EXCLUSIONS

Services not offered by Monash Health

Patients under 18 years of age: Click here for Monash Children's Paediatric Plastic Surgery guidelines

CONDITIONS

Services offered by Monash Health

Hand
- Carpal tunnel & other nerve compression syndromes
- Congenital deformities
- Secondary hand surgery after injury
- Dupuytrens contracture
- Ganglia
- Soft tissue tumors of the hand
- Nerve palsies
- Open hand fracture
- Closed hand fracture
- Acute fingertip injuries
- Sub-acute fingertip injuries
- Rheumatoid hand deformities
- Stenosing tenosynovitis

General
- Burns and scars
- Foreign Body removal
- Lymphoedema
- Other chronic sores and ulcers
- Pressure sores
- Scar revision and scar management
- Vascular malformations

Lesions
- Benign skin lesions
- Malignancies including head, neck, salivary gland, connective tissue
- Melanoma
- Other skin cancers
- Subcutaneous & deep tissue tumours

Face
- Craniofacial abnormalities
- Faciomaxillary abnormalities

Ear
- Reconstruction (Congenital & traumatic abnormalities)

Nose
- Nasal deformity due to trauma
- Nasal reconstruction
- Rhinophyma

Eyelid
- Ptosis
- Ectropion
- Eyelid reduction in abnormal cases

Abdomen
- Abdominoplasty

Lesions
- Benign skin lesions
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Head of unit: A/Prof Michael Leung
Program Director: Mr Alan Saunder
Last updated: 6/12/2018

MORE CONDITIONS OVER PAGE
CONDITIONS (continued)

Breast
- Reconstruction following mastectomy
- Reduction mammoplasty
- Gynaeecomastia
- Congenital abnormalities
- Mastopexy
- Removal of prosthesis

Genital
- Vaginal/Penile reconstruction following malignancy

PRIORITY
All referrals received are triaged by Monash Health clinicians to determine urgency of referral.

EMERGENCY
For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT
The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE
The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

REFERRAL
How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including provider number
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines

Click here to download the outpatient referral form

Head of unit: A/Prof Michael Leung
Program Director: Mr Alan Saunder
Last updated: 6/12/2018
CONTACT US

Medical practitioners
To discuss complex & urgent referrals contact on call registrar on 9594 6666

General enquiries
Phone: 1300 342 273

Submit a fax referral
Fax referral form to Specialist Consulting Services: 9594 2273

Head of unit:
A/Prof Michael Leung

Program Director:
Mr Alan Sauder

Last updated:
6/12/2018
**GENERAL**

**BURNS AND BURN SCARS**

Initial GP Work Up
- N/A

Management Options for GP
- N/A

**WHEN TO REFER?**

- **Emergency**
  - Refer immediately to ED if severe post burn

- **Urgent**
  - Refer to Outpatients urgently

- **Routine**
  - Dependent on severity

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**FOREIGN BODY REMOVAL**

Initial GP Work Up
- X-Ray or USS as appropriate

Management Options for GP
- N/A

**WHEN TO REFER?**

- **Urgent**
  - Dependent on severity

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**LYMPHOEDEMA**

Initial GP Work Up
- N/A

Management Options for GP
- N/A

**WHEN TO REFER?**

- **Routine**
  - Dependent on severity

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**OTHER CHRONIC SORES AND ULCERS**

Initial GP Work Up
- N/A

Management Options for GP
- N/A

**WHEN TO REFER?**

- **Routine**
  - Dependent on severity

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**PRESSURE SORES**

Initial GP Work Up
- Contact plastic surgery clinic co-ordinator to discuss assessment of non-ambulant patients

Management Options for GP
- N/A

**WHEN TO REFER?**

- **Routine**
  - Dependent on severity
GENERAL (cont’d)

SCAR REVISION AND SCAR MANAGEMENT

Initial GP Work Up
• N/A

Management Options for GP
• N/A

WHEN TO REFER?

Routine
Dependent on severity

VASCULAR MALFORMATIONS

Initial GP Work Up
• USS of lesions

Management Options for GP
• N/A

WHEN TO REFER?

Routine
Dependent on severity
HAND

CARPEL TUNNEL AND OTHER NERVE COMPRESSION SYNDROMES

Initial GP Work Up
- Nerve conduction studies

Management Options for GP
- N/A

WHEN TO REFER?
Routine
Dependent on severity

CONGENITAL DEFORMITIES, SECONDARY HAND SURGERY AFTER INJURY

Initial GP Work Up
- Hand X-ray

Management Options for GP
- N/A

WHEN TO REFER?
Routine
Dependent on severity

DUPUYTRENS CONTRACTURE

Initial GP Work Up
- Include details of functional impairment

Management Options for GP
- N/A

WHEN TO REFER?
Routine
Dependent on severity

GANGLIA, SOFT TISSUE TUMORS OF THE HAND

Initial GP Work Up
- Include details of functional impairment

Management Options for GP
- N/A

WHEN TO REFER?
Routine
Dependent on severity

NERVE PALSIES

Initial GP Work Up
Investigations:
- Nerve conduction studies

Management Options for GP
- N/A

WHEN TO REFER?
Routine
Dependent on severity
OPEN FRACTURES, CLOSED HAND FRACTURES, ACUTE FINGERTIP INJURIES

