Patients with chronic kidney disease (CKD) are known to be at higher risk of venous thromboembolism, and the prevalence of atrial fibrillation (AF) is at least 10-fold higher than in the general population. Warfarin is a commonly used oral anticoagulant therapy (OAT) for treatment and prevention of AF related complications. When CKD patients enter a Kidney transplant (KT) waiting list, they often remain on OAT. This implies the use of reversal agents at the time of Kidney transplant surgery, specially from deceased donors. In this study, we aim to determine the outcomes and complications of KT in patients using OAT at the time of surgery.

Methods
From January 2009 to September 2019 2403 kidney transplants were done in our institution. There were 15 patients with current OAT use at the time of the procedure.

Results
From the 15 patients, 8 were male (53,3%) and 13 (86,7%) received kidney from deceased donors. Mean age was 54,6±11,0 years. Risk factors for thrombosis were the indication for ACO in 9 (60%) including arteriovenous fistula or hemodialysis catheter thrombosis and previous graft loss due to thrombotic event. In the remaining 6 (40%) OAT indication was AF. Eight patients (53,3%) were in concomitant use of Antiplatelets. Median INR in admission test was 2,2±1,0. On 12 patients (80%) the reversion therapy was vitamin K and fresh frozen plasma. The remaining 3 (20%) had INR < 1,5, dismissing treatment. Surgical excessive bleeding requiring transfusion were observed in 7 (46,7%) patients, and there were 02 deaths related to these complications. Re-introduction of OAT was necessary in 8 (53,3%) individuals. There was no statistical difference between long term renal graft function, with a median MDRD of 57,55 and creatinine of 1,6 after 5 years.

Conclusions
Oral anticoagulants use adds surgical risks for bleeding complications and death in kidney transplant recipients, independently of anticoagulant reversal therapy.