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P225 -Obesity obsession! Are we missing out potential transplant candidates?

Dr Nageen Anwar[1], Ms Sunita Ghoorbin[1], Dr Martin Ford[1], Dr Katie Vinen[1]
[1]Kings College Hospital, London, United Kingdom

Introduction:
It is well documented that renal transplantation is the best treatment for suitable patients suffering from end stage renal failure. All deemed fit should be considered, but what does deem fit mean? Are we doing enough to include all suitable patients, or are we missing out on potential candidates? We undertook to review patients attending the low clearance clinic to ensure all had a clear transplant status and to optimize transplant opportunities. Hence the purpose of our audit was to determine how many patients were in each category of transplant workup. We especially wished to revisit patients in the "unfit reconsider" category as this sub group is sometimes neglected, with potential missed opportunities to address medical contra-indications to transplant. We also determined the most important causes that led patients to be put in this category in order to identify any reversible factors, and/or any patients who can begin active work up towards listing. This included revisiting the traditional contra-indication of high BMI, as guidelines for this category are inconsistent. Indeed, recent data suggests some obese patients may do well post-transplant.
Methods:
We used the "Renalware" database to review the patients under follow up in the Kings low clearance clinic. We examined the status of transplant work up for these patients and identified how many patients were in each category. We further looked at patients put into the "unfit reconsider" category and the reason why they are determined to be 'unfit'. For patients with high BMI we looked at the trend of their weight change.
Results:
There are a total of 440 patients attending the Kings low clearance clinic with GFR < 20. 18/440 have completed work up and are active on the transplant list. 79 are being currently worked up for transplant. 219 patients have been declared permanently unfit. 16 patients have a stable renal function and do not require transplant work up at present.   23 are new entrants to the clinic and have not yet been assigned a status. 25 are off for other reasons.
60 patients are in the "unfit reconsider" category. 32/60 (53.3%) are unfit due to a high BMI. For 25/32 (78.1%) this is the only cause. 4/60 patients are in this category because of high BMI and cardiovascular disease. 5 due to malignancy and the rest for a variety of other reasons.
Of the patients with high BMI, 5/32 have BMI<35 kg/m2, 16 are in the range of 35-40 kg/m2 and 11 have BMI>40 kg/m2. Of the 32 high BMI patients, 15 patients had a static BMI, 9 patients had an increasing BMI and 8 patients had a declining BMI.
Discussion:
Successful renal transplantation requires fitness for surgery, but also for immunosuppression and use of steroids. Our results show more than half of the patients in the unfit reconsider category are due to high BMI. The majority of whom are unfit due to high BMI only - a potentially reversible cause. Patients can be referred for weight management and optimized to meet the criteria for transplant.
As a result of our project, all patients in this category are being reviewed to see if any patients can begin active work up. Those with high BMI only are being re- referred to surgeons to reassess their body weight distribution and possible safety of surgery.