

PLASTIC SURGERY

HOSPITAL REFERRAL & MANAGEMENT GUIDELINES

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THE ALFRED SPECIALIST CONSULTING CLINICS APPOINTMENT PRIORITY GUIDE

Plastic Surgery

The Alfred Specialist Consulting Clinics New Appointment

Priority Definitions:	1. Urgent 2. Soon 3. Intermediate 4. Non-urgent Not routinely seen	- likely to receive an appointment within 1-2 weeks - likely to receive an appointment within 2-6 weeks - likely to receive an appointment within 6-12 weeks
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Please note: The times to assessment may vary depending on size and staffing of the hospital department.

Urgent cases must be discussed with the Plastic Surgery registrar on call to obtain appropriate prioritisation and then a referral letter faxed The Alfred Specialist Consulting Clinics to 9076 6938.

Pressure sores in non-ambulant patients – Contact Plastic Surgery Specialist Consulting Clinics nurse via switchboard to discuss assessment.

Priority	Criteria	Examples
1. URGENT	Major functional impairment Moderate risk of permanent damage to organ or system if consultation is delayed Pain requiring narcotics or high analgesic doses to control Trauma not requiring immediate attention	Melanoma, confirmed or suspected Skin cancers other than melanoma with underlying medical condition leading to immunosuppression eg HIV, transplant patients Other malignancies (head/neck/oral/salivary/connective tissue) Nasal reconstruction post trauma Ear reconstruction post trauma
2. SOON	Significant functional impairment Pain, but controlled Significant restriction of social and/or economic activity Moderate risk if consultation delayed	Skin cancers other than melanoma without immunosuppression Foreign body removal Severe stenosing tenosynovitis Severe carpal tunnel syndrome or other nerve compression syndromes Vaginal/vulval/penile reconstruction post malignancy
3. INTERMEDIATE	Non-urgent conditions with severe symptoms Severe symptoms of LUS obstruction Possibility of worsening condition if consultation is delayed	Benign skin lesions/ subcutaneous lumps Other benign tumours Burns, burns scar and other scar revision and management Vascular malformations Pressure sores and other chronic sores and ulcers Ptosis, ectropion and eyelid reduction where vision is obstructed Breast reconstruction post mastectomy, other breast surgery Congenital and post traumatic hand surgery Less severe stenosing tenosynovitis, carpal tunnel and other nerve compression syndromes Hand deformities (rheumatoid, Dupuytren's) Ganglia
4. NON-URGENT	Non-urgent conditions Not deteriorating Congenital defects	Cleft lip and palate in adult Longstanding nasal deformity Lymphoedema
PLEASE NOTE:	The following services are not available at The Alfred: Children under 16 years of age Aesthetic surgery other than those meeting the specific indications outlined in the Department of Human Services "Guidelines for Aesthetic Surgery on the Public Hospital Waiting List" (see Appendix 1)	

REFERRAL & MANAGEMENT GUIDELINES: PLASTIC & RECONSTRUCTIVE SURGERY

DIAGNOSIS	EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
LESIONS			
Melanoma – Confirmed Or Suspected	Do not perform punch biopsy if melanoma is suspected. Include pathology report and other investigations if available.	Refer for biopsy /confirmation of diagnosis and management	Refer urgently – PRIORITY 1
Other Skin Cancers (Not Melanoma), Confirmed Or Suspected	Include details of site, size, +/- excision required	Refer for definitive diagnosis	If underlying medical condition leading to immunosuppression eg HIV, transplant patients – PRIORITY 1 If uncomplicated – PRIORITY 2 NB Initial appointment is for assessment only, and not for procedure
Other Malignancies Head/Neck/Oral/Salivary glands Connective tissue	CT scan and other imaging as appropriate. The Alfred Radiology request form		Refer urgently – PRIORITY 1
Benign skin lesions			PRIORITY 3
Subcutaneous and deep tissue tumours	USS of lesion +/- CT scan if malignancy suspected The Alfred Radiology request form		PRIORITY 1 if malignancy suspected, otherwise PRIORITY 3
GENERAL			
Scar revision & Scar management			PRIORITY 2-3 depending on severity
Burns & Burn scar management			PRIORITY 2-3 depending on severity
Vascular malformations	USS of lesion The Alfred Radiology request form		PRIORITY 2-3 depending on severity
Pressure sores	Contact Plastic Surgery Clinic Coordinator via switchboard to discuss assessment of non-ambulant patients		PRIORITY 2-3 depending on severity
Other chronic sores & ulcers			PRIORITY 2-3 depending on severity
Foreign body removal	XR or USS as appropriate The Alfred Radiology request form		PRIORITY 2
Lymphoedema			PRIORITY 3-4 depending on severity
FACE			
Other craniofacial abnormalities (Adult)			Refer to Faxiomaxillary Clinic
Faxiomaxillary abnormalities			Refer to Faxiomaxillary Clinic
NOSE			
Nasal deformity (Immediate/Trauma)			PRIORITY 3
Nasal reconstruction (Immediate/Trauma)			If immediately post fracture, refer urgently PRIORITY 1); if longstanding PRIORITY 3-4
Rhinophyma (Immediate/Trauma)			PRIORITY 3-4

