

PLASTIC AND RECONSTRUCTIVE SURGERY DEPARTMENT

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For emergency Referrals: Phone on call Plastic and Reconstructive Surgery Registrar on (07) 3646 8111 and send the patient to the RBWH Department of Emergency Medicine (DEM).

Category 1

- i. Appointment within thirty (30) days is desirable; AND
- ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND
- iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

- i. Appointment within ninety (90) days is desirable; AND
- ii. Condition is unlikely to require more complex care if assessment is delayed; AND
- iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

- i. Appointment is not required within ninety (90) days; AND
- ii. Condition is unlikely to deteriorate quickly; AND
- iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

Aesthetic surgery is not available at RBWH. This includes:

- Cosmetic breast augmentation
- Cosmetic rhinoplasty
- Cosmetic procedures
- Removal of tattoos
- Other aesthetic surgery not covered by Medicare item numbers

The Plastic and Reconstructive Surgery Department provides a high standard of complex patient care. Our outpatient waiting times are available on the <http://www.health.qld.gov.au/hospitalperformance> website.

All urgent cases must be discussed with the on call Plastic and Reconstructive Surgery Registrar. Contact through switch (07) 3646 8111 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

All referrals should be sent to the patient's nearest public Plastic and Reconstructive Service.

Please continue to monitor your patient's condition until a new case appointment is offered. Re-refer if clinical condition deteriorates.

As this is a surgical specialty please ensure your patient is a suitable candidate for operative measures by managing general lifestyle factors such as weight and smoking.

PLASTIC AND RECONSTRUCTIVE SURGERY DEPARTMENT CLINIC HOURS

CENTRALISED SPECIALIST OUTPATIENT SERVICES CLINIC:

Monday: 8am – 10:30am

Tuesday: 8am – 10:30am

Wednesday: 8am – 10:30am and 1pm – 4pm

Level 1, James Mayne Building, Royal Brisbane and Women's Hospital

When possible all non-metropolitan patients referred to RBWH must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by the RBWH Plastic and Reconstructive Surgery Department.

IN-SCOPE FOR PLASTIC AND RECONSTRUCTIVE OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for Plastic and Reconstructive outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

<ul style="list-style-type: none">• Dupuytren's Contracture• Facial Fractures• General Plastic Surgery• Head and Neck Mass• Lower Limb Reconstruction	<ul style="list-style-type: none">• Post-burn Reconstruction and Scar Management• Reconstructive Breast Surgery• Reconstructive Hand Surgery• Skin Cancer / Skin Lesion
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OUT-OF-SCOPE FOR PLASTIC AND RECONSTRUCTIVE OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public Plastic and Reconstructive Surgery service

<ul style="list-style-type: none">• Redundant Tissue Excision (anywhere)• Minor or Asymptomatic Scarring• Liposuction• Asymptomatic Benign Lesions• Cosmetic Rhinoplasty• Cosmetic Labioplasty• Tattoo Removal	<ul style="list-style-type: none">• Cosmetic Augmentation Mammoplasty• Replacement of Breast Implants• Small Volume Breast Reductions done for Re-shaping• Revisions after Cosmetic Surgery• Gender Reassignment Surgery
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INTERVENTION CRITERIA

This is the proposed minimum intervention criteria to determine if a patient requires further treatment for their diagnoses and symptoms, and if relevant, the urgency of that treatment.

The information contained in this section is intended to assist appropriate HHS staff in making transparent and equitable decisions on:

- when a surgical intervention or non-surgical intervention will most benefit a patient
- the timeframe within which that intervention should occur

Smoking status – *it is strongly recommended that people who smoke stop before surgery. Smoking affects the blood flow to the skin and underlying tissues, which can lead to infection, delayed healing and increased risk of tissue death (flap necrosis). Many surgeons may not review or operate on a patient currently smoking due to the serious nature of the complications that may occur. Please consider directing your patient to a smoking cessation program.*

