

Duke Pediatric Small Intestine Transplant Program



Time to Transplant*

Shorter wait time than national median



Duke



U.S.

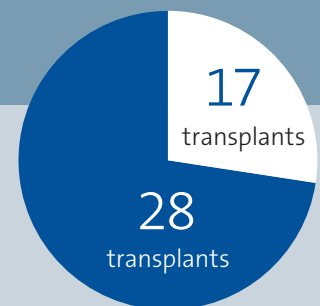
* Data from srtr.org as of 1/5/21 for median wait time for transplant.

Transplant Volumes to Date

45 small bowel transplants

since the program was established in 2009

■ Pediatric ■ Adult



Overview

We offer comprehensive evaluation and care to your patients with gastrointestinal conditions. Duke is among a handful of U.S. hospitals with experienced transplant surgeons who perform intestinal transplants on pediatric patients.

Our experienced Duke specialists and transplant surgeons diagnose and manage gastrointestinal conditions in children and adolescents, including, but not limited to:

- Congenital intestinal issues, including
 - Dysmotility disorders such as pseudo-obstruction
 - Malabsorption
 - Trauma
- Short bowel syndrome
- Small bowel tumors

Why Refer to Duke

- We are the only pediatric 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 Pediatric Small Intestine Transplant Program

Your Patients Will Have Access To:



Pediatric Small Intestine Transplant Specialists

Our pediatric surgeons have special expertise in small intestine transplant and offer:

- Intestinal transplants for infants, small children, and adolescents
- Treatment for children with complex conditions, who have been declined for an intestinal transplant at other hospitals
- Management of patients with short bowel syndrome



Clinical Trials

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

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

Qualified Donors

We offer deceased intestinal transplantation and participate in national registries for benchmarking quality.



Our Care Team Member

Pediatric Abdominal Transplant Coordinator

David Cousino, RN, BSN

Phone 919-668-2466

Hepatologists

M. Cristina Segovia, MD

Medical Director, Intestinal Transplant

Mansi Amin, MD

Alisha Mavis, MD

Gillian Noel, MD

Our coordinator and a doctor are on call 24 hours a day, 365 days a year for urgent concerns.

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

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

Location

Duke Children's Hospital and Health Center

4th Floor | 2301 Erwin Rd.

Durham, NC 27710

Phone 919-613-7777

Fax 919-681-7930

On-call Physician 919-684-8111

Duke Pediatric 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.