

Literature review of acute weight management strategies for pretransplant patients with obesity

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There are no guidelines for acute weight management in patients requiring weight loss in order to meet BMI criteria for solid organ transplant surgery. Acute weight management strategies include: 1. Bariatric surgery and 2. Medical management: diet, exercise, medications, and/or meal replacements. A literature search yielded retrospective surgical publications and few medical reports. Two Markov decision analyses found surgery superior to diet and exercise. Bariatric surgery typically has a quoted 0.2-0.5% 30-day mortality, but can be 3.5% or higher in the pretransplant obese population. No study compared bariatric surgery and more aggressive means of medical management (medications or meal replacements) which can achieve comparable % weight loss as bariatric surgery in non-bariatric surgical procedures. No publication discussed the level of risk a patient would be willing to undertake with an acute weight loss procedure. This review will propose that the first step would be to initiate an aggressive medical weight management program over 6 months. Weight loss achieved medically might result in improved health and delay need for transplant. If there is failure to achieve the target BMI required for transplant, then a thoughtful conversation can be made between the bariatric surgeon and the patient about risks/benefits of bariatric surgery in order to qualify for solid organ transplant.