Intervention	Minimum Criteria	Urgency
Breast Prosthesis – removal of (for reasons other than cosmetic)	<ul style="list-style-type: none"> • Ruptured implant, painful capsule, infected implant 	Cat 2 implants will not be replaced
Breast reconstruction (for reasons other than cosmetic)	<ul style="list-style-type: none"> • Mastectomy, substantial defect from quadrantectomy or lumpectomy, congenitally absent or deformed breast. 	Cat 1 (immediate reconstruction for malignancy) Cat 2 when ready for care (Cat 3 – National Elective Surgery Urgency Categorisation Guideline)
Breast reduction (for reasons other than cosmetic)	<ul style="list-style-type: none"> • Disability including back pain, shoulder or neck pain attributable to large breasts or aggravated by large breasts 	Cat 3 Unilateral reductions for asymmetry will normally only be available for 2 cup size differences. Breast lifting is not normally covered.
Dupuytren's contracture release	<ul style="list-style-type: none"> • Unable to perform table top test, recurrent disease 	Cat 3
Lipoma	<ul style="list-style-type: none"> • Pain, rapid growth, greater than 5 cm 	Cat 2 – 3 (Cat 3 – National Elective Surgery Urgency Categorisation Guideline)
Malignant skin lesion – excision of +/- grafting	<ul style="list-style-type: none"> • Biopsy or unequivocal clinical diagnosis 	Cat 1 - 2
Rhinoplasty (for reasons other than cosmetic)	<ul style="list-style-type: none"> • Significant airway obstruction, significant syndromal nasal abnormality (e.g. Binder's Syndrome) 	Cat 3

Skin lesions, non-malignant – excision of	<ul style="list-style-type: none"> Significantly disfiguring facial lesions or lesions interfering with visual axis or auditory canal. Premalignant lesions with a high risk of progressing. (e.g. Dysplastic Naevus Syndrome) 	Cat 3
Scar revision (for reasons other than cosmetic)	<ul style="list-style-type: none"> Scar contracture impacting function or causing pain 	Cat 2 - 3

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department

<ul style="list-style-type: none"> Airway compromise Uncontrolled bleeding Hand fractures (open or closed) Acute burns Uncontrolled sepsis including hand infections Complex facial fractures Compound fractures 	<ul style="list-style-type: none"> Threat to limb viability Hand fractures (open or closed) Acute fingertip injuries Tendon Injuries Lacerations and wounds not suitable for primary health management e.g. lip lacerations, large facial lacerations, lacerations with altered sensation, large skin deficits.
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METRO NORTH CENTRAL PATIENT INTAKE (CPI)

<https://www.health.qld.gov.au/metronorth/refer/>

GENERAL REFERRAL INFORMATION

<p>Patient's Demographic Details</p> <ul style="list-style-type: none"> • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Relevant Clinical Information about the Condition</p> <ul style="list-style-type: none"> • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
<p>Referring Practitioner Details</p> <ul style="list-style-type: none"> • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature 	<p>Reason for Request</p> <ul style="list-style-type: none"> • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
<p>Clinical Modifiers</p> <ul style="list-style-type: none"> • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Other Relevant Information</p> <ul style="list-style-type: none"> • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

PLASTIC AND RECONSTRUCTIVE SURGERY CONDITIONS

Dupuytren's Contracture

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• Skin breakdown and/or infection secondary to severe contracture
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• Fixed flexion deformity of 90° at MCPJ or 60° at PIPJ• Multiple joints or recurrence after surgery with functional impairment• Rapidly progressing disease
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• MCP flexion contractures > 30°• PIP flexion contracture >20°• Functional impairment

Essential referral information (Referral may be rejected without this)

- General referral information
- Medical management to date
- Range of Movement (ROM) measurements
- Details of functional impairment
- History of anticoagulant therapy
- Smoking status

Other useful information for referring practitioners (Not an exhaustive list)

Medical Management:

- Analgesia / NSAIDs (as appropriate)
- Splint and activity modification
- Joint ROM exercises
- Occupational therapy / physiotherapy
- It is strongly recommended that people who smoke stop before surgery, as it is associated with delayed skin healing. Please consider directing your patient to a smoking cessation program
- Most hand surgery units will soon be offering outpatient services based non-surgical treatments for Dupuytren's. Referral to these clinics may be fast tracked.
- PIP joint contractures are more serious than MCP joint contractures

