

Our program experts

UPMC Intestinal Rehabilitation and Transplantation Center (IRTC)

Surgeons



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Surgical Director, Intestinal Rehabilitation and Transplantation Center



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Director, Transplant Fellowship Program

Gastroenterologists



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Associate Chief for Clinical Affairs, Division of Gastroenterology, Hepatology, and Nutrition



David Binion, MD
Co-Director, Translational Research, UPMC IBD Center
Director, Nutrition Support Service

Intestinal Transplantation



Program Highlights

- Program inception: 1990
- More than 500 intestinal and multivisceral transplants on both adult and pediatric patients have been performed at UPMC, representing more than 25 percent of the worldwide total.
- Our team developed and standardized many of the procedures currently used by transplant centers around the world.

Leading The Way in Intestinal Health

The Intestinal Rehabilitation and Transplantation Center (IRTC) at UPMC distinguishes itself as a worldwide leader, offering a range of services for patients diagnosed with intestinal failure.

The specialists at the IRTC use state-of-the-art medical and surgical treatments to successfully treat patients, restoring his or her lifestyle without the need for intravenous nutrition. Many of our patients have experienced success with rehabilitation services, while others with more advanced diseases benefit from transplant. Patients from both of these groups have gone on to experience greatly improved quality of life, enjoying a normal oral diet.

Historically, our outcomes have been above national averages. As a pioneer in the field of solid-organ transplant, our program has been consistently challenged with some of the most difficult and complex cases. We offer patients optimal care regardless of their prognosis or the severity of their condition. Our surgeons and specialists have used this high level of complex cases to develop new and improved treatments.

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For more information about the UPMC Intestinal Rehabilitation and Transplantation Center (IRTC), including information about our services, publications, research, and free video CME presentations, visit the UPMC Physician Resources website at UPMCPhysicianResources.com/IRTC.

UPMC Intestinal Rehabilitation and Transplantation Center

To view specific information about our outcomes, including one- and three-year survival rates, please visit the Scientific Registry of Transplant Recipients (SRTR) at <http://www.srtr.org>.

Multidisciplinary Approach with a Single Focus

To ensure that each patient is carefully evaluated to determine his or her best course of treatment, we utilize a multidisciplinary team approach at the IRTC in collaboration with many ancillary services at UPMC. The team involves worldwide renowned gastrointestinal and transplant surgeons, academic gastroenterologists, nutritionists, pharmacists, and other medical staff that provide these complex patients with medical and social support.

Remarkable Success in Rehabilitation

Gastrointestinal rehabilitation means restoration of nutritional autonomy with an unrestricted oral diet and elimination of the need for intravenous nutritional support. This has recently been achieved with more successful outcomes by surgical autologous reconstruction combined with a special diet regimen and pharmacologic manipulation of the gut with enterocyte tropic factors such as growth hormone and most recently GLP-2. The surgical approach is tailored according to patients' needs, including restoring continuity of the gut, repair of enteric fistulae, and lengthening procedures, such as serial transverse enteroplasty (STEP).

Intestinal Transplantation

When rehabilitation alone is not successful, there are three main types of intestinal transplant that could be offered to the patient at UPMC:

- **Isolated intestine (small bowel) transplant** — People who are born with or develop irreversible intestinal failure become unable to digest food well enough to eat or be fed through a tube. As a result, they require total parenteral nutrition (TPN). For those with organ failure limited to the small bowel only, isolated intestine transplant can be a lifesaving and life-enhancing option.
- **Combined liver and intestine transplant** — The procedure is indicated for patients with combined organ failure and is the only lifesaving treatment for patients with liver and intestinal failure. Without treatment and with continuation of TPN, people with this condition have an expected median survival of less than 12 months.
- **Multivisceral transplant** — This type of transplant is offered to patients with diffuse gastrointestinal disorders commonly associated with gut failure and/or life-threatening neoplasm. The transplant includes the stomach, duodenum, pancreas, and intestine with or without the liver.

Is Your Patient a Candidate?

Candidates for intestinal transplant include those patients with irreversible intestinal failure due to short bowel syndrome, Crohn's disease, vascular occlusion, abdominal trauma, or other gut disorders combined with organ failure.

Comprehensive Digestive Care

The UPMC Digestive Disorders Center offers treatment options for people with all forms of gastrointestinal disorders, including those who may not be eligible for transplant. Digestive experts craft individualized treatments that can restore quality of life and even save lives. Our researchers actively look for new and better ways to diagnose, treat, and understand digestive disorders.

Collaborative, Quality Care

To ensure optimal continuity of patient care, the UPMC transplant team pursues a collaborative approach with referring physicians. UPMC's transplant surgeons and physicians are available for consults 24 hours a day, seven days a week. Throughout the transplant process, our team will coordinate all aspects of your patient's testing, and a member of the transplant team will continually update the referring physician about the patient's progress. This partnership begins at the time of referral and continues throughout the patient's stay in the hospital and long after they are discharged. After transplant, our patients receive postoperative care from our transplant surgeons.

Research that Continues to Improve Patient Care

UPMC is a leader in immunosuppressive therapy and other cutting-edge research and advancements. Our latest work focuses on reducing or even eliminating, in a few cases, the need for antirejection medications to support long-term outcomes. This includes pioneering recipient pretreatment (preconditioning) to prevent initial rejection, while reducing the need for high doses of antirejection medications with long-term follow-up.

Partnering for Life

We take pride in keeping the lines of communication open with patients, families, and referring physicians regarding status, procedures, treatments, and follow-up care. Although transplant is a complex, serious procedure, we maintain a personal, patient-focused approach that takes into consideration the stress and concerns many individuals experience throughout the evaluation, operation, and recovery period.

Referring Your Patient

To refer a patient to the UPMC Intestinal Rehabilitation and Transplantation Center:

1. Have ready the following information:
 - Demographic information (name, date of birth, address, phone number, emergency contacts)
 - Original diagnosis, including prior history of medical care and previous medical tests performed (radiologic and pathology reports, inpatient/outpatient records, lab reports, reports of previous transplant evaluations)
 - Insurance information
2. Call **1-800-544-2500** to speak with a clinician or email transplant@upmc.edu.
3. Mail, fax, or email all related information and medical records regarding your case to the office.
4. After receipt of medical records and financial clearance, the initial evaluation for your patient will be scheduled.

For more information about referring a patient, visit UPMC.com/IRTC.

Contact

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Attn: UPMC Intestinal Rehabilitation
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Telephone: **412-647-5800** or **1-877-640-6746**
UPMC's 24-hour physician referral service:
1-800-544-2500
Fax: **412-647-0362**
Email: transplant@upmc.edu