



The Pediatric Transplant Center at Lucile Packard Children's Hospital Stanford is a national transplant volume leader with more than 50 years of experience performing pediatric organ transplants. That is exceptional experience and experience saves lives.

Our outstanding transplant team is the foundation of our program. Patient care begins the first time we meet with a child and continues through the patient's evaluation, transplant preparation and post-operative care. Our team works with referring physicians to follow transplant recipients into adulthood and ensure the best possible outcomes for our patients and their families.

We excel at handling the toughest challenges. We provide high-touch care to high acuity cases for children needing all kinds of transplants, including heart, lung, liver, kidney, intestine and combined transplants.

- **Heart:** No. 1 in the Western United States in pediatric heart transplant volumes and outcomes.
- **Lung and Heart-Lung:** The first pediatric heart-lung transplant was performed at Stanford in 1988, and since then, the organization has performed more than 90+ pediatric lung and heart-lung transplants.
- **Liver and Intestine:** The median liver transplant waiting time for Stanford Medicine Children's Health patients is just over 2 months, compared with the national median of around 10 months.
- **Kidney:** No. 1 in kidney transplant volume and survival outcomes in the United States. Doctors at Stanford Medicine Children's Health were the first in the world to perform an innovative approach to kidney transplantation that prevents the need to take immune-suppressing drugs over the long term.

Pediatric Heart Transplant

The world's first successful pediatric heart transplant was performed in 1984 at Stanford Hospital. Since that time, we have been in continuous operation as a pediatric heart transplantation program and have performed over 500 pediatric heart transplants. We perform an average of 15 to 20 heart transplants each year, making

us one of the most experienced pediatric heart transplant programs in the nation. In addition, we are consistently number one in pediatric heart transplant volume in California. We routinely accept and treat the most complicated patients for transplant, including those with severe congenital heart disease and pulmonary hypertension. Despite this complexity, our results are outstanding.

Pediatric Lung and Heart-Lung Transplant

With one of the best post-operative outcomes for adolescents in the world, our lung transplant team at Lucile Packard Children’s Hospital Stanford has performed more than 25 pediatric double lung transplants since 1989. Our team works closely with experts from our Pulmonary & Cystic Fibrosis Center. Together, we provide treatment for the full range of chronic diseases that may require lung transplantation, from cystic fibrosis to genetic defects.

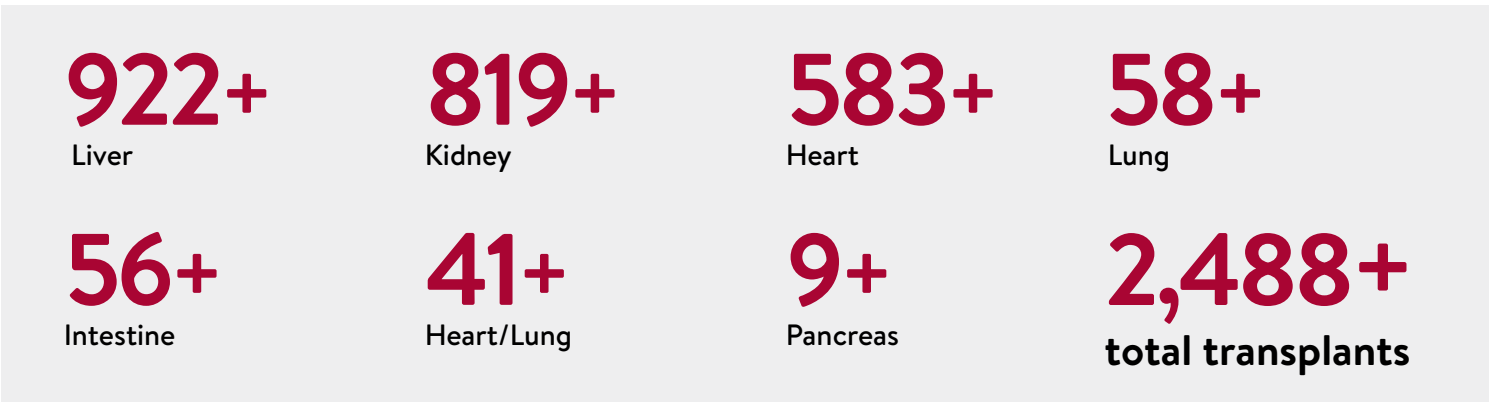
Pediatric Liver and Intestinal Transplant

Our Pediatric Liver and Intestinal Transplant program – one of the largest in the country – has a long history of innovation and superior outcomes, contributing to our global reputation as a leader in the field. Our surgeons perform liver, intestinal, and combined-organ transplants, including liver-kidney, liver-heart, liver-lung and multivisceral transplants. We use ABO-incompatible donors, segmental donor organ, and living donors to increase the donor pool and minimize the waiting period for transplants, ultimately providing all patients with the best chance for a successful transplant.

Pediatric Kidney Transplant

As an international referral center, our Kidney Transplant program is one of the largest in the country, performing both deceased and living donor transplants with superior results. Lucile Packard Children’s Hospital pioneered the use of dialysis on low-birthweight infants – even those born prematurely – and paved the way for successful kidney transplantation in children who are both very you and very small. To avoid steroid side effects, the Kidney Transplant program led the development of a therapeutic program that prevents rejection without the use of steroids. The program has been highly successful, achieving survival rates as high as the standard steroid-based protocol.

With the rapid growth of our transplant programs, we are advancing scientific and clinical frontiers in ways that benefit not just our own young patients, but all young patients contending with organ failure. As a leader in innovation, we create opportunities and solve the challenges of transplantation around the world.



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