Facial Fractures

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• All facial fractures
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- History and examination findings (including eye and neurosensory)
- Facial X-ray results

Additional referral information (Useful for processing the referral)

- OPG result if mandible involved
- CT face results (axial and coronal) after discussion

Other useful information for referring practitioner (Not an exhaustive list)

- Assess for head/spinal injuries
- Contact ophthalmology or neurosurgery as necessary
- All acute facial fractures that don't need to go straight to emergency are category 1 and should ideally be assessed in a 3 to 7 day timeframe

General Plastic Surgery

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• Facial palsy with a threat to vision from lack of corneal protection• Acute facial palsy as a result of traumatic or surgical division of facial nerve
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• Ulcers with acute deterioration (e.g. sacral, ischial or lower limb)
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Abdominal wall defects e.g. gross divarication or hygiene issues where medical treatment has failed to resolve skin conditions arising under redundant skin (photograph desirable)• Chronic facial palsy without threat to vision• Blepharochalasia which obstructs the visual axis and > 55 years age

Essential referral information (Referral may be rejected without this)

- General referral information.
- History of anticoagulant therapy
- Blepharochalasia – Ophthalmologist or optometrist report including measure and impact of symptoms
- Height, weight and BMI
- Smoking status

Additional referral information (Useful for processing the referral)

- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

Other useful information for referring practitioner (Not an exhaustive list)

- Facial reanimation is generally a category 3 procedure, except when there is a threat to vision from lack of corneal protection. The tarsorrhaphy / gold weight procedure may then become a category 1.
- For eyelid laxity:
 - Formal reduction in visual fields as measured by an optometrist
 - Patients should have seen an optometrist within 12 months to exclude pressure problems, dry eye and other contraindications.
 - Patients would not usually be seen before 55 years of age

Head & Neck Mass

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Confirmed major head and neck malignancies including intra oral tumours and unconfirmed growths with any of the following:
 - pain
 - rapid growth
 - neurological symptoms
 - presence of lymph nodes
 - biopsy proven poorly differentiated SCC

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- History of:
 - pain
 - rapid growth
 - neurological symptoms
 - presence of lymph nodes
- Biopsy result
- ELFT FBC ESR results
- CT/USS neck results

Additional referral information (Useful for processing the referral)

- CT chest +/- FNA results

Lower Limb Reconstruction

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Threat to function of limb or exposed fixation plates

Category 2

(appointment within 90 days is desirable)

- Limitation to weight bearing ability e.g. ulceration of sole, non-union of fracture requiring flap coverage

Category 3

(appointment within 365 days is desirable)

- Stable disability

Essential referral information (Referral may be rejected without this)

- General referral information
- Height, weight and BMI
- History of anticoagulant therapy
- Smoking status

Additional referral information (Useful for processing the referral)

- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

Post Burn Reconstruction and Scar Management

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• Severe contracture or deformity causing severe pain, or threatening vision or joint function
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• Moderate contracture or deformity that is at risk of worsening• Hypertrophic or keloid scars causing severe symptoms and functional impairment
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Stable contracture or deformity and failed conservative scar management

Essential referral information (Referral may be rejected without this)

- General referral information
- Medical management to date
- History of anticoagulant therapy
- Smoking status

Additional referral information (Useful for processing the referral)

- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

Other useful information for referring practitioners (Not an exhaustive list)

- Scarring of minor or cosmetic nature is generally excluded

Reconstructive Breast Surgery

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• Pre-operative mastectomy patients
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• Extracapsular implant rupture and severely painful implants
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Post mastectomy reconstruction 6 months post chemotherapy and 12 months post radiotherapy• Macromastia: where breast size causes substantial disability and the patient's BMI is <35• Post burn reconstruction• Congenital abnormalities e.g. Poland syndrome, tuberous breast deformity and gross asymmetry• Gynaecomastia

Essential referral information (Referral may be rejected without this)

- General referral information
- Height, weight and BMI (for Reconstruction Surgery BMI should be <30 and Reduction Surgery BMI should be <35)
- Smoking status
- Mammography results for women >40 years

Additional referral information (Useful for processing the referral)

- History of surgery/chemotherapy/radiotherapy in breast cancer patients

Other useful information for referring practitioners (Not an exhaustive list)

