

Access Criteria for GPs Sending a Referral to the Plastic Surgery Service

Priority	Criteria	Examples
<p>Urgent</p> <p>See within 4 weeks</p>	<p>The patient's condition is likely to deteriorate if treatment is delayed.</p> <p>Please include a photograph with the referral for all skin lesions and histology for those that have recently changed</p> <p>Colour photographs can be emailed to: u_book_referrals@huttvalleydhb.org.nz. These require only an NHI and no name please. A faxed photograph is inadequate due to transmission quality but cellphones do take a reasonable picture.</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 • NOTE: All patients requesting reconstruction at the time of mastectomy will still be considered but strict patient criteria will be applied including weight, smoking status and disease prognosis. • Newly born cleft lip and palate babies
<p>Semi-urgent</p> <p>See within 8 weeks</p>	<p>Skin cancer referrals will continue to be accepted but only with comprehensive referral information including photographs, measurements, an accurate description of the lesion, description of growth patterns and how long it has been there.</p> <p>Photographs should be electronically attached to the referrals preferably. Colour photographs can be emailed to: u_book_referrals@huttvalleydhb.org.nz. These require only an NHI and no name please. A faxed photograph is inadequate due to transmission quality but cellphones do take a reasonable picture.</p>	<ul style="list-style-type: none"> • Breast cancer - ductal carcinoma in situ requiring immediate reconstruction • Melanoma in situ • Skin cancer (non melanoma) with extensive discharge / bleeding / pain / management issues and in immuno-suppressed patients • Tumours larger than 2 cm – (bulky and invasive, not superficial lesions) <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 in significant sites or with progression of their lesions</p>
<p>Routine</p> <p>See within 4 months –</p>	<p>Condition requires surgical assessment but condition should not deteriorate over interval</p> <p>Skin lesions referred without a picture and description of size, growth pattern or duration to aid triage will be returned to the referrer</p> <p>Leg ulcers must also include a biopsy for tumour</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 • Dupuytren's contracture with functional compromise • Scarring impeding function –

		<p>NOTE: Any secondary traumatic injury covered by ACC should be referred privately including burns scars. If patients have private insurance please also refer privately in the first instance.</p> <ul style="list-style-type: none"> • Delayed breast reconstruction – <p>NOTE: Delayed breast reconstruction has been available to women aged less than 70 years of age 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 plastic 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 up to 18 years of age with birthmarks that are clearly visible from a distance of 2 metres on skin not usually covered by clothing. This means that those children with birthmarks on their faces, necks, arms and legs are candidates for the service. When accepted for laser treatment, up to 6 treatment sessions will be provided. If there is no improvement, no further treatment sessions will be provided. If there is marked improvement a further 6 sessions of laser treatment may be considered if resources allow.</p>
<p>Not accepted and referral return to GP</p>	<p>Patient at no physical or systemic risk if not assessed and will be managed by GP</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, immunosuppressed patients and those with recurrent tumours or incomplete excisions) • Stable paediatric anomalies • Burn scarring unless presenting with functional problems (should be referred under ACC to a private provider) • Chronic sacral, ischial or vascular ulceration <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</p>

		<p>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 patients with acute wound deterioration and / or sepsis should continue to be managed by appropriate surgical and medical teams in the referring DHBs.</p> <ul style="list-style-type: none">• Reconstruction at the time of risk reducing mastectomy• Trigger finger or ganglion• Septorhinoplasty• Viral warts – both in children and adults
--	--	--