Duke Liver Transplant Program

Overview

The Duke Liver Transplant Program offers comprehensive evaluation and care to patients with liver disease—and has performed more than 1,525 transplants since it was established in 1984.

Our experienced hepatologists, skilled hepatobiliary and transplant surgeons, and specialized nurse coordinators work with other Duke specialists to diagnose and manage liver diseases, including hepatitis C viral infection, nonalcoholic steatohepatitis (NASH), hepatocellular carcinoma (HCC), and glycogen storage disease.

Data from the Scientific Registry for Transplant Recipients (SRTR) shows that Duke’s survival rates for adult liver transplants from deceased donors are among the highest in the country.

When to Refer a Patient

Patients are typically seen in clinic within one to four weeks of referral. Referrals for transplant evaluation are appropriate when patients’

- MELDNa score is 15 or higher. A MELD calculator is available at optn.transplant.hrsa.gov. Click on “Resources.”
- Develop liver-disease complications including the development of ascites, spontaneous bacterial peritonitis, variceal bleeding, coagulopathy, hypoalbuminemia, hyperbilirubinemia, persistent hyponatremia, an identified hepatocellular carcinoma or concern for the development of a tumor, and/or decreased quality of life, as indicated by overwhelming fatigue, intractable itching, or severe encephalopathy.

Median Wait Time

Data from srtr.org 1/7/2019

- Duke: 106 days
- U.S.: 365 days

One Year Survival Rate

Data from srtr.org 1/7/2019

- Duke: 95.8%
- U.S.: 90.7%

Highlights

- Cadaveric and living-donor liver transplantation
- Special expertise in performing split-liver and pediatric transplants
- Open and laparoscopic resection of primary and metastatic hepatic tumors
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the liver with kidney, lung, heart, small bowel, and/or pancreas
- Screening for clinical trials, which can give patients access to novel therapies
- Clinic locations in Durham and Raleigh

Duke liver transplant outcomes are consistently among the top 5 in the country.

Providers

ADULT HEPATOLOGY

Carl Berg, MD
Medical Director
Abdominal Transplant
Carla Brady, MD, MHS
Matthew Kappus, MD
Lindsay King, MD, MPH
Andrew Muir, MD, MHS
Omobonike Oloruntoba, MD
M. Cristina Segovia, MD

Surgery

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

PEDIATRIC HEPATOLOGY

Alisha Mavis, MD

Location

Duke Clinic 2B/2C
40 Duke Medicine Circle
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-7930
On-call Physician 919-684-8111
dukehealth.org/transplant

MK-1648
Patient Demographic Information

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

Physician Information

Referring Physician: ___________________________ Primary Care Physician: ___________________________
Practice/Group Name: ___________________________ Practice/Group Name: ___________________________
Address: ____________________________________________ Address: ___________________________
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 History Number: ___________________________
Patient Height: ___________________________ Patient Weight: ___________________________ Smoking Cessation Date: ___________________________

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 recently completed, if available
5. For patients with substance abuse history*:
   a. Summary of alcohol and/or substance abuse
   b. Date of abstinence
   c. Date rehabilitation counseling initiated
   d. Documentation of three random screens

* 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. Please contact the referral transplant coordinator for testing requirement details.