

Plastic Surgery

Specialist Clinic Referral Guidelines

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Aesthetic surgery other than those meeting the specific indications outlined in the Victorian Department of Health and Human Services [Guidelines for Aesthetic procedures and indications for surgery in Victorian public health services](#). In particular, the following procedures are not performed at Alfred Health:
 - Breast reduction or augmentation
 - Elective removal or reinsertion of breast implants following augmentation mammoplasty
 - Abdominoplasty
 - Liposuction
- Breast reconstruction is offered only to Alfred Health patients who have undergone mastectomy for breast cancer, or have congenital abnormalities, or have had significant trauma
- Gender reassignment surgery is not performed at Alfred Health

Please note:

- Patients undergoing elective surgery at The Alfred should have been non-smokers for a minimum of 6 weeks prior to consideration of surgery
- Patients undergoing certain elective plastic surgery procedures at The Alfred should have a BMI less than 30.
- Skin cancers other than melanoma **must** be proven on biopsy/histology.

Please refer to the Department of Health [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Plastic Surgery specialist clinics in Victorian public health services.

Plastic Surgery Specialist Clinic Referral Guidelines

Please include in your referral:

Demographic details:	Clinical information:
<ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	<ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports• Past medical history

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist – please provide your patient with a **12-month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.

Please note, the times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Plastic Surgery Registrar on call on 9076 2000.

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LESIONS

Melanoma – confirmed or suspected

Department of Health [Statewide Referral Criteria](#) apply for this condition

Immediately contact the plastic surgery registrar to arrange an urgent plastic surgery assessment for:

- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma

Criteria for referral to public hospital service

- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma

Information to be included in the referral

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Histology results

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Patients with suspected or proven melanoma should be referred for an immediate plastic surgery assessment, whether arranged through a telephone conversation or written referral.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Not applicable

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Skin lesions and other skin cancers (not melanoma)

Department of Health [Statewide Referral Criteria](#) apply for this condition

Criteria for referral to public hospital service

- Complex non-melanoma skin malignancies and any of the following:
 - lymphadenopathy
 - neurological involvement
 - poorly differentiated or infiltrative tumour identified on biopsy
 - rapidly enlarging
 - ulceration and bleeding
- Other subcutaneous and deep tissue malignancies e.g. Merkel cell carcinoma, sarcoma
- Skin lesions with any of the following:
 - causing functional problems (e.g. obstruction of vision)
 - causing significant disfigurement
 - diagnosis in doubt, or needs confirmation
 - diameter greater than or equal to 5cm in size
 - fixed to deep tissues
 - lesions are prone to recurrent infection
 - rapid growth over short period of time
 - recurring after a previous excision
 - significant persistent pain that is not solely pressure related

Information to be included in the referral

Information that **must** be provided

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Symptoms such as ulceration, bleeding, pain
- Histology results
- History of smoking
- If the patient is taking anticoagulant medicine
- If the patient is immunocompromised or has a history of immunosuppression
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available

- Photograph of lesion(s)
- Ultrasound of lesion(s)
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population.

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Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Most low-risk basal cell carcinomas and squamous cell carcinomas can be managed in primary care and do not require referral to a public hospital specialist clinic.

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

Benign skin lesions not causing functional problems (e.g. causing obstruction to vision), or significant disfigurement and not related to immunosuppression.

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Other malignancies (head, neck, oral, salivary glands, connective tissue)

Immediately contact the registrar to arrange urgent assessment for:

- Malignancies of head/ neck/ oral cavity/ salivary glands – contact the ENT Registrar on 9076 2000 ([ENT Referral and Management Guidelines](#))
- Other connective tissue malignancies – contact the Plastic Surgery Registrar on 9076 2000

Evaluation

Key Points:

- CT scan and other imaging as appropriate.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service

Subcutaneous and deep tissue tumours

Immediately contact the Plastic Surgery registrar to arrange an urgent assessment for:

- Suspected malignancy.

