

Austin Health PLASTICS Unit holds fortnightly multidisciplinary meetings with ENT/ Maxillary Facial and Oncology Units to discuss and plan the treatment of patients with cancerous conditions. **Two clinics operate weekly to incorporate new referrals.**

Department of Health clinical urgency categories for specialist clinics

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency department.

Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
HANDS					
Open Hand fracture Closed Hand Fracture	When to Refer: Fax referral details to Specialist Clinics 9496 2097 Phone Specialist Clinics Plastics / ENT Liaison Nurse 9496 2258 to ensure referral is received Advise patient to attend Emergency Department Immobilise hand	Clinical history and examination Imaging: X-ray of affected hand Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: 1 week	Surgery or conservative management	2-3
Acute finger Tip Injuries	When to Refer:	Clinical history and examination:	Urgent:	Surgery/no surgery	2

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	Refer patient immediately to the ED	Imaging: X-ray of affected finger Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	1 week		
Nerve Palsies	When to Refer: Post nerve conduction test	Clinical history and examination Imaging: Nerve conduction tests Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Acute Routine: Non acute	Surgery No surgery	3 2
Dupuytren's Contracture	When to Refer:	Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery/no surgery	2
Stenosing Tenosynovitis (De Quervain's/trigger finger)	When to Refer:	Clinical history and examination: Include details of functional impairment in referral	Urgent:	Surgery/no surgery	1-2
	When to Refer:	Clinical history and examination	Routine:	Surgery/no surgery	1-2

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Soft Tissue Tumours of the Hand (i.e. ganglia):	Include details of functional impairment in referral	Imaging: Ultrasound of affected hand Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.			
Rheumatoid Hand Deformities:	When to Refer: Rheumatology review with details of functional impairment	Clinical history and examination Results from Rheumatology appointment to be sent with referral Imaging: X-Ray of affected hand Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery/no surgery	2-3
Secondary Hand Surgery after injury:	When to Refer: Previous hand surgery	Clinical history and examination: Include functional Imaging: X-Ray of affected hand Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery/no surgery	2-3

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Carpel Tunnel & Other Nerve Compression Syndromes: (Moderate to severe) Unilateral- (Mild)	When to Refer: Post Nerve conduction studies	Clinical history and examination: Diagnostics: Nerve conduction studies completed and enclosed in referral Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Semi Urgent	Surgery/no surgery	2
GENERAL					
Burns:	When to refer: Assess severity of burn. Full or partial thickness burns refer to ED Minor burns refer to plastics unit If burns greater than 10% or full thickness burns greater than 5% refer to Alfred Hospital Paediatric burns refer to RCH	Clinical history and examination: Document any treatment already carried out Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: 1 week	Surgery/no surgery	4
Burn Scar management:	When to Refer: Post burn surgery	Clinical history and examination: Document any treatment already carried out Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Semi Urgent: or Routine: Depending on severity of scar site and presence of functional impairment	Surgery No surgery	2-3 1

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Pressure Sores:	When To Refer: <u>Prior to referral</u> Contact Plastics/ ENT Specialist Clinics Liaison Nurse to assess treatment of non-ambulant patient –ph. 94962258	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: depending on severity, size, site and if VAC Dressing in situ Routine: Chronic Pressure Sores	Surgery No surgery	2-3 2-3
Cysts Infected/not infected			Non Urgent		2
Recurrent Axillary Boils			<u>Semi Urgent</u>		2-3
Other Chronic sores and Ulcers:	When to refer: Post prior treatments	Clinical history and examination: Information on prior treatment, length of time sores/ulcers present, treatment already applied, pain, and site of ulcer/sore Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Semi Urgent: or Routine: Depending on severity	Surgery No surgery	3 5
Foreign Body Removal:	When to refer: Enclose test results with referral	Clinical history and examination: Imaging: X-ray or ultrasound	Urgent:	Surgery	1-2

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		Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.			
Vascular Malformations:	When to refer: All paediatrics refer to RCH	Clinical history and examination: Imaging: Ultrasound of lesion Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent:		As required
Lymphoedema		Refer to Mercy Hospital Lymphoedema clinic	N/A		
Diastasis Recti			Non Urgent	Surgery	2-3
BREAST					
Reconstruction – (usually after mastectomy)	When to refer: Post mastectomy	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	3
Reduction Mammoplasty - Significant clinical symptoms present		<i>Include in referral</i> - Height and weight - BMI to be <30			2-3

