

# Duke Liver Transplant Program



## Overview

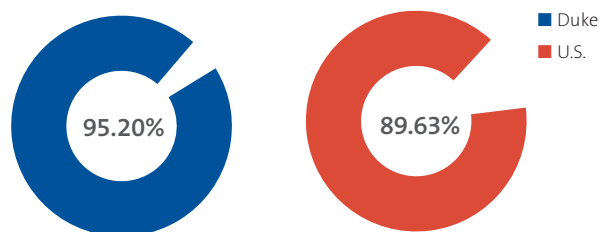
The Duke Liver Transplant Program offers comprehensive evaluation and care to patients with liver disease—and has performed more than 1,350 transplants since it was established in 1984.

Our experienced hepatologists, skilled hepatobiliary and transplant surgeons, and specialized nurse coordinators work with other Duke specialists to diagnose and manage liver diseases, including hepatitis C viral infection, nonalcoholic steatohepatitis (NASH), hepatocellular carcinoma (HCC), and glycogen storage disease.

Data from the Scientific Registry for Transplant Recipients (SRTR) shows that Duke's survival rates for adult liver transplants from deceased donors lead the country.

### One Year Survival Rate

Data from srtr.org 1/5/2017



### Average Wait Time

Data from srtr.org 1/5/2017



## Highlights

- Cadaveric and living-donor liver transplantation
- Special expertise in performing split-liver and pediatric transplants
- Open and laparoscopic resection of primary and metastatic hepatic tumors
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the liver with kidney, heart, small bowel, and/or pancreas
- Screening for clinical trials, which can give patients access to novel therapies
- Clinic locations in Durham and Raleigh

*Duke is one of the ten liver transplant programs with a five-bar rating from SRTR.*

## Providers

### ADULT HEPATOLOGY

Carl Berg, MD  
*Medical Director  
Abdominal Transplant*

Carla Brady, MD

Matthew Kappus, MD

Andrew Muir, MD

Lindsay King, MD, MPH

M. Cristina Segovia, MD

### SURGERY

Debra Sudan, MD  
*Surgical Director  
Abdominal Transplant*

Andrew Barbas, MD

Stuart Knechtle, MD

Kadiyala Ravindra, MBBS

Aparna S. Rege, MBBS

Deepak Vikraman, MD

### PEDIATRIC HEPATOLOGY

Megan Butler, MD

Alisha Mavis, MD

## When to Refer a Patient

Patients are typically seen in clinic within one to four weeks of referral. Referrals for transplant evaluation are appropriate when patients'

- MELD score is 15 or higher. A MELD calculator is available at [optn.transplant.hrsa.gov](http://optn.transplant.hrsa.gov). Click on "Resources."
- Develop liver-disease complications including the development of ascites, spontaneous bacterial peritonitis, variceal bleeding, coagulopathy, hypoalbuminemia, hyperbilirubinemia, persistent hyponatremia, an identified hepatocellular carcinoma or concern for the development of a tumor, and/or decreased quality of life, as indicated by overwhelming fatigue, intractable itching, or severe encephalopathy.

## Location

Duke Clinic 2B/2C  
40 Duke Medicine Circle  
Durham, NC 27710

Phone 919-613-7777  
Toll-free 800-249-5864  
Fax 919-681-7930  
On-call Physician 919-684-8111

[dukehealth.org/transplant](http://dukehealth.org/transplant)

# Duke Transplant Center

## Liver and Intestine Transplant Program

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Drive, Room  
132 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: M F 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 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
  - 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.