Overview

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:

- Hepatitis C
- Hepatitis B
- Cirrhosis
- Nonalcoholic fatty liver disease (NASH)
- Alcohol-associated liver disease
- Hepatocellular carcinoma (HCC)
- Cholangiocarcinoma
- Primary biliary cholangitis
- Primary sclerosing cholangitis
- Autoimmune liver disease
- Hemochromatosis
- Alpha-1-antitrypsin deficiency
- Wilson’s disease
- Acute liver failure
- Glycogen Storage Disease
- Varices
- Ascites
- Portal vein thrombosis

When to Refer to Duke

You can refer your patients to us when they have:

- A MELDNa score of 15 or higher
  
  A MELD calculator is available at [optn.transplant.hrsa.gov](http://optn.transplant.hrsa.gov) under “Resources.”

- Develop liver-disease complications, including:
  - Ascites
  - Coagulopathy
  - Hypoalbuminemia
  - Hyperbilirubinemia
  - Identified hepatocellular carcinoma or hilar cholangiocarcinoma, concern for the development of a tumor
  - Persistent hyponatremia
  - Spontaneous bacterial peritonitis
  - Variceal bleeding
  - Decreased quality of life, as indicated by overwhelming fatigue, intractable itching, or severe encephalopathy
Duke Liver Transplant Program

Your Patients Will Have Access To:

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
- Excellent outcomes in multi-organ transplants: simultaneous transplantation of the liver and the kidney, heart, lung, small bowel, and/or pancreas

Clinical Trials

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

Qualified Donors

We offer deceased and living-donor liver transplantation and participate in national registries for benchmarking quality.

Our Care Team Members

Adult Hepatologists
Lindsay King, MD, MPH  
*Medical Director, Liver Transplant*

Carl Berg, MD  
*Medical Director, Abdominal Transplant*

Carla Brady, MD, MHS  
Matthew Kappus, MD  
Andrew Muir, MD, MHS  
Omobonike Oloruntoba, MD  
M. Cristina Segovia, MD

Surgeons
Debra Sudan, MD  
*Surgical Director, Abdominal Transplant*

Andrew Barbas, MD  
Bradley H. Collins, MD  
Stuart Knechtle, MD  
Lisa McElroy, MD  
Kadiyala Ravindra, MBBS  
Aparna S. Rege, MBBS  
Deepak Vikraman, MD

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

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.

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: __________________________
City: ___________________________ State: __________________ Zip: __________________
Phone: __________________________ Fax: __________________
E-mail: __________________

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

Company: __________________________ Policy ID: __________________ Group Number: __________________
Policyholder’s Name: __________________________
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: __________________________
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: ____________ 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.