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- Eg intractable intertigo ,severe gynaecomastia		- <i>Smoking history – to cease 6wks prior to surgery</i>	Non Urgent		
Mastopexy (Breast Lift) - Post morbid obesity treatment –clinical symptoms present - Correction of asymmetry post reconstruction - Correction of asymmetry due to congenital or developmental conditions		<i>Include in referral -Height and weight -BMI to be <30 -smoking history –to cease 6wks prior to surgery</i>	Non Urgent	Surgery	2-3
Ruptured Breast Implants		<i>Provide Scans</i>	Semi Urgent	Surgery	2-3
Painful Expanders/Breast Implants			Urgent	? Surgery	
Removal of Breast Prosthesis - Following infection ,rupture or erosion of prosthesis			Urgent		
Nipple/areola reconstruction - Not result from previous cosmetic surgery - Performed as part of breast reconstruction due to trauma or disease			Non Urgent	Surgery	2-3

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Nipple Eversion - Due to recurrent ulcerative or infection complications			Non Urgent	Surgery	2-3
Augmentation Mammoplasty:	When to Refer: Refer only if post mastectomy reconstruction, congenital/contralateral breast or post burn reconstruction Significant deformity,disease history	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	3
Gynecomastia:	When to Refer:	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	3
Congenital abnormalities:	When to Refer:	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	surgery	3
NOSE					

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Rhinophyma:	When to Refer:	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	2-3
Fractured Nose	When to Refer: Immediate	Xray – instruct patient to bring scans to clinic	Urgent 1 week	Surgery	2
EYELIDS					
Ectropian:	When to Refer:	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	2
Eyelid Reduction in “abnormal cases”	When to Refer: only seen if vision impaired	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine:	Surgery	2
EARS					
Ear Reconstruction; Congenital or Traumatic abnormalities	When to Refer: Traumatic or congenital abnormalities	Clinical history and examination: Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Post-Acute Trauma	Surgery	2
			Routine: If congenital	Surgery	2

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Correction of Bats Ears - Patient to be <19yrs old	Ensure patient is correct age before referring		Non urgent	Surgery	2
LESIONS					
Melanoma: Confirmed or suspected	When to refer: If confirmed can also be referred to Melanoma Clinic	Clinical history and examination: Imaging: DO NOT perform punch biopsy if melanoma suspected Diagnostics: All Pathology Results Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: 1-2 weeks <i>NOTE- appointment is for assessment only, not for excision of lesion</i>	Surgery	2
Other Skin Cancers:	When to refer: Confirmed or suspected i.e. BCC, SCC, Bowens, Keratin Horn etc (Not Melanoma)	Clinical history and examination: Confirmed results size, colour, and site, +/- excision required. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: <i>NOTE- appointment is for assessment only, not for excision of lesion</i>	Surgery	2
Subcutaneous and Deep Tissue Tumours:	When to Refer: If confirmed or suspected	Clinical history and examination: Imaging:	Urgent: If confirmed or suspected	Surgery	2-3

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		U/S of lesion +/- CT if malignancy suspected Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine: If no malignancy		
Benign Skin Lesions	When to Refer: If confirmed or suspected	Clinical history and examination: Include colour, size site +/- excision required in referral Imaging: U/S of lesion Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Non Urgent: <i>NOTE- appointment is for assessment only, not for excision</i>	Surgery	2
Margins Not Clear Post Previous Surgery of Lesions	When to refer: Post previous surgery with unclear margins	Clinical history and examination: operation report date and notes, margins not cleared Diagnostics: Pathology reports from operation Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: For malignancies	Surgery	2-3 Skin checks 3/12-2yrs
		TRUNK & LIMBS			

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Abdominoplasty .Apronectomy/Abdominal Lipectomy <ul style="list-style-type: none"> - Post morbid obesity treatment- banding/sleeving - Present symptoms ie- intractable interigo 		Include in Referral <ul style="list-style-type: none"> - Height and Weight - BMI to be <30 	Non Urgent	Surgery	2-3
Body Contour skin excisions- ie arm/buttock or thigh lift <ul style="list-style-type: none"> - Post morbid obesity treatment- sleeving/banding - Symptoms present- ie intractable interigo 		Include in referral <ul style="list-style-type: none"> - Height and weight - BMI <30 	Non Urgent	surgery	2-3
Liposuction <ul style="list-style-type: none"> -Lipodystrophy -Gynaecomastia -Flap reduction -post traumatic - pseudolipoma 			Non Urgent	surgery	2