



PRESS RELEASE

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WEIGHT LOSS SURGERY RATES ARE RISING AMONG U.S. ADULTS WITH KIDNEY FAILURE

Study finds that laparoscopic procedures are safe in these patients.

Highlights

- The number of U.S. patients with kidney failure undergoing weight loss surgery increased 9-fold between 2006 and 2016.
- The proportional use of sleeve gastrectomy in patients with kidney failure increased from less than 1% of weight loss surgeries in 2006 to 84% in 2016.
- Complication rates for sleeve gastrectomy were similar between patients with and without kidney failure; however, patients with kidney failure had more hospital readmissions and slightly longer hospital stays.

Washington, DC (July 25, 2019) — A recent analysis of trends in weight loss surgery among patients with kidney failure and obesity reveals that sleeve gastrectomy is safe, and its use has increased in recent years. The findings, which appear in an upcoming issue of *CJASN*, suggest that kidney failure should not be considered a contraindication for weight loss surgery.

As in the general population, obesity rates are rising in individuals with kidney failure. By analyzing all Medicare claims for the years 2006 through 2016, a team led by Seth Waits, MD and Kyle Sheetz, MD, MSc (University of Michigan) assessed the extent to which these patients are undergoing and benefiting from weight loss surgery.

The number of patients with kidney failure undergoing weight loss surgery increased 9-fold between 2006 and 2016. The proportional use of sleeve gastrectomy—which is performed laparoscopically and is simpler than other weight loss surgeries—increased from less than 1% of weight loss surgeries in 2006 to 84% in 2016. Complication rates for sleeve gastrectomy were similar between patients with and without kidney failure (3.4% vs. 3.6%); however, patients with kidney failure had more hospital readmissions (8.6% vs. 5.4%) and slightly longer hospital stays (2.2 vs. 1.9 days).

“This study shows that contemporary trends shifted towards laparoscopic sleeve gastrectomy for patients with kidney failure, likely due to the lower risk of complications and shorter hospital stays,” said Dr. Sheetz. “Weight-loss surgery is now common and

generally safe in these patients. The findings from this study suggest that the medical community should focus on determining how best to use weight loss surgery as one tool in the long-term management of patients with kidney failure. It also highlights the potential for greater collaboration between primary care doctors, nephrologists, and surgeons.”

In an accompanying editorial, Kevin Erickson, MD, MS and Sankar Navaneethan, MD (Baylor College of Medicine) noted that although the study found relatively low rates of post-surgical complications, questions remain about the safety and longer-term impact of weight loss surgery on patients’ health and their access to kidney transplantation. “Clinical trials comparing the benefits and risks of these procedures in the dialysis population would be ideal,” they wrote.

Study co-authors include Kenneth Woodside, MD, Vahakn Shahinian, MD, Justin Dimick, MD, MPH, and John Montgomery, MD.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Trends in Bariatric Surgery Procedures Among Patients with ESKD in the United States,” will appear online at <http://cjasn.asnjournals.org/> on July 25, 2019, doi: 10.2215/CJN.11590918.

The editorial, entitled “Bariatric Surgery for ESKD Patients: Why, When, and How?” will appear online at <http://cjasn.asnjournals.org/> on July 25, 2019.

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