

Clinical Prioritisation Criteria

Plastic and reconstructive surgery CPC V1.4

Summary

This document contains the draft Clinical Prioritisation Criteria (CPC) for Plastic and reconstructive surgery. It is a consultation document only. This is a drafting document and should be read in conjunction with the consultation overview.

The final format will be as indicated on the CPC website <https://cpc.health.qld.gov.au/> and embedded into your local HealthPathways site or HHS site i.e. 'Refer your patient' website <https://metrosouth.health.qld.gov.au/referrals> or www.health.qld.gov.au/metronorth/refer.

For more information about the CPC development process and purpose, please see the accompanying CPC Consultation Overview.

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Plastic and reconstructive surgery inclusion for outpatient services

The following conditions are proposed to be considered under the Plastic and reconstructive surgery CPC.

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

- General plastic surgery
- Reconstructive hand surgery
- Dupuytren's contracture
- Reconstructive breast surgery
- Post burn reconstruction and scar management
- Lower limb reconstruction
- Skin cancers/skin lesions
- Head and neck mass
- Facial fractures
- Paediatric congenital deformities

Please list any other conditions that should be considered in-scope?

Plastic and reconstructive surgery paediatric conditions

The following paediatric conditions are to be considered under the Plastic and reconstructive surgery CPC. Alternatively, please consider if it is necessary to develop a separate paediatric CPC for Plastic and reconstructive surgery.

Congenital paediatric deformities

- Ear deformities
- Cleft lip and palate repair
- Vascular anomalies and haemangioma
- Congenital hand surgery
- Neurofibromatosis
- Craniofacial deformities

Please list any other paediatric conditions that should be considered in-scope?

Plastic and reconstructive surgery exclusions for outpatient services

Not all services are appropriate to be seen in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Plastic and reconstructive surgery service

The following are not routinely provided in a public Plastic and reconstructive surgery service.

- Redundant tissue, excision (anywhere)
- Minor or asymptomatic scarring
- Liposuction
- Asymptomatic benign lesions
- Cosmetic rhinoplasty
- Cosmetic labioplasty
- Tattoo removal
- Cosmetic augmentation mammoplasty
- Gynaecomastia in the context of obesity where the breast size is proportionate to the body habitus
- Replacement of breast implants
- Small volume breast reductions done for re-shaping
- Revisions after cosmetic surgery
- Gender reassignment surgery - redirect through gender reassignment clinic

Please list other conditions that are not routinely managed in public Plastic and reconstructive surgery services and/or should be considered out of scope

Referral and outpatient criteria

General plastic surgery	
Referral to emergency	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> • 	
Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion	
Minimum referral criteria	
Category 1 (appointment within 30 calendar days)	<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 calendar days)	<ul style="list-style-type: none"> • Ulcers with acute deterioration (e.g. sacral, ischial or lower limb) • Dermatochalasis of the eyelid
Category 3 (appointment within 365 calendar days)	<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 required) • Chronic facial palsy without threat to vision • Symptomatic ptosis not involving visual axis • Blepharochalasia which obstructs the visual axis and > 55 years age
Please add any additional criteria	
1. Reason for request, indicate on the referral	
<ul style="list-style-type: none"> • To establish a diagnosis • For treatment or intervention not otherwise accessible to the patient • For advice regarding management • To engage in an ongoing shared care approach between primary and secondary care • Reassurance for GP/second opinion • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) 	
2. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> • History of anticoagulant therapy • Ptosis - BCVA (vision with most recent distance spectacles) • Blepharochalasia – Ophthalmologist or optometrist report including measure and impact of symptoms • Height, weight and BMI • Smoking status 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
3. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> • Ptosis - Ophthalmologist or optometrist report including VA, refraction and impact of symptoms • Photograph – with patient's consent, where secure image transfer, identification and storage is possible 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
1. Request	
General referral information/Standard information (Appendix 2, Consultation overview)	
Notes	

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

4. Other useful information for referring practitioners, 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

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Reconstructive hand surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • 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 calendar days)	<ul style="list-style-type: none"> • Frequent symptoms of nerve compression and any of the following: <ul style="list-style-type: none"> - rapidly progressing disease - recurrence of symptoms after surgery - failed medical management
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> • Intermittent/mild symptoms of nerve compression without weakness or wasting • Secondary hand surgery after injury • Stenosing tenosynovitis and failed medical management

