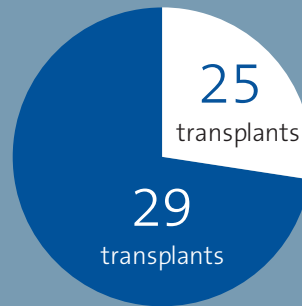


Duke Pediatric Intestine Transplant Program



Transplant Volumes to Date

54 intestine transplants since the program was established in 2009



■ Pediatric ■ Adult

Overview

We offer comprehensive evaluation and care to your patients with intestinal failure. Duke is among a handful of U.S. hospitals with experienced transplant surgeons who perform intestinal transplants on pediatric patients.

Our experienced Duke specialists and transplant surgeons diagnose and manage gastrointestinal conditions in children and adolescents, including, but not limited to:

- Congenital intestinal disorders, including intestinal atresia or gastroschisis
- Dysmotility disorders such as pseudo-obstruction
- Malabsorption
- Trauma
- Short bowel syndrome

Why Refer to Duke

- We are the only intestine transplant program in the region (North Carolina, South Carolina, Virginia, Kentucky, and Tennessee.)
- We are among fewer than 20 active programs in the U.S.



Duke Pediatric Intestine Transplant Program



Your Patients Will Have Access To:



Our Transplant Specialists

Duke has special expertise in intestinal transplant, including:

- Intestinal and multivisceral transplants for infants, small children, and adolescents
- Treatment for children with complex conditions, who have been declined for an intestinal transplant at other hospitals
- Management of patients with short bowel syndrome and intestinal failure



Clinical Trials

We screen every patient to see if they qualify for clinical trials that will give them access to novel therapies, including those:

- Designed to improve nutrient absorption in patients with intestinal failure
- Investigating ways to reduce transplant rejection

Support Services



We provide patients and their caregivers emotional support and the opportunity to ask questions. We share information about medications, nutrition, exercise, and the psychological and emotional effects of the transplant journey.

Our Care Team Members

Pediatric Abdominal Transplant Coordinator

Casey David, RN
Phone 919-668-2466

Hepatologists

Gillian Noel, MD
Medical Director, Intestinal Transplant
Mansi Amin, MD

Our coordinator and a doctor are on call 24 hours a day, 365 days a year for urgent concerns.

Surgeons

Debra Sudan, MD
Surgical Director, Abdominal Transplant Surgery
Deepak Vikraman, MD
Surgical Director, Pediatric Abdominal Transplant
Andrew Barbas, MD
Stuart Knechtle, MD
Kadiyala Ravindra, MBBS
Aparna S. Rege, MD

Find the most up-to-date list of providers at [DukeHealth.org/Transplant](https://dukehealth.org/transplant)

Location

Duke Children's Hospital and Health Center
4th Floor | 2301 Erwin Rd.
Durham, NC 27710

Phone 919-613-7777
Fax 919-681-7930
On-call Physician 919-684-8111

Duke Pediatric Intestine Transplant Referral Form

Please fax the completed referral form to 919-668-3897 or use electronic referral through Epic / MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Dr.
Room 133
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-668-3897

Patient Demographic Information

Name: _____	Child's Nickname: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Social Security Number: _____	Date of Birth: _____	Gender: _____ Race: _____
Home Phone: _____	Parent/Guardian Name: _____	
Parent/Guardian Phone: _____	Parent/Guardian E-mail: _____	
Emergency Contact: _____	Phone: _____	Relationship: _____

Physician Information

Referring Physician: _____	Primary Care Physician: _____
Practice/Group Name: _____	Practice/Group Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____
Name of Person Completing This Form _____	

Primary Insurance Information (attach copy of both sides of card)

Company: _____	Policy ID: _____	Group Number: _____
Policyholder's Name: _____		Policyholder's DOB: _____
Insurance Phone Number: _____	Referral or Pre-Cert Number: _____	
Behavioral Health Insurance? Y N Company: _____		Policy ID: _____

Secondary Insurance Information (attach copy of both sides of card)

Company: _____	Policy ID: _____	Group Number: _____
Policyholder's Name: _____		Policyholder's DOB: _____
Insurance Phone Number: _____	Referral or Pre-Cert Number: _____	

Patient General Clinical Information

Seen at Duke University Hospital? Yes No If yes, date of last visit: _____

Patient Height: _____ Patient Weight: _____ Duke Medical Record Number: _____

Clinical Information Requested to Schedule Appointment

1. Most recent clinical summary and current medications, treatment plans, and past medical history or typed consult letter including patient's clinical summary and pertinent medical history.
2. Lab results within 60 days including total bilirubin, prothrombin time with INR, and chemistry panel including creatinine and sodium.
3. Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
4. Procedural reports including liver biopsy pathology, endoscopy, or colonoscopy most recent completed, if available

*Items may be included in dictated summary or letter.

Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance with NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.