

Duke Liver Transplant Program

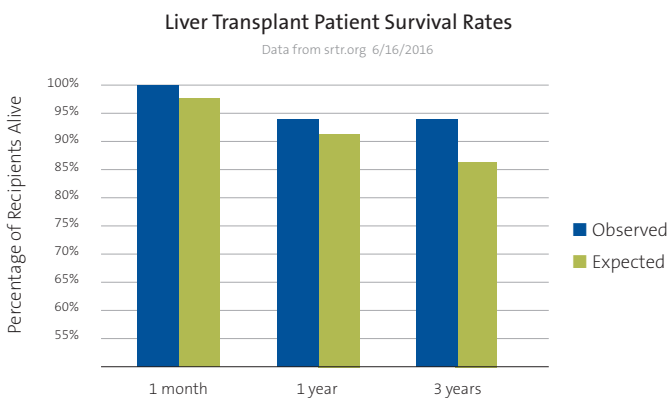


Overview

The Duke Liver Transplant Program offers comprehensive evaluation and care to patients with liver disease—and has performed more than 1,200 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 SRTR (published June 2016), showed that Duke's observed patient survival rates were higher than expected and the best in North Carolina. Among wait-listed patients, Duke's transplant rate was twice the expected.



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
- Outreach clinic locations in Durham and Raleigh

Providers

ADULT HEPATOLOGY

Carl Berg, MD
*Medical Director
Abdominal Transplant*

Carla Brady, MD

Matthew Kappus, MD

Andrew Muir, MD

Lindsay King, MD, MPH

Christina Segovia, MD

PEDIATRIC HEPATOLOGY

Megan Butler, MD

Alisha Mavis, 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

When to Refer a Patient

Referrals for transplant evaluation are appropriate when patients develop liver-disease complications that appear to jeopardize their ability to function normally and/or **when their MELD score is 15 or higher**. (MELD calculator available at optn.transplant.hrsa.gov. Click on "Resources".)

Signs and symptoms include the development of ascites, spontaneous bacterial peritonitis, variceal bleeding, coagulopathy, hypoalbuminemia, hyperbilirubinemia, persistent hyponatremia, and/or decreased quality of life, as indicated by overwhelming fatigue, intractable itching, or severe encephalopathy. In addition, if the patient has an identified hepatocellular carcinoma or concern for the development of a tumor, transplant evaluation may be indicated.

Patients are typically seen in clinic within one to four weeks of referral and admitted to Duke University Hospital for emergent workup when appropriate. See reverse side for patient referral form.

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

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.