

Duke Small Intestine Transplant Program



Time to Transplant*

Shorter wait time than national median



Duke



U.S.

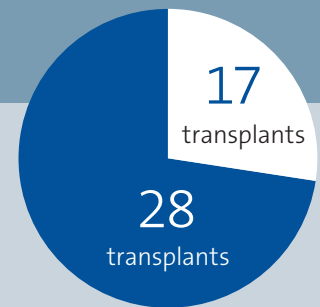
* Data from srtr.org as of 1/5/21 for median wait time for transplant.

Transplant Volumes to Date

45 small bowel transplants

since the program was established in 2009

■ Pediatric ■ Adult



Overview

Duke offers comprehensive evaluation and care for patients who need small bowel transplants.

An intestinal transplant can be a lifesaving option when disease or trauma prevents nutrients from moving through the intestines and being absorbed by the body.

Duke's program is led by experts in hepatology and transplant medicine, some of whom hold leadership positions in the Intestinal Rehabilitation and Transplant Association and the United Network for Organ Sharing (UNOS). Our team is made up of a diverse group of health care professionals, including physicians, nurses, social workers, pharmacists, dietitians, and medical psychologists.

Why Refer to Duke

- We are the only small intestine 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 Small Intestine Transplant Program

Your Patients Will Have Access To:



Small Intestine Transplant Specialists

Our surgeons have special expertise in performing small intestine transplants, including:

- Management of patients with short bowel syndrome
- New techniques and therapies that help set national guidelines
- Multi-organ transplants that include the small bowel, liver, and pancreas

Clinical Trials

We screen every patient for clinical trials to give your patients access to novel therapies, including those:

- Designed to improve nutrient absorption in patients with intestinal failure.
- Looking at ways to reduce transplant rejection.



Support Services



We provides 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 experience.

Our Care Team Members

Hepatologists

Carl Berg, MD

Medical Director, Abdominal Transplant

M. Cristina Segovia, MD

Medical Director, Intestinal Transplant

Carla Brady, MD

Matthew Kappus, MD

Lindsay King, MD, MPH

Omobonike Oloruntoba, MD

Surgeons

Debra Sudan, MD

Surgical Director, Abdominal Transplant Surgery

Andrew Barbas, MD

Bradley Collins, MD

Kadiyala Ravindra, MBBS

Aparna S. Rege, MBBS

Deepak Vikraman, MD

Location

Duke Advanced Abdominal Disease Clinic

40 Duke Medicine Cir. | Clinic 2B/2C

Durham, NC 27710

Phone 919-613-7777

Fax 919-681-7930

On-call Physician 919-684-8111

Referral Coordinator 919-684-3570

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

Duke Small Intestine 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.

USPS
Box 102347
Durham, NC 27710

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

Phone 919-613-7777
Fax 919-681-7930

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

- 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, but not limited to, total bilirubin, prothrombin time with INR, chemistry panel including sodium, creatinine, and albumin
- 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 history*:
 - Summary of alcohol and/or substance abuse
 - Date of abstinence
 - Date rehabilitation counseling initiated
 - 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.