

REFERRAL GUIDE

Plastic and Reconstructive Surgery

[Plastic Surgery](#) specialises in the management of complex composite tissue defects or deformities

Clinical Lead

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How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email (Access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to Access@basscoasthealth.org.au

Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

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Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening



RED FLAG CONDITIONS

EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Acute development of peripheral nerve compression symptoms following trauma
- Medical Condition requiring immediate attention
- All Hand and wrist Acute/open/unstable/complex Fractures or deep infections
- Sudden onset of new distortion or loss of central vision
- Acute Burns
- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma

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Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

- [Blepharoplasty](#)
- [Breast asymmetry - secondary to congenital or cancer causes](#)
- [Breast reduction](#)
- [Carpal Tunnel Syndrome; Cubital Tunnel release](#)
- [Dupuytren's Contracture](#)
- [Ectropion](#)
- [Giant Cell tumor](#)
- [Hand Procedures \(consult only\)](#)
- [Melanoma](#)
- [Neuroma \(consult only\)](#)
- [Scar revision causing functional deficit](#)
- [Skin Cancers](#)
- [Trigger Finger; Advanced Stenosing tenosynovitis](#)

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health -
Regional Care Group (Bass Coast)

- Brachial plexus surgery
- Cleft lip and palate
- Complex congenital hand surgery
- Hand Osteoarthritis
- Contracture without functional impairment
- Congenital craniofacial surgery
- Elective scar release
- Ganglion, lipoma, sebaceous cyst or cysts
- Laser Surgery
- Liposuction
- Sarcoma
- Metacarpophalangeal (MCP) joint flexion contracture less than or equal to 30 degrees
- Major burns
- Palmar thickening or nodules without contracture
- Robotic Surgery
- Urogenital surgery e.g. hypospadias, gender reassignment

Surgical consult only

- Hand Procedures; for congenital deformities only
- Ruptured Breast implants Removal
- Abdominoplasty
- Neuroma

Blepharoplasty ; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Confirmed visual disturbance by
Ophthalmologist/Optommetrist

Additional Information to be included

- Minimum referral criteria
- Optometrist/ Ophthalmologist report advising confirmed visual disturbance
- Visual Field test report (perimetry and normal eye check)
- Any signs of redness, rash
-

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All referrals considered routine

Breast asymmetry - secondary to congenital or cancer causes; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Breast asymmetry due to congenital or cancer causes only

Additional Information to be included

- Relevant medical history and comorbidities
- Expectation, or outcome, anticipated by the patient, and the referring clinician from the referral to the health service
- management of symptoms including conservative management such as professionally fitted supportive garments, counselling and weight loss
- How symptoms are impacting on activities of daily living including impact on work, study, exercise or carer role
- Details of previous medical or non-medical
- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Body Mass Index (BMI)
- History of smoking
- Patient's age
- Recent HbA1c (if applicable)
- If > 50 years, most recent mammography results including when and where imaging was performed.

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- Suspect cancer

ROUTINE

- All other routine

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Breast reduction; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

- Patients with body mass index (BMI) < 30, not a current smoker and HbA1c < 8mmol/mol (if diabetic) with:
- significant clinical symptoms present (e.g. intractable intertigo, correction of asymmetry following previous breast conserving surgery for breast cancer, severe gynaecomastia)
- macromastia with pain in the neck or shoulder region with functional or psychological impact or both.
- If no symptoms, refer privately

Additional Information to be included

- Relevant medical history and comorbidities
- Expectation, or outcome, anticipated by the patient, and the referring clinician from the referral to the health service
- management of symptoms including conservative management such as professionally fitted supportive garments, counselling and weight loss
- How symptoms are impacting on activities of daily living including impact on work, study, exercise or carer role
- Details of previous medical or non-medical
- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Body Mass Index (BMI)
- History of smoking
- Patient's age
- Recent HbA1c (if applicable)
- If > 50 years, most recent mammography results including when and where imaging was performed.

