An audit of obese patients on the renal transplant waiting list at University Hospital Birmingham

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Introduction

- Renal transplantation improves outcome for ESRF patients⁽¹⁾
- Patients with BMI > 30
 - Present technical difficulties
 - Increased chance of post operative complications⁽²⁻⁴⁾
 - Decreased 5 year graft survival^(5,6)
- Patients with BMI > 40 less likely to benefit from renal transplantation⁽¹⁾

7 year graft survival in obese vs non-obese transplant recipients

Method

Snapshot Audit 8th June 2016

All active and suspended waiting list patients included

All patients receiving renal replacement therapy included

Age < 65

BMI > 30

Clinical portal records examined for comorbidity

Secondary Outcome

- 157 patients with BMI > 35
- 46 patients identified whose only barrier to transplantation was elevated BMI
- 26% (n=13) had documented evidence of referral to specialist weight management services.

References

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Graph showing trend in creatinine post renal transplantation

BMI - Group A <18.5, Group E >35

Audit Aim

To audit active and suspended renal transplant patients against Renal Association guidelines for listing morbidly obese patients.

"The number of patients with BMI >40 kg/m² who are on the transplant waiting list and the reason for their inclusion." ⁽⁷⁾

Audit Outcome Measures

Primary Outcome: Patients active on the waiting list with BMI >40 should have a documented reason for listing.

Secondary Outcome: All renal patients with BMI >35 should be referred to specialist weight management services (SWMS) if transplantable.

Primary Outcome

	Active	Suspended
Number of patients	387	303
Mean BMI	27.16	27.59
Percentage of obese patients	27.3%	30.7%
Number of patients with BMI > 40	0	0

Conclusion

- UHB meets the guidelines for wait-listing patients with BMI > 40
- Small numbers of patients with documented referral to specialist weight management services
- Potentially delaying or excluding this group from future transplantation