

Double surgery improves chances for heart transplant in patients with obesity

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Patients with obesity are at higher risk of developing heart failure. And yet, many obese patients face obstacles to getting heart transplants, as recovery is considered to be more challenging and risky in individuals with high body mass. Some physicians have attempted to pair bariatric surgery, which has shown to effectively reduce body mass in some patients, with LVAD surgery—considered a bridge to heart transplantation. However, the studies in general were too small to assess whether the approach was generalizable. New research from Jefferson pooled and analyzed data from multiple studies in a meta-analysis to assess the real-life impact of pairing the bridge-to-transplant LVAD surgery with a sleeve gastrectomy, a bariatric procedure for morbidly obese patients performed for weight reduction.

"Despite being at higher risk for [heart disease](#), when patients with obesity develop heart failure, their road to transplant can be frustrating," says cardiac surgeon and senior author of the study, Vakhtang Tchantchaleishvili, MD, assistant professor of surgery at Thomas Jefferson University. "Our study shows that [weight reduction](#)

surgery can help patients both lose weight, and qualify for heart transplant for which they were previously not eligible due to excessive weight." The research was published in *Obesity Surgery*.

The study also aimed to compare two variations of the paired approach: LVAD surgery and bariatric surgery at the same time, versus a staged approach, where bariatric surgery was performed as a separate operation on average two years after LVAD. Researchers included a total of eight studies in the meta-analysis, making up a total of 58 patients who underwent dual-surgeries for LVAD and [bariatric surgery](#). Of these 22 had simultaneous surgeries and 37 had staged.

"The goal of the study was really to see if these two surgeries could improve a patient's chance of eligibility for heart transplant, which is the best long-term treatment for heart failure," says Dr. Tchantchaleishvili.

The researchers found that during the average follow-up of one year, 66% of these previously ineligible patients met listing requirement for heart transplant, and 33% got actually transplanted. Both simultaneous and staged approaches were comparable in terms of outcomes, including significantly reducing the body weight.

"Many people don't realize that [heart failure](#) can be a multi-year disease," says co-author Todd Massey, MD, the surgical director of the [heart transplant](#) program at Jefferson Health. "Our results show that we can improve a patients chances of successfully being put on a transplant list by pairing these surgeries."

More information: Jothika Challapalli et al, Sleeve Gastrectomy in Patients with Continuous-Flow Left Ventricular Assist Devices: a Systematic Review and Meta-Analysis, *Obesity Surgery* (2020). [DOI: 10.1007/s11695-020-04834-4](https://doi.org/10.1007/s11695-020-04834-4)

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