	<ul style="list-style-type: none"> • Rheumatoid hand deformity with impaired function or pain and failed maximal medical management • Symptomatic or enlarging ganglion of the hand
Please add any additional criteria	
2. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> • History of handedness, occupation, significant hobbies and anticoagulant therapy • Smoking status • Medical management to date • Comprehensive neurovascular assessment • Details of functional impairment • XR for confirmed or suspected fracture or rheumatoid hand deformity • Hand USS for stenosing tenosynovitis and soft tissue tumours of the hand 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
3. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> • Occupational therapy/physiotherapy report • Nerve conduction studies if referred for nerve compression syndromes or nerve palsies 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
4. Other useful information for referring practitioners, not an exhaustive list	
<ul style="list-style-type: none"> • 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 	
Clinical resources (links)	Patient resources (links)
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

Dupuytren's contracture

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • Skin breakdown and/or infection secondary to severe contracture
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> • Fixed flexion deformity of 90° at MCPJ or 60° at PIPJ or • Multiple joints or recurrence after surgery with functional impairment or

	<ul style="list-style-type: none"> • Rapidly progressing disease
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> • MCP flexion contractures > 30° or • PIP flexion contracture >20° or • Functional impairment
Please add any additional criteria	
1. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> • Medical management to date • ROM measurements • Details of functional impairment • History of anticoagulant therapy • Smoking status 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
2. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> • 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
3. Other useful information for referring practitioners, not an exhaustive list	
<ul style="list-style-type: none"> • 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 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 	
Medical management	
<ul style="list-style-type: none"> • Analgesia/NSAIDs (as appropriate) • Splint and activity modification • Joint ROM exercises • Occupational therapy/physiotherapy 	
Clinical resources (links)	Patient resources (links)
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

Reconstructive breast surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within	<ul style="list-style-type: none"> • Pre-operative mastectomy patients
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30 calendar days)	
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> • Extracapsular implant rupture and/or severely painful implants
Category 3 (appointment within 365 calendar days)	<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 where there is substantial breast enlargement or significant breast tenderness and where breast size is disproportionate to body habitus

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- Height, weight and BMI (ideally BMI should be <35 for reconstruction or reduction surgery). Patients with a BMI 35-40 may be reviewed by a multidisciplinary team regarding the appropriateness of surgery
- Smoking status
- Mammography results for women >40 years

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. 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.
- A frailty assessment should be undertaken, where relevant, to ensure appropriate surgical management.
- 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)

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Post-burn reconstruction and scar management

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • Severe contracture or deformity causing severe pain, or threatening vision or joint function
Category 2 (appointment within 90 calendar days)	<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 calendar days)	<ul style="list-style-type: none"> • Stable contracture or deformity and failed conservative scar management

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- Medical management to date
- History of anticoagulant therapy
- Smoking status

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

- Scarring of minor or cosmetic nature is generally excluded

Clinical resources (links)

Patient resources (links)

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Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Lower limb reconstruction

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria	
Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> Threat to function of limb or exposed fixation plates
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> Limitation to weight bearing ability e.g. ulceration of sole, non-union of fracture requiring flap coverage
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> Stable disability
Please add any additional criteria	
1. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> Height, weight and BMI History of anticoagulant therapy Smoking status 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
2. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> Photograph – with patient’s consent, where secure image transfer, identification and storage is possible 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
3. Other useful information for referring practitioners, not an exhaustive list	
<ul style="list-style-type: none"> 	
Clinical resources (links)	Patient resources (links)
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

Skin cancer/skin lesion

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> ulceration and bleeding rapidly enlarging neurological involvement lymphadenopathy
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	<ul style="list-style-type: none"> – 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 calendar days)	<ul style="list-style-type: none"> • Uncomplicated non-melanoma skin malignancies (BCC/SCC/IEC) • Skin lesions with any of the following: <ul style="list-style-type: none"> – causing functional problems or significant disfigurement – diameter exceeds ≥ 5cm 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 calendar days)	<ul style="list-style-type: none"> • Benign soft tissue lesions e.g. lipoma, ganglion not suitable for primary health management • Clinically significant benign lesions
Please add any additional criteria	
1. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> • 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 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
2. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> • Photograph – with patient’s consent, where secure image transfer, identification and storage is possible • USS lesion result (for a suspicious lipoma) 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
3. Other useful information for referring practitioners, not an exhaustive list	
<ul style="list-style-type: none"> • Advise patient regarding sun avoidance and use of sun screens • Educate patient on skin cancer surveillance and arrange annual skin checks 	
Clinical resources (links)	Patient resources (links)
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

Head and neck mass

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1
(appointment within 30 calendar days)

- 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 (intra oral)

Category 2
(appointment within 90 calendar days)

- No category 2 criteria

Category 3
(appointment within 365 calendar days)

- No category 3 criteria

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

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

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

- CT chest +/- FNA results

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

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Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Facial fractures