REFERRAL & MANAGEMENT GUIDELINES: PLASTIC & RECONSTRUCTIVE SURGERY

DIAGNOSIS	EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
EYELIDS			
Ptosis (Levator Weakness)			PRIORITY 3
Ectropion			PRIORITY 3
Eyelid reduction in "abnormal" cases			If causing obstruction of vision, PRIORITY 3. Otherwise not seen.
EARS			
Ear Reconstruction (Congenital & Traumatic Abnormalities)			If secondary to acute trauma, PRIORITY 1. Otherwise PRIORITY 3.
BREAST			
Breast reconstruction (Usually After Mastectomy)			PRIORITY 3
Reduction mammoplasty			Refer when there are significant symptoms or recurrent intertrigo - PRIORITY 3-4 (see Appendix 1)
Augmentation mammoplasty			Refer if post mastectomy reconstruction, augmentation for contralateral breast - Poland syndrome, or post burn reconstruction see Appendix 1 – PRIORITY 3-4
Gynecomastia			PRIORITY 3
Congenital abnormalities of the breast			PRIORITY 3
Mastopexy			Refer if following significant weigh loss eg after gastric banding, or for correction of significant breast asymmetry following breast reconstruction – see Appendix 1 -PRIORITY 3-4
Removal of breast prosthesis			Refer if rupture of silicone prosthesis – see Appendix 1 PRIORITY 3-4.
HAND			
Open hand fractures			Refer immediately to The Alfred Emergency and Trauma Centre for assessment
Closed hand fractures			Refer immediately to The Alfred Emergency and Trauma Centre for assessment
Acute fingertip injuries			Refer immediately to The Alfred Emergency and Trauma Centre for assessment
Subacute fingertip injuries			PRIORITY 1
Congenital hand deformities (adult)	XR. Include details of functional impairment in referral. The Alfred Radiology request form		PRIORITY 3
Secondary hand surgery after injury	XR. Include details of functional impairment in referral. The Alfred Radiology request form		PRIORITY 3
Stenosing tenosynovitis (eg de Quervain's)	Include details of functional impairment in referral.		PRIORITY 2-3 depending on severity
Carpal tunnel & other nerve compression syndromes	Nerve conduction studies. (Nerve conduction studies can be performed at The Alfred; phone 9076 2058; Fax 9076 6075.)	Initial appointment may include assessment by hand therapist.	PRIORITY 2-3 depending on severity

REFERRAL & MANAGEMENT GUIDELINES: PLASTIC & RECONSTRUCTIVE SURGERY

DIAGNOSIS	EVALUATION	MANAGEMENT	REFERRAL GUIDELINES
HAND cont...			
Nerve palsies	Nerve conduction studies. (Nerve conduction studies can be performed at The Alfred; phone 9076 2058; Fax 9076 6075.)		PRIORITY 2-3 depending on severity
Rheumatoid hand deformities	XR. Include details of functional impairment in referral. The Alfred Radiology request form		PRIORITY 3 depending on functional difficulties
Dupytren's contracture	Include details of functional impairment in referral.		PRIORITY 3
Soft tissue tumours of the hand (ganglia)	USS of lesion. Include details of functional impairment in referral. The Alfred Radiology request form		PRIORITY 2-3 depending on functional difficulties
ABDOMEN			
Abdominoplasty			Following significant weight loss (eg following gastric banding) or if intertrigo due to abdominal apron – see Appendix 1 – PRIORITY 3-4
GENITAL			
Vaginal/Vulval/Penile Reconstruction Post Malignancy			PRIORITY 2

APPENDIX 1.

GUIDELINES FOR AESTHETIC SURGERY ON THE PUBLIC HOSPITAL WAITING LIST.

(Victorian Department of Human Services)

In general, patients who require aesthetic surgery in public hospitals should have significant deformity and surgery that is indicated is due to disease, trauma or congenital conditions: or it can be demonstrated that the patient's other associated medical conditions deem it necessary for the procedure to be done with medical support available only in a public hospital.

It is the expectation that:

- All patients must stop smoking six weeks prior to the procedure
- BMI should generally be less than 30

Specific indications for certain aesthetic procedures:

Reduction Mammoplasty	When there are significant symptoms or recurrent intertrigo.
Augmentation Mammoplasty	Post-mastectomy reconstruction +/- augmentation for contralateral breast Poland syndrome Post-burn reconstruction
Removal of breast prosthesis	+/- replacement following rupture of silicone prosthesis
Mastopexy	Following significant weight-loss, e.g. after gastric-banding Correction of significant breast asymmetry following breast reconstruction.
Abdominoplasty	Following significant weight loss, e.g. after gastric-banding Recurrent intertrigo due to the abdominal apron
Liposuction	Post-traumatic pseudolipoma Lipodystrophy Gynecomastia Lymphoedema Flap reduction
Blepharoplasty	Visual obstruction
Meloplasty and Rhinoplasty	Indications are covered in the general statement.