

# **The use of fibrin glue injections to manage post kidney transplant lymphoceles and lymph fistulas.**

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## **Abstract:**

Purpose: Multiple techniques exist to repair post kidney transplant lymphoceles and lymph fistulas including open or laparoscopic surgical fenestration into the peritoneum. More recently we have used fibrin glue injections for definitive treatment. Methods: We retrospectively analyzed 42 recipients with lymphoceles or lymph fistulas that were treated with one of these procedures between 2003 and 2011. Study patients were selected for similar demographics and none were receiving an mTOR inhibitor drug. All treated lymphoceles were symptomatic causing pain, distention, obstruction, voiding symptoms, or leg edema. Group 1: Open Repair (OR)=21; Group 2: Lap Repair (LR)=10; and Group 3: Fibrin Glue (FG)=11. Injection of fibrin glue consisted of thawed ABO compatible cryoprecipitated plasma (4-5 units), mixed with calcium gluconate, thrombin 20,000 units, and antibiotics into a previously placed drain. The procedure was done under local anesthesia as an outpatient using fluoroscopy guidance. Clinical/laboratory parameters were compared between the groups. Results: Demographics and Outcomes appear in the table. Recurrence rates, requiring additional therapy after initial treatment for the three groups were 9.1%, 10%, and 9.5% respectively. No FG treated patient required hospitalization. Conclusions: Fibrin glue injection is an effective treatment for post kidney transplant lymphoceles with similar efficacy to surgical approaches, less morbidity, and the advantage of being an outpatient procedure. (Table Presented).