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

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

1. Essential referral information, Referral will be returned without this

- History and examination findings (including eye and neurosensory)
- Facial XR results

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, 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

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Congenital and paediatric conditions

Ear deformities	
Referral to emergency	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> • 	
Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion	
Minimum referral criteria	
Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • Ear reconstruction (traumatic abnormalities)
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> • Microtia
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> • Prominent ears >5 years old and <16 years old. Prominent ears should lack an ante helical fold to warrant treatment. • Other congenital or acquired deformities of the ears
Please add any additional criteria	
1. Essential referral information, Referral will be returned without this	
<ul style="list-style-type: none"> • General referral information 	
Please advise of any essential information that should be included with the referral and is essential for triaging	
2. Additional referral information, Useful for processing the referral	
<ul style="list-style-type: none"> • Diagnostic audiology report • Photograph – with patient’s consent, where secure image transfer, identification and storage is possible 	
Please advise of any additional information that should be included with the referral and is useful for processing the referral	
3. Other useful information for referring practitioners, not an exhaustive list	
<ul style="list-style-type: none"> • Microtia – suggest concurrent referral to ENT for management of aural atresia if appropriate 	
Clinical resources (links)	Patient resources (links)
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

Cleft lip and palate repair

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1
(appointment within 30 calendar days)

- Clefts for initial assessment

Category 2
(appointment within 90 calendar days)

- Secondary cleft lip and palate related conditions causing speech and other functional issues

Category 3
(appointment within 365 calendar days)

- Secondary cleft lip and palate related conditions

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- General referral information

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

- Cleft lip and cleft palate eligibility for scheme:
 - enrolled in Medicare
 - have a cleft lip or cleft palate condition
 - be registered for the scheme before turning 22 years old
 - have treatment before turning 28 years old

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Vascular anomalies and haemangioma

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • Infantile haemangioma (<1-year-old) • Obstruction of vision, potential airway compromise, rapid growth, bleeding, incipient ulceration
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> • Deterioration of a lesion
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> • Stable vascular anomalies for review

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- USS lesion result

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

-

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

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Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Congenital hand surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1
(appointment within 30 calendar days)

- Refer directly to emergency clinically indicated:
 - Amniotic band compromising circulation

Category 2
(appointment within 90 calendar days)

- Congenital hand conditions e.g. syndactyly, duplicate thumb

Category 3
(appointment within 365 calendar days)

- Benign soft tissue lesions e.g. lipoma, ganglion

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- General referral information

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

-

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Neurofibromatosis

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1
(appointment within 30 calendar days)

- Suspected malignant transformation or serious pressure effects

Category 2
(appointment within 90 calendar days)

- No category 2 criteria

Category 3
(appointment within 365 calendar days)

- Disfiguring effects of the tumours

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- General referral information

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

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

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

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Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Craniofacial deformities

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Please include conditions that should be sent directly to emergency. This is not an exhaustive list, only relevant to this criterion

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	<ul style="list-style-type: none"> • Visual or feeding compromise, neurological symptoms or potential airway involvement
Category 2 (appointment within 90 calendar days)	<ul style="list-style-type: none"> • Primary diagnosis or deteriorating condition
Category 3 (appointment within 365 calendar days)	<ul style="list-style-type: none"> • Stable known condition

Please add any additional criteria

1. Essential referral information, Referral will be returned without this

- General referral information

Please advise of any essential information that should be included with the referral and is essential for triaging

2. Additional referral information, Useful for processing the referral

- Photograph – with patient's consent, where secure image transfer, identification and storage is possible
- Skull XR result for craniosynostosis

Please advise of any additional information that should be included with the referral and is useful for processing the referral

3. Other useful information for referring practitioners, not an exhaustive list

- Craniosynostoses have a wide range of urgency and early referral is helpful. These are all treated at the Lady Cilento Children's Hospital in a MDT

Clinical resources (links)

Patient resources (links)

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Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Other referrals to emergency not covered within these conditions

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Airway compromise
- Uncontrolled bleeding
- Acute burns
- Uncontrolled sepsis including hand infections
- Complex facial fractures
- Compound fractures
- 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 defects.

Please include conditions that should be sent directly to emergency. This is not an exhaustive list.

Intervention criteria

Out-of-scope for Plastic and reconstructive surgery interventions

Not all services are funded in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Plastic and reconstructive surgery service:

- Redundant tissue, excision (anywhere)
- Minor or asymptomatic scarring
- Liposuction
- Asymptomatic benign lesions
- Cosmetic rhinoplasty
- Cosmetic labioplasty
- Tattoo removal
- Cosmetic augmentation mammoplasty
- Replacement of breast implants
- Small volume breast reductions done for re-shaping
- Revisions after cosmetic surgery
- Gender reassignment surgery - redirect through gender reassignment clinic

Please include other intervention that are not routinely delivered in public Plastic and reconstructive surgery services and/or should be considered out of scope.

