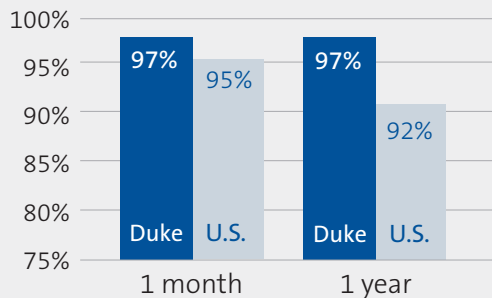


Duke Pediatric Liver Transplant Program



Patient Survival Rates* Better than U.S. Average



* Data from srrtr.org as of 1/5/21 for pediatric (<18) deceased donor graft transplants.

Transplant Volumes

4 times as many transplants
than any other program in North Carolina

Expanded Access



**Hepatology
Appointments
within 1 week**



**Transplant
Appointments
within 2-3 weeks**

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 and bowel diseases in children, including, but not limited to:

- Acute and chronic liver failure
- Alagille syndrome
- Biliary atresia
- Choledochal cysts
- Cholestasis
- Intestinal failure
- Liver tumors
- Metabolic liver disease
- Nonalcoholic steatohepatitis (NASH)
- Short bowel syndrome

When to Refer to Duke

Pediatric Hepatology

- Concern for underlying liver disease

Transplant Evaluation

- Liver-disease complications that appear to jeopardize your patient's ability to function normally.
Signs and symptoms include:
 - Failure to thrive
 - Development of ascites or varices
 - Spontaneous bacterial peritonitis or recurrent cholangitis
 - Variceal bleeding
 - Coagulopathy
 - Hyperammonemia
 - Hypoalbuminemia / Hyperbilirubinemia
 - Decreased quality of life, as indicated by fatigue, significant itching, mood changes, or 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, 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

Pediatric Abdominal Transplant Coordinator

David Cousino, RN, BSN

Pediatric Hepatologists

Gillian Noel, MD

Medical Director, Pediatric Liver Transplant

Mansi Amin, MD

Alisha Mavis, MD

Pediatric Transplant Surgeons

Debra Sudan, MD

Surgical Director, Abdominal Transplant Surgery

Deepak Vikraman, MD

Surgical Director, Pediatric Abdominal Transplant

Andrew Barbas, MD

Stuart Knechtle, MD

Kadiyala Ravindra, MBBS

Aparna S. Rege, MBBS

Location

Duke Children's Hospital and Health Center

2301 Erwin Rd.

Durham, NC 27710

Phone 919-613-7777

Fax 919-681-7930

On-call Physician 919-684-8111

Pediatric Referral Coordinator 919-668-2466

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

Duke Pediatric 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.

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Dr.
Room 219
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.