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).

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
  Sarah Thibodeau, 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
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: __________________________
Name of Person Completing This Form __________________________

Primary Insurance Information (attach copy of both sides of card)

Company: __________________________  Policy ID: __________________________  Group Number: __________________________
Policymaker’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: __________________________
Policymaker’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.