En Route to Renal Transplantation: Peritoneal Dialysis Immediately Following Bariatric Surgery Appears to be Safe

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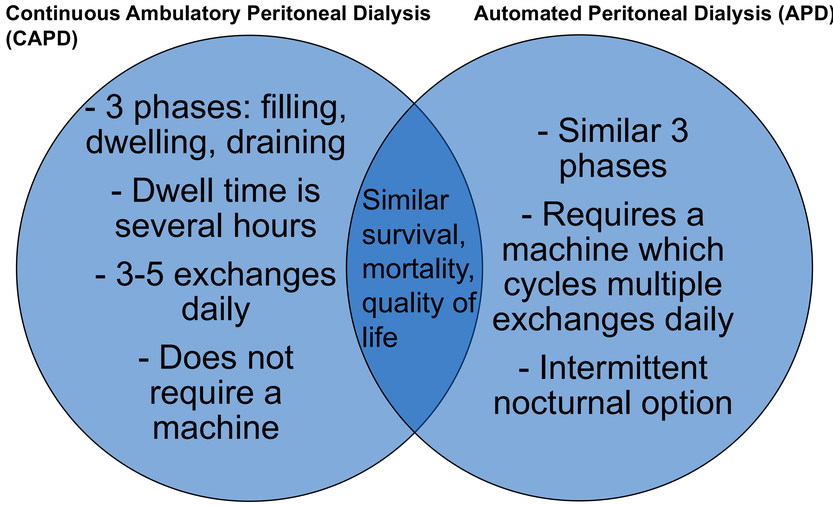
BACKGROUND

- Obesity affects >40% of patients who are either renal transplant candidates or recipients
- Many centers have strict BMI cutoffs that limit access to renal transplantation
- While transplantation affords the best quality of life, access as well as qualification for transplantation remains limited so many patients remain on peritoneal dialysis or hemodialysis
- Herein, we describe a case of a patient who underwent laparoscopic roux-en-y gastric bypass who underwent immediate postoperative peritoneal dialysis resumption

PRIMER ON PERITONEAL DIALYSIS



POSTOPERATIVE COURSE

- Preoperatively placed tunneled hemodialysis line was nonfunctional and found to be kinked
- Due to risks of repeat mechanical complications, vascular injury, anticipated need for future central access, and infection, peritoneal dialysis was resumed on postoperative day 0
  - Resumed preoperative home prescription
- Discharged from the hospital on postoperative day 2
- No leaks from laparoscopic incisions
- Initial peritoneal dialysis drainage was serosanguinous, but cleared by postoperative day 5
- 1 year from surgery: lost 46kg. Awaiting matching donor for renal transplantation, but has remained on peritoneal dialysis

PATIENT PRESENTATION

- 60yoM with end-stage renal disease secondary to hypertension and type II diabetes
- Preoperatively on peritoneal dialysis (3 exchanges and 2L each night)
- Biliopancreatic limb: 40cm from the ligament of Treitz
- Roux limb: 100cm
- Linear staplers to create the gastrojejunostomy and the jejujejunostomy
- Gastrojejunostomy oversewn
- Endoscopic leak test negative at the end of the case

CONCLUSIONS

- Given the rising prevalence of obesity in the general population and in patients with end-stage renal disease, bariatric surgery will become common place in patients who require peritoneal dialysis
- Gastric bypass is an affective bridge towards eventual solid organ transplantation
- Additional research is necessary to analyze more robust data for future practice guideline development.

LEARNING POINTS

1. Immediate resumption of peritoneal dialysis after bariatric surgery is safe
2. Peritoneal dialysis prescription does not need to be modified postoperatively
3. Initial dialysate drainage may appear serosanguinous and may remain so for approximately 1 week postoperatively