

**Re: GP Patient Referrals into Plastic and Reconstructive Surgery Outpatients Department**

Dear Doctor

Thank you for your recent referral into the Plastic and Reconstructive Surgery Department here at St Vincent's University Hospital.

The Department is currently experiencing a very high volume of referrals. Consequently, referral guidelines pertaining to cosmetic/aesthetic surgery and benign skin lesions have been established.

Your referral has been reviewed by a Consultant Plastic and Reconstructive Surgeon and it is in the context of these guidelines that it is being returned to you.

Please note that this patient has not been added to any waiting list at St Vincent's University Hospital at this time.

The hospital apologises on behalf of the Plastic and Reconstructive Surgery Department, to you and to your patient for the inconvenience caused, but please be advised that we are currently trying to resolve the significant specialist resource challenges being experienced at this time.

We enclose for your reference a copy of the updated Referral Guidelines (July 2024).

Yours sincerely,

**Outpatient Services,  
St Vincent's University Hospital.**

*Encl. Referral Guidelines (July 2024)*

## Department of Plastic and Reconstructive Surgery Referral Guidelines – July 2024

### COSMETIC / AESTHETIC PROCEDURES

#### BREAST AUGMENTATION/ENLARGEMENT (AUGMENTATION MAMMOPLASTY):

**Cosmetic/Aesthetic Surgery or surgery undertaken exclusively to improve appearance in the absence of previous trauma, endocrine disease or congenital deformity is not provided or performed by the Plastic Surgery Department at St Vincent's University Hospital.**

For patients who do not meet the criteria in this policy, surgery will only be commissioned by our department on an exceptional case basis. General Practitioners need to apply in writing to the Plastic Surgery Department at St. Vincent's University Hospital for prior approval.

Assessment of patients being considered for referral who may have an underlying genetic, endocrine or psychosocial condition should have this fully investigated by a relevant specialist prior to the referral to plastic surgery being made.

Referrals within the Public Health Service for revision of treatments originally performed outside the St. Vincent's University Hospital / State will not usually be permitted. Referrers should re- refer to the practitioner who carried out the original surgery.

A list of examples of cosmetic/aesthetic interventions that are not commissioned is provided below. It should be noted, however, this list is not exhaustive and any procedure that is usually classified as cosmetic surgery will not be commissioned routinely.

Breast augmentation will not be carried out for 'small' but normal breasts or for sagging/droopy breasts (ptosis), including changes following pregnancy.

Exceptions will be made for women with an absence of breast tissue unilaterally or bilaterally, or in women with a significant degree of asymmetry (unevenness) of breast shape and/or volume (more than two cup sizes).

Such situations may arise as a result of previous mastectomy, trauma to the breast during or after development, total failure of breast development, endocrine (hormonal) abnormalities or developmental asymmetry.

Please note: There is insufficient evidence to support breast augmentation as an appropriate treatment for psychological distress such as low self-esteem or depression.

#### REVISION OF BREAST AUGMENTATION (IF PERFORMED OUTSIDE ST. VINCENT'S UNIVERSITY HOSPITAL):

Revision surgery or removal of implants post previous cosmetic breast augmentation will be offered in cases where there is a clinical proven need, need as assessed by the surgeon, e.g. there is capsular contracture causing pain or confirmed rupture of the implant leading to a silicone leak and causing harm to the breast and surrounding tissues. In these circumstances implants will be removed but will not be replaced.

#### BREAST LIFT (MASTOPEXY):

This will be funded only as part of the treatment of breast asymmetry and breast reconstruction but not for:

1. Cosmetic/aesthetic purposes
2. Post-lactational ptosis (after breast feeding)
3. Following weight loss.

#### FEMALE BREAST REDUCTION (REDUCTION MAMMOPLASTY):

This procedure will be undertaken if the following criteria are met and a detailed clinical letter about the patient is received from the General Practitioner:

1. The patient is suffering from physical symptoms such as neck/back pain and postural problems that would be significantly improved by reduction of the breasts.
2. The wearing of a professionally fitted brassiere has not relieved the symptoms.
3. The patient has a body mass index (BMI) of less than 27 kg/m<sup>2</sup>.

#### MALE BREAST REDUCTION (GYNAECOMASTIA):

This procedure will only be considered under exceptional circumstances, in post-pubertal males having a body mass index (BMI) of less than 27 kg/m<sup>2</sup>.

#### NIPPLE INVERSION:

Funding for nipple inversion will not be considered for cosmetic reasons.

