Referral threshold Criteria

Plastics

All referrals should adhere to NHS Buckinghamshire's *low priorities- procedures and policies* which can be found on the NHS Buckinghamshire intranet under *Clinical Pathways*.

They specifically exist for the following conditions:

- Pinnaplasty over the age of 16
- Rhinoplasty
- Body contouring
- Dermabrasion
- Face and Brow Lift
- Blepharoplasty
- Surgical Treatment for Male Pattern Baldness
- Cosmetic scar treatments
- Tattoo Removal
- Hirsuitism Treatments
- Destructive interventions of asymptomatic benign skin lesions
- Non urgent repair of the external ear lobe
- Non-cancer breast surgery (see below)

Any patient wishing to have surgery for these conditions must be referred to the PCTs Individual Case Review Panel, who will consider the application. In addition to this, a number of conditions need to be referred only at an appropriate time. These are as follows:

1. Trigger finger

   Trigger fingers can be safely injected. If you would like to learn how to inject trigger fingers, please write to Dr Craig White, MSK intermediate service Clinical Lead at the

MSK intermediate service, The Wycombe Physiotherapy Centre, Marlow Hill, High Wycombe, HP11 1TJ and when we have sufficient numbers we will arrange a training session. *If you do not wish to learn how to inject you may refer to the MSK service for the injection.*

a. Many trigger fingers will resolve after a single injection and many will recur. Refer to the local hand surgery service following recurrence after a single injection.

b. New fixed deformity can become permanent therefore refer early.

2. Ganglions

Diagnostic

Ganglions do need to be distinguished from tumours. Please transilluminate and or aspirate to confirm the diagnosis. If in doubt refer or get an ultrasound scan. It is also worth making sure it is not pulsatile.

Mucous cyst –ganglion at the DIP joint - if painful please refer to the local hand service, do not aspirate these.

Procedure for aspiration

a. Clean the skin as you would for a collection of blood cultures by alcohol rub for 30 seconds

b. Inject a small amount of local to a suitable point with the finest (29 or smaller needle)

c. Aspirate through a small bleb of anaesthetized skin with a white (18G) needle

d. There is no evidence injection of steroid at this point helps

If it recurs and is painful then, refer to the Individual Case Review Panel, stating the reason. For example, significant pain or gross size or both.

3. Scars

Functional impairment from scarring such as movement restriction and/or tightness is not considered a low priority and should be referred to the local plastic surgery service.

In general all other scars should be considered low priority and an application is best made to the Individual Case Review Panel.

It can be helpful to manage expectation of what scar revision procedures can achieve. It can often produce a relatively modest improvement on a scar.

a. Please try and distinguish between scar hypertrophy, which lies within the boundaries of the scar and will tend to resolve and keloid scarring, which is a nodular cartilaginous reaction that extends beyond the original boundaries of the scar.

b. Many hypertrophic scars can be managed conservatively in the first instance, for at least one year, with massage, Silicone gel or sheets or Silicone ointment such as Dermatix. These are available at most chemists but can be available on prescription in addition. If a scar remains hypertrophic at one year, then consider referring to the Individual Case Review Panel or earlier if it is significantly symptomatic or has gross hypertrophy. Referral to the Individual Case Review Panel is helped by clear history, including failure of conservative measures if appropriate and with a statement of symptoms and a photo of the lesion. Record symptoms such as itch, cosmetic change, significant retraction, eg puckering, stretching greater than 1mm in diameter and significant hypertrophy, ie when it is raised greater than 4mm above the skin.

4 Benign asymptomatic and subcutaneous lesions

Once confident that they are benign, all of these require referral to the Individual Case Review Panel if removal is requested. See PCT Low Priorities-Policies and Procedures.

Lipomas are likely to need Low Priorities approval however watch out for features that may suggest any other aetiology ie rapid growth, deep position, pain especially nocturnal, functional loss and size greater than 4cm.

5. Dupuytren's Contracture - See low priorities- procedures and policies.

a. It is important to note that those under 45 years of age or with a greater than 25º flexion contracture at one or more joints should be referred early.

b. PIP joint disease is harder to correct than MCP joint disease and should correspondingly be referred earlier

6. Carpal Tunnel Disease (CTD)

a. CTD is not necessarily progressive or particularly troubling but can be a cause of severe and recurrent pain and permanent disability. The main features are pain and loss of function.

b. Refer any motor deficit severe or worsening symptoms to the local hand service. Record in the letter the duration of symptoms, the neurological deficit either sensory or motor, non-surgical treatments already attempted, the possibility of associated medical conditions, such as diabetes mellitus or hypothyroidism

c. Consider a referral to the MSK intermediate service for nerve conduction studies when other causes of neurological deficit may be contributing. For example those with peripheral neuropathy or diabetes mellitus.

d. Consider a delayed referral for acute exacerbation after an obvious participating event. Use splints and analgesia for six weeks and consider a steroid injection. (Patients may be referred to the MSK service for the aforementioned if required).

e. Mild disease with no neurological deficit either sensory or motor, utilise analgesia, splinting, and consider a steroid injection. (Patients may be referred to the MSK service for the aforementioned if required).

7. Breast Surgery

This guidance does not relate to post-cancer reconstruction

Almost all other forms of breast surgery for cosmetic or functional reasons should be referred to the Individual Case Review Panel. This includes breast reduction surgery for which a specific proforma exists. The proforma can be obtained from Sarah Robson, Individual Case Review Panel manager at sarah.robson@buckspct.nhs.uk

All referrals for gynaecomastia should also be via the Individual Case Review Panel

Implants inserted in the private sector can be removed by the National Health Service (NHS), via the Individual Case Review Panel. It is helpful to explain to patients that new implants will not be provided on the NHS and indeed all implant swaps (NHS and Private) require referral to the individual case review panel. Referral letters to the panel should include symptoms, the signs including conditions such as Poland's syndrome and a photograph.