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## **Nutritional management of kidney transplant recipient**

**Abhishek Mukherji**<sup>1</sup>, Pratim Sengupta<sup>2</sup>

<sup>1</sup>Department of Nephrology, Nephrocare India Pvt Ltd, India

<sup>2</sup>Department of Nephrology, Nephrocare India Pvt Ltd, India

**Case Study:** Kidney transplantation is considered as the best treatment modality for patients suffering from the End Stage Renal Disease. Successful kidney transplantation to a great extent amends metabolic abnormality related with uremia and dialysis in patients with ESRD. Many of the physiological properties of the kidney influence metabolism of nutrients, elimination, and homeostasis of electrolytes. Kidney failure poses a major challenge to maintain adequate nutrition and muscle mass. Pre-existing ailments can often lead to complications after transplantation. The side effects of immunosuppressive drugs and the change in lifestyle after transplantation introduce a new set of metabolic abnormalities that together with pre-existing comorbidities significantly affect short- and long-term health outcomes for recipients of kidney transplant. Good nutritional status is imperative to improve outcomes after transplantation. Food restrictions additionally fluctuate from pre and post transplantation period. Pre-transplant nutritional status, protein energy malnutrition and other comorbidities contributes to post transplant complications. Fasting and immobilization related to surgery, delayed graft function necessitating ongoing dialysis, wound complications, gut disturbances and other events that may occur in the first few weeks and months after transplantation may contribute to post transplant complications. Once kidney function is restored and surgical recovery completed, dietary consideration is required to keep away from unnecessary weight gain as the impact of steroid, uremia resolution and relative dietary freedom compared to dialysis all contribute to increased appetite and over-eating. Long-term nutritional requirement may change as prevalence of long-term complication such as cardio-vascular disease, graft dysfunction and failure, metabolic disorders like new onset diabetes after transplant (NODAT), hypertension, obesity, bone mineral disorder and even cancer increases over time, all requiring individualized dietary strategies. Overall transplant nutrition can be broadly classified into four major phases- Nutrition during pre-transplant phase, nutrition during peri-transplant phase, acute phase nutrition and chronic phase nutrition also known as maintenance phase.