### ABDOMINOPLASTY (APRONECTOMY OR TUMMY TUCK):

A procedure to remove excess skin and fat from the abdominal/periumbilical region

This procedure may rarely be offered to patients who have lost at least 10 points on BMI scale and whose 'presenting' BMI is between 18 and 27 kg/m<sup>2</sup>. The patient must have maintained this weight loss for at least 24 months and be suffering from severe functional problems including:

1. Recurrent severe intertrigo beneath the skin fold.
2. Severe difficulties with daily living, i.e. ambulatory restrictions.
3. Problems associated with poorly fitting stoma bags.

Abdominoplasty is not indicated for the removal of excess/redundant skin following pregnancy.

### LABIAPLASTY/ LABIA REDUCTION:

This is a surgical procedure where the folds of the labia minora are partially excised. The labia minora are the inner lip-like folds of skin surrounding the entrance to the vagina.

This procedure may rarely be considered on a case-by-case basis where:

1. Extreme discomfort is experienced with clothing
2. Reconstruction is required after trauma.

### LIPOSUCTION:

A procedure for the removal of localised areas of fat.

Liposuction will very rarely be offered to address post-traumatic disfigurement, subcutaneous deformity at diabetic injection sites or due to extravasations of chemotherapy. It may also be offered to facilitate recontouring of areas of localised fat atrophy or pathological hypertrophy.

Liposuction will not be undertaken simply to correct the distribution of fat.

### OTHER SKIN EXCISIONS FOR CONTOUR, E.G. BELT LIPECTOMY, THIGH LIFT, ARM LIFT (BRACHIOPLASTY):

These procedures will only be performed in exceptional circumstances.

#### FACE LIFTS AND BROW LIFTS (RHYTIDECTOMY):

Procedures only approved following facial palsy and other congenital facial abnormalities.

#### BLEPHAROPLASTY:

A procedure in which lax excess tissue is taken away in the folds of the eyelids.

Blepharoplasty is only considered for upper lids and where there is proven visual field impairment in the relaxed, non-compensated state (reducing visual field to 120° laterally and 40° vertically) and any such referral must be accompanied by confirmatory visual field studies.

Blepharoplasty surgery may also rarely be offered for clinical conditions i.e. Brow ptosis; Blepharoptosis; Blepharochalasis (congenital); Dermatochalasis

#### PINNAPLASTY/ OTOPLASTY:

A procedure to reduce the prominence of the ears.

Occasionally patients under the age of 18 may be deemed suitable for this procedure. If there is any concern about substantial psychological distress, evidence for that must be provided in the form of a psychiatrists report.

#### RHINOPLASTY:

A procedure to reshape the nose.

This surgery will ONLY be considered in the post traumatic setting or where there is a documented congenital condition with airway obstruction.

#### TATTOO REMOVAL:

This procedure will only be considered where the tattoo is post traumatic i.e. 'road rash' post RTA.

#### GENDER REASSIGNMENT:

The department does not offer this surgery.

## BENIGN SKIN LESIONS

**Referral to a hospital Consultant for benign skin lesions causing a cosmetic problem only, is considered of low priority and will only be undertaken on an individual case basis.**

This policy applies to all cases with a diagnosis of a benign skin lesion causing a cosmetic problem only, and where malignancy is unlikely. The policy is intended to encourage primary care based diagnosis and reassurance, and reduce unnecessary care.

However, St. Vincent's University Hospital recognises that on occasion, benign lesions become symptomatic, for example when they are unavoidably and significantly traumatised and/or have become infected; and that these lesions may require treatment.

Benign skin lesions are those lesions that are not malignant, and include a range of cutaneous lesions:

- Benign naevi
- Epidermoid/Sebaceous/Pilar cysts
- Seborrhic/Actinic keratoses
- Spider naevi/telangiectasia/hemangiomas/Campbell-de-Morgan spots
- Corns/callouses/viral warts/verrucae
- Benign lipomata/fibromata
- Comedones ("blackheads")
- Molluscum contagiosum
- Xanthelasma/milia/skin tags
- Ingrown toenails (IGTN)/nail deformities

This policy is intended to encourage primary care based diagnosis and reassurance for patients, and reduce unnecessary care. This should allow clinicians to concentrate their efforts on cases with conditions that are more able to benefit from treatment.

***Clinicians are aware of the difficulty that can occur in distinguishing benign from malignant lesions. This policy is not intended to limit freedom of referral if there is uncertainty about diagnosis of malignancy.***