Initial GP Work Up
- Hand X-ray

Management Options for GP
- N/A

WHEN TO REFER?
- Emergency: Refer to ED for assessment
- Urgent: Refer to Outpatients urgently

SUB-ACUTE FINGERTIP INJURIES

Initial GP Work Up
- N/A

Management Options for GP
- N/A

WHEN TO REFER?
- Urgent: Refer to Outpatients urgently

RHEUMATOID HAND DEFORMITIES

Initial GP Work Up
- Include details of functional impairment

Investigations:
- Hand USS

Management Options for GP
- N/A

WHEN TO REFER?
- Routine: Dependent on severity

STENOSING TENOSYNOVITIS

Initial GP Work Up
- Include details of functional impairment

Investigations:
- Hand USS

Management Options for GP
- N/A

WHEN TO REFER?
- Routine: Dependent on severity
SUSPECTED SOFT TISSUE SARCOMAS (LIMB/TRUNK), SUSPECTED SOFT TISSUE SARCOMAS AT NON LIMB/TRUNK SITES

Initial GP Work Up
• X-Ray

Management Options for GP
• N/A

WHEN TO REFER?

Urgent
Refer to Outpatients urgently
MELANOMA, CONFIRMED OR SUSPECTED

Initial GP Work Up
- Do not perform punch biopsy if Melanoma is suspected

Investigations:
- Pathology report if available

Management Options for GP
- N/A

WHEN TO REFER?
- Routine
  - Dependent on severity

OTHER SKIN CANCERS

Initial GP Work Up
- Include details of size and size of excision required

Management Options for GP
- N/A

WHEN TO REFER?
- Urgent
  - Refer for definitive diagnosis

SUBCUTANEOUS AND DEEP TISSUE TUMOURS

Initial GP Work Up
- USS of lesion
- CT scan if malignancy suspected

Management Options for GP
- N/A

WHEN TO REFER?
- Urgent
  - Refer for definitive diagnosis
CRANIOFACIAL ABNORMALITIES, FACIOMAXILLARY ABNORMALITIES

Initial GP Work Up
• N/A

Management Options for GP
• N/A

WHEN TO REFER?

Routine
Refer to Faciomaxillary Clinic
RECONSTRUCTION FOR TRAUMATIC AND CONGENITAL ABNORMALITIES

Initial GP Work Up
• N/A

Management Options for GP
• N/A

WHEN TO REFER?

Routine
If secondary to acute trauma
**Nose**

**Nasal Deformity Due to Trauma**

**Initial GP Work Up**
- Imaging as applicable

**Management Options for GP**
- N/A

**When to Refer?**

- **Emergency**
  - Refer immediately to ED if post fracture

- **Urgent**
  - Refer to Outpatients urgently
  - See [Aesthetic procedures and indications for surgery in Victorian public health services](#)

**Nasal Reconstruction**

**Initial GP Work Up**
- Imaging as applicable

**Management Options for GP**
- N/A

**When to Refer?**

- **Routine**
  - Dependent on severity

**Rhinophyma**

**Initial GP Work Up**
- N/A

**Management Options for GP**
- N/A

**When to Refer?**

- **Routine**
  - Dependent on severity
PTOSIS, ECTROPION, EYELID REDUCTION IN ABNORMAL CASES

Initial GP Work Up
• N/A

Management Options for GP
• N/A

WHEN TO REFER?

Routine
If causing obstruction of vision otherwise do not refer
ABDOMINOPLASTY

Initial GP Work Up
• Standard history

Investigations:
• BMI
• Smoking status

Management Options for GP
• Cessation of smoking
• Weight reduction

WHEN TO REFER?

Routine
• Post morbid obesity treatment where significant clinical symptoms are present (for example intractable intertrigo)
• See Aesthetic procedures and indications for surgery in Victorian public health services

BACK
**REDUCTION MAMMOPLASTY**

**Initial GP Work Up**
- Body Mass Index
- Smoking status

**Management Options for GP**
- Cessation of smoking
- Weight reduction

**WHEN TO REFER?**
- **Routine**
  - When there are significant symptoms or recurrent intertrigo
  - See [Aesthetic procedures and indications for surgery in Victorian public health services](#)

**MASTOPEXY**

**Initial GP Work Up**
- Body Mass Index
- Smoking status

**Management Options for GP**
- Cessation of smoking
- Weight reduction

**WHEN TO REFER?**
- **Routine**
  - Following significant weight loss eg. After gastric banding or for correction of significant breast reconstruction.
  - See [Aesthetic procedures and indications for surgery in Victorian public health services](#)

**REMOVAL OF PROSTHESIS**

**Initial GP Work Up**
- Body Mass Index
- Smoking status

**Management Options for GP**
- Cessation of smoking
- Weight reduction

**WHEN TO REFER?**
- **Routine**
  - If rupture of silicone prosthesis
  - See [Aesthetic procedures and indications for surgery in Victorian public health services](#)
GENITAL

VAGINAL/PENILE RECONSTRUCTION POST MALIGNANCY

Initial GP Work Up
• N/A

Management Options for GP
• N/A

WHEN TO REFER?

Routine
Dependent on severity