

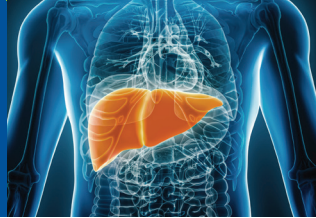


Duke Liver Transplant

**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.

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

Our Care Team Members

Adult Hepatologists

Lindsay King, MD, MPH

Medical Director, Liver Transplant

Matthew Kappus, MD

Medical Director, Living Donor Liver Transplant

Carla Brady, MD, MHS

Beth Floyd, MD

Cynthia Ann Moylan, MD

Andrew Muir, MD, MHS

M. Cristina Segovia, MD

Omobonike Oloruntoba Sanders, MD

April Wall, MD

Kara Wegermann, MD

Nancy Yang, MD

Surgeons

Debra Sudan, MD

Surgical Director for Abdominal Transplant Programs and Division Chief, Transplant Surgery in the Department of Surgery

Kadiyala Ravindra, MBBS

Surgical Director for Living Donor Liver Transplantation

Andrew Barbas, MD

Surgical Director for Liver Transplantation

Bradley H. Collins, MD

Surgical Director for Kidney Transplantation

Meera Gupta, MD

Surgical Director for Living Donor Kidney Transplantation

Stuart Knechtle, MD

Lisa McElroy, MD

Aparna S. Rege, MBBS

Deepak Vikraman, MD

Surgical Director for Pediatric Transplantation

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: _____
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 ☐

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 <input type="checkbox"/> N <input type="checkbox"/> 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? Y ☐ N ☐ 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.