# Monash Health Referral Guidelines PLASTIC SURGERY

# **EXCLUSIONS**

Services not offered by Monash Health

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

# CONDITIONS

Services offered by Monash Health

#### General

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

#### Hand

- <u>Carpal tunnel & other nerve</u> <u>compression syndromes</u>
- · 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

# Soft Tissue Tumours

- Suspected Soft Tissue Tumours (limb/trunk)
- Suspected Soft Tissue Tumours at non limb/trunk sites

#### 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

MORE CONDITIONS OVER PAGE

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Program Director:
Mr Alan Saunder

Last updated:

6/12/2018



# Monash Health Referral Guidelines PLASTIC SURGERY

# **CONDITIONS** (continued)

#### **Breast**

- Reconstruction following mastectomy
- Reduction mammoplasty
- Gynaecomastia
- 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 Find up-to-date information about how to send a referral to Monash Health on the eReferrals page on our website.

# **CONTACT US**

# **Medical practitioners**

To discuss complex & urgent referrals contact on call registrar on <insert contact details>

# General enquiries

Phone: 1300 342 273

Head of unit: A/Prof Michael Leung Program Director:
Mr Alan Saunder

**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

**BACK** 

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

**BACK** 

**BACK** 

**BACK** 

**LYMPHOEDEMA** 

Initial GP Work Up

N/A

Management Options for GP

N/A

WHEN TO REFER?

**Routine** 

Dependent on severity

OTHER CHRONIC SORES AND ULCERS

Initial GP Work Up

N/A

Management Options for GP

N/A

WHEN TO REFER?

Routine

**Routine** 

Dependent on severity

WHEN TO REFER?

Initial GP Work Up

PRESSURE SORES

 Contact plastic surgery clinic coordinator to discuss assessment of non-

ambulant patients

Management Options for GP

N/A

Dependent on severity

# **GENERAL** (cont'd)

# SCAR REVISION AND SCAR MANAGEMENT

WHEN TO REFER?

Initial GP Work Up

N/A

Management Options for GP

N/A

**Routine** 

Dependent on severity

**BACK** 

**VASCULAR MALFORMATIONS** 

Initial GP Work Up

· USS of lesions

Management Options for GP

N/A

WHEN TO REFER?

**Routine** 

5

Dependent on severity

# **HAND**

# CARPEL TUNNEL AND OTHER NERVE COMPRESSION SYNDROMES

# WHEN TO REFER?

#### Initial GP Work Up

· Nerve conduction studies

# Routine

Dependent on severity

# Management Options for GP

N/A

**BACK** 

**BACK** 

**BACK** 

# CONGENITAL DEFORMITIES, SECONDARY HAND SURGERY AFTER INJURY

WHEN TO REFER?

# Initial GP Work Up

Hand X-ray

# Routine

Dependent on severity

#### Management Options for GP

N/A

#### **DUPUYTRENS CONTRACTURE**

# Initial GP Work Up

· Include details of functional impairment

# Routine

Dependent on severity

WHEN TO REFER?

# Management Options for GP

N/A

# WHEN TO REFER?

# GANGLIA, SOFT TISSUE TUMORS OF THE HAND

#### Initial GP Work Up

· Include details of functional impairment

# **Routine**

Dependent on severity

#### Management Options for GP

N/A

# BACK

#### **NERVE PALSIES**

# Initial GP Work Up

# Investigations:

· Nerve conduction studies

#### Management Options for GP

N/A

# Routine

Dependent on severity

WHEN TO REFER?

**BACK** 

Monash**Health** 

# HAND (cont'd)

# 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

BACK

# **SUB-ACUTE FINGERTIP INJURIES**

Initial GP Work Up

N/A

# Management Options for GP

N/A

# WHEN TO REFER?

# **Urgent**

Refer to Outpatients urgently

**BACK** 

#### RHEUMATOID HAND DEFORMITIES

#### Initial GP Work Up

· Include details of functional impairment

# Investigations:

Hand USS

# **Routine**

Dependent on severity

WHEN TO REFER?

# Management Options for GP

N/A

**BACK** 

#### STENOSING TENOSYNOVITIS

#### Initial GP Work Up

· Include details of functional impairment

#### Investigations:

Hand USS

#### Routine

Dependent on severity

WHEN TO REFER?

# Management Options for GP

N/A

# **SOFT TISSUE TUMOURS**

SUSPECTED SOFT TISSUE SARCOMAS (LIMB/TRUNK), SUSPECTED SOFT TISSUE SARCOMAS AT NON LIMB/TRUNK SITES

WHEN TO REFER?

Initial GP Work Up

X-Ray

**Urgent** 

Refer to Outpatients urgently

# Management Options for GP

N/A

# **LESIONS**

# **BENIGN SKIN LESIONS**

Initial GP Work Up

Biopsy

Management Options for GP

N/A

WHEN TO REFER?

**Routine** 

Dependent on severity

BACK

MALIGNANCIES INCLUDING: HEAD, NECK, ORAL, SALIVARY GLANDS, CONNECTIVE TISSUE

Initial GP Work Up

 CT Scan and other imaging as appropriate

Management Options for GP

N/A

WHEN TO REFER?

**Urgent** 

Refer to Outpatients urgently

BACK

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?

**Urgent** 

Refer to Outpatients urgently

**BACK** 

**BACK** 

**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

WHEN TO REFER?

Initial GP Work Up

USS of lesion

· CT scan if malignancy suspected

Management Options for GP

N/A

**Urgent** 

Refer for definitive diagnosis

# **FACE**

# CRANIOFACIAL ABNORMALITIES, FACIOMAXILLARY ABNORMALITIES

WHEN TO REFER?

Initial GP Work Up

N/A

Management Options for GP

N/A

# Routine

Refer to Faciomaxillary Clinic

# **EAR**

# RECONSTRUCTION FOR TRAUMATIC AND CONGENITAL ABNORMALITIES

WHEN TO REFER?

Initial GP Work Up

N/A

Management Options for GP

N/A

# 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 <u>Aesthetic procedures</u> and indications for surgery in Victorian public health services

**BACK** 

# NASAL RECONSTRUCTION

# Initial GP Work Up

· Imaging as applicable

# Management Options for GP

N/A

# WHEN TO REFER?

# Routine

Dependent on severity

**BACK** 

#### **RHINOPHYMA**

# Initial GP Work Up

N/A

# Management Options for GP

N/A

# WHEN TO REFER?

# Routine

Dependent on severity

# **EYELID**

# PTOSIS, ECTROPION, EYELID REDUCTION IN ABNORMAL CASES

WHEN TO REFER?

Initial GP Work Up

N/A

Management Options for GP

N/A

# Routine

If causing obstruction of vision otherwise do not refer

# **ABDOMEN**

# **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 <u>Aesthetic procedures and indications for surgery in Victorian public health services</u>

# **BREAST**

#### RECONSTRUCTION FOLLOWING MASTECTOMY

Initial GP Work Up

N/A

Management Options for GP

N/A

WHEN TO REFER?

**Routine** 

Post mastectomy reconstruction

**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 <u>Aesthetic procedures and indications for</u> surgery in Victorian public health services

**BACK** 

# GYNAEOMASTIA, CONGENITAL ABNORMALITIES

Initial GP Work Up

N/A

Management Options for GP

N/A

# WHEN TO REFER?

# **Routine**

Dependent on severity

**BACK** 

#### **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 <u>Aesthetic procedures</u> and indications for surgery in Victorian public health services

**BACK** 

# **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

WHEN TO REFER?

Initial GP Work Up

N/A

**Routine** 

Dependent on severity

Management Options for GP

N/A