Duke Pediatric Small Intestine Transplant Program

Overview

Duke Health has a long history of caring for children with gastrointestinal conditions, including short bowel syndrome, congenital intestinal disorders of malabsorption, trauma, dysmotility disorders such as pseudo-obstruction, and small bowel tumors, all of which can lead to intestinal failure and the need for a transplant.

Duke is among a handful of U.S. hospitals with experienced transplant surgeons who perform intestinal transplants on pediatric patients. We offer isolated small bowel transplants and multi-organ transplants that include the small intestine, large intestine, liver, pancreas, and/or kidney.

Our diverse group of health care professionals, including physicians, nurses, social workers, pharmacists, dietitians and medical psychologists help children through every step of this journey, from managing the condition before the transplant through recovery and follow-up.

To date, Duke surgeons have performed 43 small bowel transplants since the program was established in 2009.

Why Choose Duke

- We treat children with complex conditions who have been declined for an intestinal transplant at other hospitals.
- Our team has exceptional experience in the management of patients with short bowel syndrome.
- Patients have access to clinical trials that test new therapies designed to improve nutrient absorption in children with intestinal failure, as well as ways to reduce transplant rejection.
- An intestinal transplant coordinator and doctor is on call 24 hours a day, 365 days a year for urgent concerns.

Providers

**HEPATOLOGY**

Alisha Mavis, MD  
*Medical Director, Intestinal Transplant*

Gillian Noel, MD

**SURGERY**

Debra Sudan, MD  
Andrew Barbas, MD  
Stuart Knechtle, MD  
Kadiyala Ravindra, MBBS  
Aparna S. Rege, MBBS  
Deepak Vikraman, MD

Location

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

Contact

Phone: 919-613-7777  
Fax: 919-681-7930  
Toll Free: 800-249-5864  
On-Call Physician: 919-684-8111

Pediatric Abdominal Transplant Coordinators:  
David Cousino, RN, BSN  
919-668-2466  
Morgan Norris, RN, BSN  
919-684-2560

dukehealth.org/transplant

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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: ____________________________
Phone: ____________________________ Phone: ____________________________
Fax: ____________________________ E-mail: ____________________________

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

Company: ____________________________ Policy ID: ____________________________ Group Number: ____________________________
Policyholder’s Name: ____________________________ Referral or Pre-Cert Number: ____________________________
Insurance Phone Number: ____________________________ Behavioral Health Insurance? Y N Company: ____________________________
Policyholder’s DOB: ____________________________

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

Has patient ever been seen at Duke University Hospital? (circle) No Yes If yes, date of last visit: ____________________________
Duke History Number: ____________________________ Height: ____________________________ Weight: ____________________________ 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 recent 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 with NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.

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