Urgency category for intervention

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 breast reconstruction for malignancy) Cat 2 when ready for care (Cat 3 - National Elective Surgery Urgency Categorisation Guideline)
	<ul style="list-style-type: none"> • Developmental breast anomaly 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> • Gynaecomastia correction 	Cat 3 (Paediatric)
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.
Cleft lip and palate – repair of	<ul style="list-style-type: none"> • Cleft lip repair 	Cat 1 (Paediatric: NRFC until 3/12 of age) (Cat 3 - National Elective Surgery Urgency Categorisation Guideline)
	<ul style="list-style-type: none"> • Cleft palate repair 	Cat 2 (Paediatric: NRFC until 6/12 of age)

	<ul style="list-style-type: none"> Cleft palate repair (Pierre Robin or other airway issues) 	Cat 2 (Paediatric: NRFC until 1 year of age)
	<ul style="list-style-type: none"> Alveolar bone graft 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> Fistula repair 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> Cleft lip scar revision 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> Pharyngoplasty 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> Cleft rhinoplasty (during growth) 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> Cleft rhinoplasty (at maturity) 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> Orthognathic surgery 	Cat 3 (Paediatric)
Craniofacial	<ul style="list-style-type: none"> Cranial vault remodelling 	Cat 2 (Paediatric: NRFC until 6/12 of age)
	<ul style="list-style-type: none"> Front-orbital advancement 	Cat 2 (Paediatric : NRFC until 6/12 of age)
	<ul style="list-style-type: none"> Spring cranioplasty 	Cat 1 (Paediatric)
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 Cat 1 (Paediatric) (Cat 1 - National Elective Surgery Urgency Categorisation Guideline)
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 Cat 3 (Paediatric)
	<ul style="list-style-type: none"> Serial excision of lesion (1st stage) 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> Serial excision of lesion (subsequent stages) 	Cat 2 (Paediatric; +/- NRFC period)
Scar revision (for reasons other than cosmetic)	<ul style="list-style-type: none"> scar contracture impacting function or causing pain 	Cat 2–3 Cat 3 (Paediatric) (Cat 3 - National Elective Surgery Urgency Categorisation Guideline)
Hand Surgery	<ul style="list-style-type: none"> Trigger finger / thumb release 	Cat 2 (Paediatric)

	<ul style="list-style-type: none"> • Pollicisation 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> • Syndactyly 	Cat 2 or 3 (Paediatric)
	<ul style="list-style-type: none"> • Duplicate thumb/polydactyly 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> • Scar/contracture release 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> • Other congenital hand 	Cat 3 (Paediatric)
Vascular anomalies	<ul style="list-style-type: none"> • Laser treatment vascular anomaly (1st stage) 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> • Laser treatment vascular anomaly (subsequent stages) 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> • Excision/debulking vascular anomaly (causing functional issues) 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> • Excision/debulking vascular anomaly (no functional issues) 	Cat 3 (Paediatric)
Miscellaneous	<ul style="list-style-type: none"> • Microtia (1st stage ear reconstruction) 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> • Microtia (2nd stage ear reconstruction) 	Cat 2 (Paediatric)
	<ul style="list-style-type: none"> • Otoplasty 	Cat 3 (Paediatric)
	<ul style="list-style-type: none"> • Facial paralysis reconstruction 	Cat 2 (Paediatric)

Version control

Version	Date	Author	Nature of amendment
v0.01	27/03/2015	Philomena Webb	Initial version
v0.02- v0.16	02/04/2015 – 04/01/2016	Dr Dan Kennedy, CPC team (Liz Travers, Lana Conde)	CAG consultation
v0.17	27/04/2016	CPC team (Liz Travers, Lana Conde)	Transfer into 'phase 2' consultation template and editorial review
v0.18	28/04/2016	Dr Dan Kennedy, CPC team (Liz Travers, Lana Conde)	Clinical amendments
v0.19	19/05/2016	CPC team (Liz Travers, Lana Conde)	Minor amendments following final endorsement with CAG
V1.0	25/05/2016	CPC team (Liz Travers, Lana Conde)	Final endorsed CPC
V1.1	1/8/2017	CPC Team	Amendments
V1.2	19/7/2017	CPC Team	Rebranding
V1.3	28/6/2018	CPC Team (Liz Travers)	Incorporate amendments to date and prepare for CPC review
V1.4	25/9/18	CAG meeting	Amendment during and immediately following CPC review meeting