Evaluation

Key Points:

- USS of lesion
- +/- CT scan if malignancy suspected.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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GENERAL CONDITIONS

Scar revision and management

Burns and burn scar management

Evaluation

Key Points:

- Refer depending on:
 - Site
 - Severity
 - Presence of functional revision
- For burn scar revision, refer to Burns Unit.

Management:

- See [Burns Management Guidelines](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Vascular malformations

Evaluation

Key Points:

- USS of lesion
 - [The Alfred Radiology request form.](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pressure sores

Other chronic sores & ulcers

Evaluation

Key Points:

- Contact Plastic Surgery Clinic Coordinator via switchboard to discuss assessment of non-ambulant patients.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Foreign body removal

Immediately contact the Plastic Surgery registrar to arrange an urgent assessment for this condition.

Evaluation

Key Points:

- X-ray or USS as appropriate
 - [The Alfred Radiology request form.](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Lymphoedema

**This condition is not treated at the Alfred
– please refer to the Mercy Hospital Lymphoedema Clinic.**

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FACE

Adult cleft lip & palate Other facial abnormalities

Evaluation

Key Points:

- Refer facial abnormalities to Faciomaxillary Clinic.

NOSE

Nasal fracture (immediate/ traumatic)

For acute nasal fractures, phone the Faciomaxillary Surgery Registrar on call on 9076 2000 and/or send to The Alfred Emergency Department.

Nasal reconstruction

Immediately contact the Plastic Surgery registrar to arrange an urgent assessment for reconstruction immediately post fracture.

Management:

- If longstanding condition, arrange routine referral.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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EYELIDS

Ptosis (Levator weakness) Ectropion

Key Points:

- Refer to Ophthalmology Clinic.

Eyelid reduction in 'abnormal' cases

Key Points:

- Refer if causing obstruction of vision.

Craniofacial osseointegration

Key Points:

- Refer to Plastic surgery for
 - Craniofacial, ear, orbit and nose.
 - Upper & lower limb and digit.
 - Bone anchored hearing aid – refer to ENT clinic.

EARS

Ear reconstruction (congenital & traumatic abnormalities)

Direct to the Emergency Department if ear reconstruction is secondary to acute trauma.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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BREAST

Breast reconstruction (after mastectomy or trauma)

Congenital abnormalities of the breast

Evaluation

Key Points:

- Routine referral if post mastectomy reconstruction, augmentation for contralateral breast, Poland syndrome, or post burn reconstruction.
- Breast reconstruction is only offered to Alfred Health patients who have undergone mastectomy for breast cancer, or have congenital abnormalities or have had significant trauma.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Brachial plexus injury

Evaluation

Key Points:

- Routine referral for this condition.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Hand fractures and infections

Department of Health [Statewide Referral Criteria](#) apply for this condition

Direct to an emergency department for:

- Complex hand fractures
- Multiple metacarpal fractures
- Fracture significantly displaced, angulated, rotated, unable to be reduced
- Open fracture(s)
- Unstable fracture
- Deep hand or finger infections
- Suspected neurovascular compromise.

Criteria for referral to public hospital service

Not applicable

Information to be included in the referral

Information that **must** be provided:

Not applicable

Provide if available:

Not applicable

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Patients with these types of acute hand fracture should be referred to an appropriate emergency department for assessment or managed in primary care (including hand therapy). Public hospital specialist clinics should not receive any referrals for types of acute hand fracture.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Not applicable

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Stenosing tenosynovitis including trigger finger

Criteria for referral to public hospital service

- Persisting or intermittent stenosing tenosynovitis (suggested by stiffness, locking, tenderness or painful clicking symptoms that have persisted for longer than six months) with functional impairment, that has been unresponsive to at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, local steroid injection, non-steroidal anti-inflammatory medicines, alone or in combination)
- Persisting De Quervain's tenosynovitis with functional impairment, that has been unresponsive to at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, local steroid injection, non-steroidal anti-inflammatory medicines, alone or in combination)
- New, intermittent or chronic fixed trigger finger.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Description of onset, nature, recurrence and duration of symptoms
- Detailed clinical examination with functional assessment
- How symptoms are impacting on daily activities including impact on work, study or carer role
- Range of measurement (ROM) measurements for metacarpophalangeal (MCP), proximal interphalangeal (PIP) and distal interphalangeal (DIP) joints flexion contracture
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- History of smoking
- If stenosing tenosynovitis, hand ultrasound
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available

- Any recent allied health assessments
- Recent ultrasound results
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population.

