Duke Kidney/Pancreas Transplant Program

TRANSPLANT NEPHROLOGISTS

Matthew Ellis, MD Medical Director

Kidney Transplant

John Roberts, MD

Scott Sanoff, MD

Early referral (eGFR at or

transplantation

clinical trials

Access to cutting-edge

Pediatric kidney transplant

with special expertise in

congenital kidney conditions

slightly above 20 mL/min/1.73

m2) and expedited workups,

with a focus on preemptive

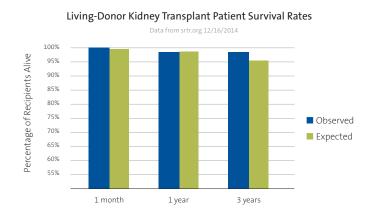
Uptal Patel, MD

Overview

In March 2010, the Duke Kidney Transplant Program performed its 3000th kidney transplant—50 years after performing North Carolina's first. Duke continues to be a leader in the field of kidney transplantation, including transplanting patients with co-morbid conditions such as HIV, sickle cell, non-ischemic cardiomyopathy, and high BMI (up to 40).

Our expertise and experience include kidney transplants for patients with end-stage renal disease, as well as kidney-pancreas transplants for patients with type 1 diabetes and kidney failure.

Our team has particular interest and expertise in living donation, which offers recipients shorter waiting times and better outcomes compared to deceased donor organs. Duke strives to transplant these organs preemptively before a recipient needs dialysis. In cases with compatibility issues (i.e., ABO, HLA, body size, age), Duke offers many solutions, including paired kidney exchange.



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 800-MED-DUKE (633-3853)

dukemedicine.org/transplant

Providers

TRANSPLANT SURGEONS Bradley Collins, MD Surgical Director Kidney Transplant

Debra Sudan, MD Surgical Director Abdominal Transplant Todd Brennan, MD Allan Kirk, MD Stuart Knechtle, MD Kadiyala Ravindra, MBBS Aparna Rege, MBBS Deepak Vikraman, MD

Highlights

- Ranked 9th in the nation for nephrology services, according to U.S.News & World Report
- Multi-organ transplants
- Living-donor laparoscopic kidney removal
- Individualized patient care
- Reduced referralto-evaluation times

When to Refer

Pre-emptive transplantation affords patients the very best outcomes, but is hard to achieve in the setting of long waiting times. We encourage referral when the patients estimated GFR is near 20mL/min/1.73m2. Even when the kidney function is slightly greater than 20mL/min/1.73m2, a workup can commence, enabling us to be ready to activate the patient as soon as the kidney function crosses 20mL/min/1.73m2.

For patients with living donors, we can evaluate potential donors before the recipient's kidney function deteriorates below the threshold, thereby decreasing or eliminating the patient's time spent on dialysis.



Duke Transplant Center Kidney/Pancreas Transplant Program

USPS Box 102347 Durham, NC 27710 FedEx/UPS 330 Trent Drive, Room 208 Hanes House Durham, NC 27710 Phone 919-613-7777 Toll-free 800-249-5864 Fax 919-668-3897

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:	
Language: Interpreter? Y N	Special Needs? Y N	
Employer:		
Physician Information		
Referring Physician:	Primary Care Physician:	
Practice/Group Name:		
Address:	Address:	
City:Zip:	City:	
Phone:	-	
Fax:	Fax:	
E-mail:	E-mail:	
Name of Person Completing This Form		
Primary Insurance Information (attach a legible copy of both sides of	Fcard)	
Company:	Policy ID:	Group Number:
Policyholder's Name:		Policyholder's DOB:
Insurance Phone Number:		,
Behavioral Health Insurance? Y N Company:		Policy ID:
Secondary Insurance Information (attach a legible copy of both side		-
Company:	Policy ID:	Group Number:
Policyholder's Name:		Policyholder's DOB:
Insurance Phone Number:	Referral or Pre-Cert Number:	
Patient General Clinical Information		
Duke History Number: Height:	Weight: Date:	Diabetes: No Yes
Cause of Chronic Kidney Disease:	Is this referral for kidne	ey/pancreas transplant? No Yes
Current Modality: CAPD CCPD ICHD Home Hemo Pre-Dia		M, W, F T, TH, S Nocturnal
Date of First Dialysis Visit:	-	
Address:	City:	•
Dialysis Unit Phone:	Dialysis Unit Fax:	
Required Medical Information	If Completed	
1. Physician or extender dialysis notes with weekly progress notes and	 Most recent hospital summaries: EKG, CT scan report(s), chest x-rays, other x-ray studies, ultrasound report(s), and lab values Results within the last 12-18 months (i.e., cardiac consults, especially functional cardiac studies or result of cardiac catheterization; 	
current problem list 2. Most recent complete history and physical examination		
(office notes for pre-dialysis patients)		
 3. PPD results (if positive, send record of treatment received) 4. Social work assessment (include the initial/baseline and most 	GI consults; colonoscopy; psycholo 3. Age-appropriate cancer screening	
recent assessment)	 – Female Patients: Pap smear results – Female Patients >40: most recent mammogram 	
5. Nutritional assessment 6. 2728 Form—ESPD Medical Evidence Peport (Dialysis start date		
6. 2728 Form—ESRD Medical Evidence Report (Dialysis start date verification)	 Male Patients >50: PSA results All Patients >50: colonoscopy results 	