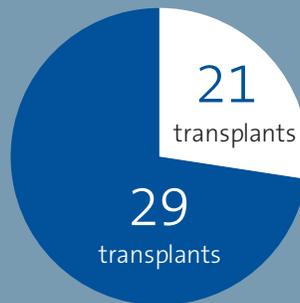


# Duke Pediatric Small Intestine Transplant Program



## Transplant Volumes to Date

**50** intestine transplants since the program was established in 2009



■ Pediatric ■ Adult

## Overview

We offer comprehensive evaluation and care to your patients with intestinal failure. 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 intestinal atresia or gastroschisis
- Dysmotility disorders such as pseudo-obstruction
- Malabsorption
- Trauma
- Short bowel syndrome

## Why Refer to Duke

- We are the only intestine transplant program in the region (North Carolina, South Carolina, Virginia, Kentucky, and Tennessee.)
- We are among fewer than 20 active programs in the U.S.





## Your Patients Will Have Access To:



### Pediatric Intestine Transplant Specialists

Our pediatric gastroenterologists and surgeons have special expertise in 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 and intestinal failure



### Clinical Trials

We screen every patient to see if they qualify for clinical trials that will give them access to novel therapies, including those:

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

### Support Services



We provide patients and their caregivers emotional support and the opportunity to ask questions. We share information about medications, nutrition, exercise, and the psychological and emotional effects of the transplant journey.

## Our Care Team Members

### Pediatric Abdominal Transplant Coordinator

Casey David, RN  
Phone 919-668-2466

### Hepatologists

Gillian Noel, MD  
*Medical Director, Intestinal Transplant*  
Mansi Amin, 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, MD

**Find the most up-to-date list of providers at [DukeHealth.org/Transplant](https://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 Intestine Transplant Referral Form

Please fax the completed referral form to 919-668-3897 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  
Toll-free 800-249-5864  
Fax 919-668-3897

## 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

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 recent completed, if available

\*Items may be included in dictated summary or letter.

**Note:** Patients with NC Medicaid primary insurance must meet eligibility in accordance with NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.