INTRODUCTION

• Obesity affects more than one third of Americans.
• Morbid obesity (body mass index [BMI] >35 kg/m²) has been associated with multiple co-morbidities and perioperative complications.
• The effect of morbid obesity on liver transplant outcomes has yielded mixed results.

AIM

To determine listing practices for morbidly obese patients at United States (U.S.) liver transplant centers.

METHODS

A 19 item survey was created to assess liver transplant evaluation and listing practices for morbidly obese patients. All U.S. adult liver transplant medical and surgical directors were contacted by email with a cover letter describing the study and an internet link to the SurveyMonkey® website. A few questions had a free-text section which allowed for comment. Five follow-up emails were sent to encourage participation.

RESULTS

• A total of 187 surveys were emailed with responses received from 48 physicians (24.7% response rate).
• The responding cohort consisted of 29 (63%) medical directors and 17 (37%) surgical directors, including respondents from all United Network Organ Sharing (UNOS) regions, though regions 4 and 6 had the fewest respondents (n=2). (Table 1 and Figure 1)
• A policy on evaluation and listing of obese patients was present at 70.5% of institutions with the majority (54.5%) reporting their BMI cut off for transplant was 40 but a range of 35 to unlimited was noted. (Figure 2)
• The majority (61.4%) of respondents agreed that there has been an increase in the number of obese patients they have listed for liver transplant
• 75% of respondents reported experiencing an increased complication rate, with the most frequently cited complications being poor wound healing and increased infection rates. (Figure 3)
• 34.1% reported they had experienced worse survival rates with obese patients.

CONCLUSIONS

The majority of medical and surgical liver transplant directors have a strong appreciation of the possible morbidity risks associated with morbidly obese patients post-transplant and have policies in effect to minimize these risks. This is of specific concern due to the need to provide more high quality and cost effective transplant care in the current healthcare climate. More data examining morbidly obese cirrhotic patient outcomes peripherally, stratified by other co-morbidities, is needed.

REFERENCES


None of the authors have any relevant disclosures to report