² was independently associated with an increased risk of delayed graft function, prolonged hospitalization, acute rejection and decreased overall graft survival.

Obesity

- No established cut-off for BMI.
- Each transplant center sets their own limits.
- Decide after careful assessment of both recipient co-morbidities as well as donor risk factors.

PVD

- Present in about 15% of patient's starting dialysis.
- Associated with increased mortality.
- Stable PVD is not a contra indication for transplantation.
- Patients with bilateral severe occlusive disease not amenable to correction, are not candidates for transplantation.

PVD

- History and Physical examination.
- Palpate peripheral pulses.
- If absent, perform Doppler flow studies.
- MR Angiogram.

Genitourinary Disease

- Incidence of urological abnormalities is low.
- Requires urological consultation when present.
- Dysfunctional bladder:
- Self catheterization.
- Bladder augmentation or urinary diversion with ileal conduit.

Genitourinary Disease

- Individual assessment to determine need for:
- Cystoscopy.
- Voiding cystourethrogram.
- Retrograde Pyelogram.
- Urologic surgery.

Native Nephrectomy

- Not performed routinely.
- Pediatric patients.
- Massive polycystic kidneys.
- Infection in native kidneys.

Thank you for your attention