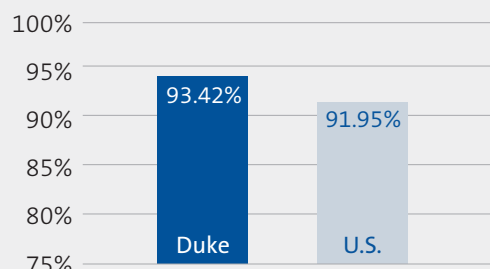


Duke Liver Transplant Program



Patient Survival Rates*

Better than U.S. Average



* Data from srrtr.org as of 1/9/24 for 1-year adult (18+) survival with functioning deceased donor graft.

Transplant Outcomes



Among the best in the country for outcomes

Time to Transplant*

Shorter wait time than national median

* Data from srrtr.org as of 1/9/24 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
- Glycogen Storage Disease
- 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 under "Resources."

or

- Develop liver-disease complications, including:
 - Ascites
 - Coagulopathy
 - Hepatic encephalopathy
 - 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 inability to work due to liver disease
- Two or more organs experiencing failure that would require multi-organ transplant. This includes simultaneous transplantation of the liver and the kidney, heart, lung, and/or intestine



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*

Carl Berg, MD

*Medical Director,
Abdominal Transplant*

Matthew Kappus, MD

*Medical Director,
Living Donor Liver Program*

Carla Brady, MD, MHS

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**

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.

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Dr.
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.