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All other routine

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Carpal Tunnel Release; Cubital Tunnel release; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

- 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.

Additional Information to be included

- Description of onset, nature, progression, recurrence and duration of symptoms
- History of and response to treatment, thus far (e.g., Physio)
- Recent nerve conduction study report
- How symptoms are impacting on daily activities including impact on work, study or carer role
- 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.

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- Severe loss of mobility

ROUTINE

- All other routine

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Dupuytren's Contracture; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

- Skin breakdown or infection, or both, secondary to severe contracture i.e., involving multiple fingers)
- 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.

Additional Information to be included

- 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.

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All routine

Ectropion correction; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Ectropion requiring surgery for correction
OR
Ophthalmologist advises to refer

Additional Information to be included

- Minimum referral criteria
- Reason for referral and expectation or outcome
- photos
- cause of ectropion

If available;

- optometrist/ Ophthalmologist
- reports

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- On specific request from Ophthalmologist report

ROUTINE

- All other routine

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Giant Cell Tumor; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Tumour confirmed with Ultrasound

Additional Information to be included

- Minimum referral criteria
- Ultrasound report
- Reason for referral and expectation or outcome,
- Record location, size & any other information related to assessment
- Details of functional impairment and how symptoms are impacting on daily activities

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- Aggressive and rapid – preventing movement

ROUTINE

- All routine

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Hand Procedures consult only at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

- Congenital deformities (not complex)
- Secondary hand surgery after injury (not complex)
- Nerve palsies
- Rheumatoid hand deformities

Additional Information to be included

- Minimum referral criteria
- Clinical history
- Detail severity or impairment
- Nerve conduction study report
- Relevant x-rays.

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All other referrals considered routine

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Melanoma; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

When to refer

Not to diagnose but to offer complex reconstruction for skin cancer

Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma

No ulceration and Breslow less than 0.8mm

*** If ulcerated & Breslow thickness more than 0.8mm needs to be sent to Melbourne ie Frankston, Peter McCallum, St Vincent's Melanoma*

Additional Information to be included

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Histology results
- Require an excise biopsy
- Do not perform punch biopsy if Melanoma is suspected
- Must provide Photos

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- Definitive or known diagnosis
- No ulceration & Breslow less than 0.8mm

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Neuroma; consult only at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

- Consult only, do not have surgical capacity at BCH
- Nerve conduction level
- Association with trauma

Additional Information to be included

- Reason for referral
- History
- Nerve conduction
- Whether it is associated with trauma
- Treatments & outcomes

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All routine

Scar revision causing functional deficit; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Scar revisions for consult and sometimes revision but not for steroid injections

Additional Information to be included

- Minimum referral criteria
- Reason for referral
- History
- Impact or causing deficit in functionality

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- All referrals

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Skin Cancers; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

When to refer

- 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

•Includes; Basal cell carcinoma (BCC) and Squamous cell carcinoma (SCC)

** For Suspected or confirmed Sarcoma

Please refer to Sarcoma Unit at [Peter MacCallum Cancer Centre](#)

**Note for ganglions, lipoma, sebaceous cyst or cysts on the head, face, hands, or wrists please refer to a tertiary service

Additional Information to be included

- Minimum referral criteria
- International normalised ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen
- Full Blood Examination / Film
- Biochemistry including liver and renal function.

EMERGENCY

- [Refer to RED flag conditions](#)

URGENT

- Referral with definitive diagnosis with biopsy report
Confirmed cancers – SCC & Melanoma

ROUTINE

- All other routine

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Trigger Finger; Advanced Stenosing tenosynovitis; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

When to refer

- 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

Additional Information to be included

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- History of Trigger finger
- 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.

EMERGENCY

- [Refer to RED flag conditions](#)

ROUTINE

- Dependent on trigger if releasing & ROM routine with priority

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