- It is strongly recommended that people who smoke stop before surgery as it is associated with delayed skin healing. Please consider directing your patient to a smoking cessation program.
- Breast cancer patients must be 6 months post chemotherapy and 12 months post radiotherapy
- Breasts will usually be considered for reduction when their size is not attributable to excess weight and when a substantial health benefit can be expected.
- If BMI is greater than 30, manage weight loss
- Ruptured or painful breast implants can be removed but not replaced unless the primary reason for augmentation was reconstructive.
- Consider referring patient to support groups e.g.
 - breast cancer network Australia
 - community support groups
 - cancer council connect
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)

Reconstructive Hand Surgery

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Severe/disabling symptoms of nerve compression and/or muscle weakness or wasting
- Soft tissue tumour of the hand with suspicion of malignancy

Category 2

(appointment within 90 days is desirable)

- Frequent symptoms of nerve compression and any of the following:
 - rapidly progressing disease
 - recurrence of symptoms after surgery
 - failed medical management

Category 3

(appointment within 365 days is desirable)

- Intermittent/mild symptoms of nerve compression without weakness or wasting
- Secondary hand surgery after injury
- Stenosing tenosynovitis and failed medical management
- Rheumatoid hand deformity with impaired function or pain and failed maximal medical management
- Symptomatic or enlarging ganglion of the hand

Essential referral information (Referral may be rejected without this)

- General referral information
- History of handedness, occupation, significant hobbies and anticoagulant therapy
- Smoking status
- Medical management to date
- Comprehensive neurovascular assessment
- Details of functional impairment
- X-ray for confirmed or suspected fracture or rheumatoid hand deformity
- Hand USS for stenosing tenosynovitis and soft tissue tumours of the hand

Additional referral information (Useful for processing the referral)

- Occupational therapy/physiotherapy report
- Nerve conduction studies if referred for nerve compression syndromes or nerve palsies

Other useful information for referring practitioners (Not an exhaustive list)

- Splint and activity modification
- Consider steroid injections as appropriate
- Joint ROM exercises
- Occupational therapy/physiotherapy to maintain mobility/ prevent stiffness and contracture/maintain extension/prevent/control pain/strengthening

Skin Cancer / Skin Lesions

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma
- Rapidly growing skin lesions especially on the face
- Complex non-melanoma skin malignancies and any of the following:
 - ulceration and bleeding
 - rapidly enlarging
 - neurological involvement
 - lymphadenopathy
 - poorly differentiated or infiltrative tumour on biopsy
- Other subcutaneous and deep tissue malignancies e.g. Merkel cell carcinoma, sarcoma
- Skin lesion causing substantial obstruction to vision
- Suspicion of malignant liposarcoma
- Poorly differentiated SCC
- Prior malignancy at the same site

Category 2

(appointment within 90 days is desirable)

- Uncomplicated non melanoma skin malignancies (BCC/SCC/IEC)
- Skin lesions with any of the following:
 - causing functional problems or significant disfigurement
 - diameter exceeds $\geq 5\text{cm}$ in size or rapid growth over short period of time
 - significant persistent pain that is not solely pressure related
 - fixed to deep tissues, i.e. muscle or fascia
 - recurring after a previous excision
 - prone to recurrent infection
 - diagnosis in doubt or needs confirmation

Category 3

(appointment within 365 days is desirable)

- Benign soft tissue lesions e.g. lipoma, ganglion not suitable for primary health management
- Clinically significant benign lesion

Essential referral information (Referral may be rejected without this)

- General referral information
- Features of pigmented lesions: size, shape, colour, inflammation, oozing, change in sensation.

- Biopsy results unless clinically contraindicated - excision biopsy is the preferred method for suspected melanoma
- Smoking status
- History of anticoagulant therapy

Additional referral information (Useful for processing the referral)

- Photograph – with patient's consent, where secure image transfer, identification and storage is possible
- USS lesion result (for a suspicious lipoma)

Other useful information for referring practitioners (Not an exhaustive list)

- Advise patient regarding sun avoidance and use of sun screens
- Educate patient on skin cancer surveillance and arrange annual skin checks