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Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Vulnerable populations include:

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

Not applicable

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Carpal tunnel & other nerve compression syndromes

Department of Health [Statewide Referral Criteria](#) apply for this condition

Direct to an emergency department for:

- Acute development of peripheral nerve compression symptoms following trauma.

Criteria for referral to public hospital service

- Neurogenic injury confirmed by nerve conduction study with either:
 - severe disabling symptoms with weakness and wasting
 - rapid progression
 - unresponsive to at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Recent nerve conduction study report
- Description of onset, nature, progression, recurrence and duration of symptoms
- How symptoms are impacting on daily activities including impact on work, study or carer role
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available

- Details of any previous related surgery
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

As the finding of a nerve conduction study is needed for referral, people experiencing barriers to accessing a nerve conduction study may need to be referred to a public health service for this imaging service.

Patients presenting with mild carpal tunnel syndrome should be offered conservative management, which may include hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids. Combined therapies may be more beneficial than therapies in isolation of one another.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

- Vulnerable populations include:
 - people from culturally and linguistically diverse backgrounds
 - older Australians
 - carers of people with chronic conditions
 - people experiencing socio-economic disadvantage
 - people living in remote, or rural and regional locations
 - people with a disability
 - people with mental illness
 - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- Diagnosis unconfirmed by nerve conduction study
- Where at least three months of medical management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids, alone or in combination), has not been trialled.

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Dupytren's contracture

Department of Health [Statewide Referral Criteria](#) apply for this condition

Criteria for referral to public hospital service

- Skin breakdown or infection, or both, secondary to severe contracture
- Metacarpophalangeal (MCP) joint flexion contracture greater than 30 degrees with functional impairment
- Proximal interphalangeal (PIP) joint flexion contracture greater than 10 degrees with functional impairment
- Recurrence of contracture after surgery with functional impairment.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Range of measurement (ROM) measurements
- Details of functional impairment and how symptoms are impacting on daily activities including impact on work, study or carer role
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- If referral relates to recurrence after surgery, details of the surgery including when and where procedure(s) were performed
- History of smoking
- If the patient is taking an anticoagulant medicine
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available

- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

- Vulnerable populations include:
 - people from culturally and linguistically diverse backgrounds
 - older Australians
 - carers of people with chronic conditions
 - people experiencing socio-economic disadvantage
 - people living in remote, or rural and regional locations
 - people with a disability
 - people with mental illness
 - people who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Referral to a public hospital is not appropriate for

- Palmar thickening or nodules without contracture
- Contracture without functional impairment
- Metacarpophalangeal (MCP) joint flexion contracture less than or equal to 30 degrees
- Proximal interphalangeal joint (PIP) joint flexion contracture less than or equal to 10 degrees.

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Rheumatoid hand deformities

Evaluation

Key Points:

- XR
 - [The Alfred Radiology request form.](#)

Refer to [Rheumatology](#) for assessment in the first instance.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Soft tissue tumours of the hand (ganglia)

Evaluation

Key Points:

- USS of legion; include details of functional impairment in referral.
 - [The Alfred Radiology request form.](#)
- Simple ganglia are not managed by Plastic Surgery unless conservative management has failed and the lesion is symptomatic.
 - Otherwise refer to [Breast, Endocrine and General Surgery](#).

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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GENITAL

Vaginal, vulval or penile reconstruction post malignancy

Evaluation

Key Points:

- For functional abnormalities, refer to the Urology Clinic.
- If cosmetic, refer to Plastic Surgery Clinic – routine.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

AMPUTEE SERVICES

Upper & lower limb amputation stump problems

Upper & lower limb osseointegration

Targeted muscle reinnervation (TMR) (Bionic)

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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