

Liver Transplantation and Bariatric Surgery

Best Approach



Duminda Suraweera, MD^a, Erik Dutson, MD^b,
Sammy Saab, MD, MPH^{b,c,*}

KEYWORDS

• Obesity • Liver transplantation • Bariatric surgery • Cirrhosis • NASH

KEY POINTS

- Bariatric surgery has been shown to be an effective means to not only lower body mass index but also reduce obesity-related comorbidities.
- Although the use of bariatric surgery in the setting of liver transplant (LT) is not yet extensively studied, preliminary data are promising.
- Bariatric surgery before or during liver transplantation seems ideal in most patients because surgical procedures after LT can be technically difficult because of adhesions and have increased risk of several complications due to post-LT medications.

INTRODUCTION

The prevalence of obesity has increased dramatically in the United States, with an overwhelming impact on health and health care. Obesity is defined as a body mass index (BMI) equal to or greater than 30 kg/m².¹ In 2016, it is estimated that the prevalence of obesity in the United States was 34.7% as compared with 15% in 1987.^{2,3} The obesity epidemic has gradually expanded from an adult-onset disorder to affecting many children. From 2011 to 2012, it is estimated that 32% of children were overweight or obese at 2 years of age in the United States.⁴ This high prevalence will likely lay the foundation for future increases in rates of obesity-related comorbidities, such as diabetes, heart disease, and liver disease, including end-stage liver disease (ESLD).

Liver transplant (LT) has long been the gold standard for the treatment of ESLD, acute liver failure, and primary hepatic malignancy.⁵ Transplantation not only extends survival

Disclosure: The authors have nothing to disclose.

^a Department of Medicine, Olive-View Medical Center, 14445 Olive View Drive, 2B-182, Sylmar, CA 91342, USA; ^b Department of Surgery, University of California at Los Angeles, 200 Medical Plaza, Suite 214, Los Angeles, CA 90095, USA; ^c Department of Medicine, University of California at Los Angeles, 200 Medical Plaza, Suite 214, Los Angeles, CA 90095, USA

* Corresponding author. Pflieger Liver Institute, UCLA Medical Center, 200 Medical Plaza, Suite 214, Los Angeles, CA 90095.

E-mail address: SSaab@mednet.ucla.edu

Clin Liver Dis 21 (2017) 215–230

<http://dx.doi.org/10.1016/j.cld.2016.12.001>

1089-3261/17/© 2016 Elsevier Inc. All rights reserved.

liver.theclinics.com