The new Pediatric Transplant Program coming to Children’s of Alabama will, for the first time, bring all aspects of pediatric organ transplant surgery together in one location, significantly enhancing the patient-centered care that is essential to these very sick children.

The pediatric solid organ transplant program, currently functioning in separate locations at Children’s of Alabama and UAB, is being consolidated as the Pediatric Transplant Program — and is set to open in 2012 upon completion of Children’s $435 million expansion project.

Children’s has provided transplant care to youngsters undergoing liver and kidney transplants for many years. However, the surgery itself has always been performed at UAB, requiring ambulance transport to and from Children’s. Bringing the entire program to Children’s promises to eliminate the discomfort, expense and inconvenience of those transports, while also providing a central location where highly-specialized pediatric care resources can be concentrated.

Children’s Pediatric Transplant Program will still employ the skill, knowledge and expertise of UAB’s transplant surgeons who are ranked among the best in the nation. The ongoing partnership between the two healthcare facilities strengthens the program to the benefit of the youngsters it serves.

The consolidation of pediatric transplant services will ease some of the stress these young patients and their families experience by providing immediate access to everything they need in an environment that was designed and built especially for them. Further, having the skills and talents of world-class experts under one roof will enable transplant physicians to provide the best possible care to the children who come to them for life-saving surgery.
Pediatric Transplant Program
Coming to Children’s of Alabama

• Upon opening in 2012, the new Pediatric Transplant Program will be a prominent feature of the spectacular 750,000-square-foot Benjamin Russell Hospital for Children.

• Children throughout Alabama in need of kidney, liver and eventually intestinal transplants will be treated here — by the best and the brightest healthcare professionals, in the newest state-of-the-art facility.

• The needs of each of our young transplant patients and their families are unique, and they can be intense. So the new program will significantly enhance the patient-centered care that is essential to the well-being of these very sick children.

• Private patient rooms, dedicated operating suites and play therapy rooms will put the patient and family at the center of the care team, bringing all of finest in medicine, technology and compassion to bear for the benefit of each transplant patient.

• Funds are needed immediately to build the program in step with the opening of the new facility. Specifically, due to the complexities of serving this fragile patient population, gifts will be invested as follows:
  • MEDICAL LEADERSHIP
    This field is difficult, complicated and requires highly specialized, well-trained staff who are in short supply and high demand.
  • CAPITAL
    These children deserve the very best, latest technology and equipment as they emerge to advance treatment and improve outcomes.
  • FAMILY ASSISTANCE
    Support is needed for issues (beyond the medical) that uniquely impact pediatric transplant patients and their families.
  • To make a donation, visit: http://childrensal.kintera.org/transplant

Transplant Team Members

• PHYSICIANS  The Pediatric Liver Transplantation Team is headed up by Devin E. Eckhoff, MD; his partner is Derek A. DuBay, MD, and the hepatologist is Jan Naguerra, MD. Carlton Young, MD, leads the Pediatric Kidney Transplantation Team, with Dr. Eckhoff as backup. Other physicians may assist or consult, including residents and specialty doctors.

• CHILD LIFE SPECIALISTS  Child life specialists assist transplant patients and their families through the use of play experiences, developmentally appropriate information and therapeutic support.

• COUNSELORS  A counselor helps patients and families cope with the issues of living with a chronic disease.

• NUTRITIONISTS  Nutritionists are on hand to provide instruction about post-transplant nutritional needs. They also help manage the complex nutritional needs of the transplant recipient on an inpatient and outpatient basis.

• PHARMACISTS  The pharmacist provides instruction about medications and their purpose — and the importance of strict adherence to medication protocols in order to stay healthy and prevent organ rejection.

• SOCIAL WORKERS  A social worker is available to assist patients and families during the hospital stay and transplant clinic visits. The social worker can help with social, emotional, insurance or financial issues.

• TRANSPLANT COORDINATORS  Transplant coordinators provide education, nursing care and support pre- and post-transplant throughout the patient’s pediatric transplant journey.

Did you know?
In 2010, 32 children received transplants at UAB — 8 liver and 24 kidney.
UAB/Children’s has one of the largest kidney waiting lists in the nation.
The average wait for a liver transplant is 3 months or less; for a kidney, it’s 6 months to 1 year, depending on blood type.
A new liver can last forever, while an average kidney transplant may last for 5 to 15 years, based on many variables.