

# Duke Liver Transplant Program



## Time to Transplant\*

Shorter wait time than national median

\* Data from [srrt.org](http://srrt.org) as of 7/9/24 for median wait time for transplant.



Duke



U.S.

## 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
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- 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
- Varices
- Ascites
- Portal vein thrombosis

## When to Refer to Duke

You can refer your patients to us when they have:

- MELD 3.0 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



## 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, 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.



## 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

## 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](http://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 Sentara Norfolk Liver Clinic
- 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: \_\_\_\_\_ 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

\* 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.