

Hutt Valley DHB Plastic Surgery service: Access Criteria for GPs and Referring Clinicians - Quick Reference Guide

Hutt Valley, Wairarapa and Capital & Coast GPs and referring clinicians should consult the criteria below before referring to the plastics surgery service.		Whanganui, Hawke's Bay, Mid Central and Nelson Marlborough GPs should refer patient to the patient's domicile hospital who will then forward the appropriate referrals to the plastic surgery service.	
Urgent See within 4 weeks	Semi-urgent within 8 weeks	Routine See within 4 months	Not Accepted Referral return to GP
The patient's condition is likely to deteriorate if treatment is delayed.	Skin cancer referrals will continue to be accepted but only with comprehensive referral information.	Condition requires surgical assessment but condition should not deteriorate over interval.	Patient at no physical or systemic risk if not assessed and will be managed by GP.
<p>REFERRERS: Comprehensive referral information includes photographs, measurements, an accurate description of the lesion, description of growth patterns and how long it has been there. Skin lesions referred without a photograph and description of size, growth pattern or duration to aid triage will be returned to the referrer. Colour photographs can be emailed to: u_book_referrals@huttvalleydhb.org.nz. These require only NHI and no name please. A faxed photograph is inadequate due to transmission quality. NOTE: Any secondary traumatic injury covered by ACC should be referred privately including burn scars. If patients have private insurance please also refer privately in the first instance.</p>			
<p>Conditions include:</p> <ul style="list-style-type: none"> • Melanoma (histology proven) • Highly suspicious pigmented skin lesions that have recently changed • Head and neck cancer • Invasive breast cancer (confirmed by another surgeon / consultant) requiring immediate reconstruction <p>NOTE: all patients requesting reconstruction at the time of mastectomy will be considered but strict patient criteria will be applied including weight, smoking status and disease prognosis.</p> <ul style="list-style-type: none"> • Newly born cleft lip and palate babies • Tumours larger than 2 cm – (bulky and invasive, not superficial lesions) 	<p>Conditions include:</p> <ul style="list-style-type: none"> • Breast Cancer – ductal carcinoma in situ requiring immediate reconstruction • Melanoma in situ • Skin cancer with symptoms (non melanoma) with extensive discharge/bleeding/pain management issues and in immuno-suppressed patients <p>NOTE: lesions that are being referred for diagnostic biopsy should have this done by the referring GP or referred to a General Practice colleague with appropriate experience before being referred to the service. Early BCC and SCC will not necessarily be able to be accepted and priority will be given to those patients with lesions of significant sites or with progression of their lesions.</p>	<p>Conditions include:</p> <ul style="list-style-type: none"> • Non melanoma skin cancer (BCC/SCC) with symptoms (ulcerated, bleeding, progression, enlargement) or in special sites (facial, head and neck) or in immuno-suppressed patients • Vascular malformation that is symptomatic • Ulcers with acute deterioration (i.e. sacral, ischial or other). Must have had a recent multi-disciplinary assessment Leg ulcer must also include a biopsy for tumour • Dupuytren's contracture with functional compromise • Scarring with functional impediment • Delayed breast reconstruction <p>NOTE: Delayed breast reconstruction has been available to women aged less than 70 years who are non smokers (for at least 6 months), have no active disease, are at least 2 years post mastectomy and have a BMI of below 32. At this stage with reduced breast surgery resource, the service will be able to accept limited referrals for this condition each month.</p> <p>Children with strawberry haemangioma (birth marks) referred to the service for pulsed dye laser treatment need to fit specific criteria. This service is for those under 18 years with birthmarks clearly visible from a distance of 2 metres on skin not usually covered by clothes. When accepted for laser treatment, up to 6 treatment sessions will be offered.</p>	<p>Conditions include:</p> <ul style="list-style-type: none"> • All benign skin lesions including naevi, keratosis, lipoma or cyst. • All asymptomatic non melanoma skin cancers (excluding those in special sites, immuno-suppressed patients and those with recurrent tumours or incomplete excisions) • Stable paediatric anomalies • Burn scarring unless presenting with functional problems (should be referred to ACC to a private provider) • Chronic sacral, ischial or vascular ulceration • Reconstruction at the time of risk reducing mastectomy • Trigger finger or ganglion • Septo-rhinoplasty • Viral warts – both in children and adults <p>NOTE: It is the expectation that patients with chronic ulcers are managed by the wound team within DHBs that will consist of wound and district nurses, vascular and general surgical services. Other team members such as ACC case manager, dietician and occupational therapists should also be working with patients. Ulcers that have been debrided and cleaned and require flap cover will continue to be accepted by the service. Those with acute wound deterioration and/or sepsis should continue to be managed by appropriate surgical and medical teams in the referring DHBs.</p>

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March 2011	March 2012	Clinical Head of Department, Mr Chris Adams Service Manager, Carolyn Braddock
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