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

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

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:
  - Coagulopathy
  - Decreased quality of life, as indicated by fatigue, significant itching, mood changes, or encephalopathy
  - Development of ascites or varices
  - Failure to thrive
  - Hyperammonemia
  - Hypoalbuminemia / Hyperbilirubinemia
  - Spontaneous bacterial peritonitis or recurrent cholangitis
  - Variceal bleeding
Duke Pediatric 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

Pediatric Abdominal Transplant Coordinator
Kendyl Goheen, RN, MSN

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.

Patient Demographic Information

Name: ___________________________ Child’s Nickname: ___________________________
Address: ___________________________
City: ___________________________ Zip: ___________________________
State: ___________________________ Date of Birth: ___________________________
Social Security Number: ___________________________
Gender: ___________________________ Race: ___________________________
Home Phone: ___________________________
Parent/Guardian Phone: ___________________________
Parent/Guardian Name: ___________________________
Parent/Guardian E-mail: ___________________________
Emergency Contact: ___________________________
Phone: ___________________________
Relationship: ___________________________

Physician Information

Referring Physician: ___________________________
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: ___________________________
Policymaker’s Name: ___________________________
Policymaker’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: ___________________________
Policymaker’s Name: ___________________________
Policymaker’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

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, but not limited to, total bilirubin, prothrombin time with INR, chemistry panel including sodium, creatinine, and albumin
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.