

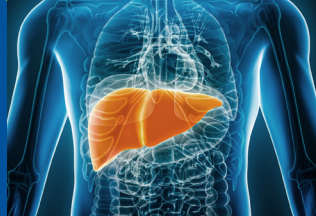


Duke Liver Transplant Program

**3x shorter wait time for
livers transplanted than
the national standard**



**Better patient outcomes with 1-year survival
rate exceeding national average**



**Among the highest
volumes nationally for liver
transplant**

What We Treat

We offer comprehensive evaluation and care to your patients with liver disease.

Our experienced team works with you and other Duke specialists to diagnose and manage liver disease, both common and rare, including, but not limited to:

- Acute liver failure
- Alcohol-associated liver disease
- Alpha-1-antitrypsin deficiency
- Autoimmune hepatitis
- Cholangiocarcinoma
- Cirrhosis
- Hemochromatosis
- Hepatitis B
- Hepatitis C
- Hepatocellular carcinoma (HCC)
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- Portal vein thrombosis
- Primary biliary cholangitis
- Primary sclerosing cholangitis
- Wilson's disease

When to Refer to Duke

You should refer your patient for liver transplant when they develop liver-disease complications including but not limited to:

- Ascites
- Hepatic encephalopathy
- Identified hepatocellular carcinoma or cholangiocarcinoma or concern for the development of a tumor
- Impaired liver function with MELD 3.0 \geq 15
- Jaundice
- Persistent hyponatremia
- Severe symptoms impairing quality of life such as intractable itching, recurrent cholangitis, or overwhelming fatigue
- Spontaneous bacterial peritonitis
- Unresectable colorectal liver metastases
- Variceal bleeding

**To refer a patient, log in to Duke
MedLink, fax to 919-681-7930,
or call 919-613-7777.**



DukeHealth



Liver Transplant Specialists

Our surgeons have special expertise in performing liver transplants and offer:

- Split-liver and pediatric liver transplants
- Laparoscopic and open resection of primary and metastatic hepatic tumors
- Multi-organ transplants: simultaneous transplantation of the liver and the kidney, heart, lung, and/or intestine

Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

Living Donor Liver Transplants

We have a dedicated team for Living Liver donation to offer patients the option of transplant before disease progression.

Location

Duke Clinic 2B/2C

40 Duke Medicine Cir.

Durham, NC 27710

Phone **919-613-7777**

Toll-free **800-249-5864**

Fax **919-681-7930**

On-call physician **919-684-8111**

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

Our Care Team Members

Adult Hepatologists

Lindsay King, MD, MPH

Medical Director, Liver Transplant

Matthew Kappus, MD

Medical Director,

Living Donor Liver Program

Carla Brady, MD, MHS

Beth Floyd, MD

Jacqueline Henson, MD

Andrew Muir, MD, MHS

Omobonike Oloruntoba, MD

M. Cristina Segovia, MD

April Wall, MD

Kara Wegermann, MD

Surgeons

Debra Sudan, MD

Surgical Director, Liver Transplant

Surgical Director, Abdominal Transplant

Kadiyala Ravindra, MBBS

Surgical Director,

Living Donor Program

Andrew Barbas, MD

Bradley H. Collins, MD

Lisa McElroy, MD

Aparna S. Rege, MBBS

Deepak Vikraman, MD

**Find the most up-to-date
list of providers at
DukeHealth.org/Transplant**

Duke Liver Transplant Referral Form

Please fax the completed referral form to **919-681-7930** or use electronic referral through Epic / MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

Please select:

- ☐ Evaluation for Liver Transplant
☐ Hepatology Consult at Duke Liver Clinic at Central Carolina Surgery in Greensboro, NC

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Drive, Room 205
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-7930

Patient Demographic Information

Name: _____ Veteran? Y N
Address: _____ Marital Status: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: _____ Race: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Language: _____ Interpreter? Y N Special Needs? Y N
Employer: _____

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

Clinical Information Requested to Schedule Appointment

- 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
- Lab results within 60 days, including albumin, total bilirubin, prothrombin time with INR, and chemistry panel, including creatinine and sodium
- Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
- Procedural reports, including liver biopsy pathology, endoscopy, or colonoscopy most recently completed, if available
- For patients with substance abuse disorder*:
 - Summary of alcohol and/or substance use
 - Date of abstinence

* Items may be included in dictated summary or letter. Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD.