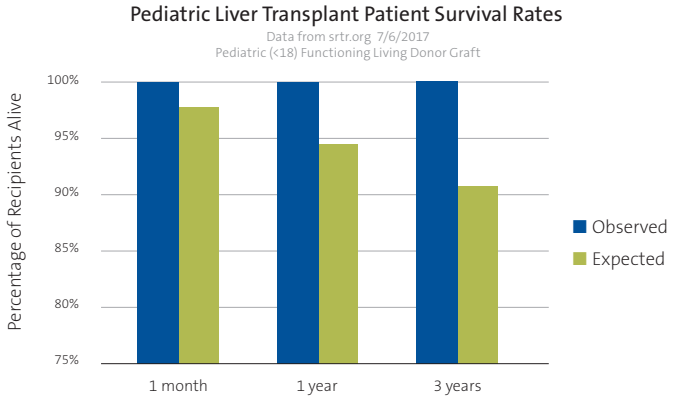
Duke Pediatric Liver Transplant Program

Overview

The Duke Pediatric Liver Transplant Program offers comprehensive evaluation and care to patients with liver disease—and has performed four times more pediatric liver transplants than any other program in North Carolina.

Our experienced pediatric hepatologists, skilled hepatobiliary and transplant surgeons, and specialized nurse coordinators work with other Duke specialists to diagnose and manage liver and bowel diseases in children, including cholestasis, biliary atresia, Alagille syndrome, liver tumors, choledochal cysts, short bowel syndrome, intestinal failure, and nonalcoholic steatohepatitis (NASH).

Data from SRTR demonstrate that Duke's observed patient survival rates are greater than expected at one month, one year and three years.



Highlights

- Special expertise in performing pediatric and split-liver transplants
- Deceased- and living-donor liver transplantation
- Open and laparoscopic resection of primary and metastatic hepatic tumors
- Screening for clinical trials to give patients access to novel therapies
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the liver with kidney, heart, small bowel and/or pancreas
- Participation in national registries for benchmarking quality
- Expertise in performing surgical shunts for patients with portal hypertension

Providers

PEDIATRIC HEPATOLOGY

Alisha Mavis, MD

PEDIATRIC TRANSPLANT 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 ABDOMINAL TRANSPLANT COORDINATORS

David Cousino, RN, BSN
Morgan Norris, RN, BSN

NUTRITIONIST

Teresa Jackson, RD

SOCIAL WORKER

Jennifer Sosensky, LCSW

When to Refer a Pediatric Patient

Any patient with concern for an underlying liver disease should be referred to the pediatric hepatology clinic for further evaluation and management. Referrals for transplant evaluation are appropriate when patients develop liver-disease complications that appear to jeopardize their ability to function normally.

Signs and symptoms include failure to thrive, the development of ascites, spontaneous bacterial peritonitis, variceal bleeding, coagulopathy, hypoalbuminemia, hyperbilirubinemia, and/or decreased quality of life, as indicated by fatigue, significant itching, mood changes, or encephalopathy.

Patients are typically seen in clinic within 2-3 weeks of referral or admitted to Duke University Hospital for emergent workup when appropriate. See reverse side for patient referral form.

Location

Duke Children's Hospital and Health Center
4th Floor
2301 Erwin Road
Durham, NC 27710

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

Pediatric Referral
David Cousino, RN, BSN
919-668-2466

Morgan Norris, RN, BSN
919-684-2560

dukehealth.org/transplant

DukeHealth

Duke Pediatric Liver Transplant

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: _____ Child's Nickname: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: M F Race: _____
Home Phone: _____ Parent Work Phone: _____
Parent Cell Phone: _____ Parent 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: _____ Duke History Number: _____

Patient Height: _____ Patient Weight: _____

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.