

Improving time to treatment

Information for General Practitioners on procedures not funded to be routinely performed in Tasmanian public hospitals
– March 2010



Introduction

From 1 January 2010, some elective surgery procedures will no longer be routinely performed in Tasmanian public hospitals. This will ensure that public hospital elective surgery is prioritised to treat patients who have an identified clinical need for surgery to improve their health. This augments the current approach to prioritisation of elective surgery.

These procedures are only able to be performed in public hospitals under exceptional circumstances where patients:

- meet one or more of the exceptional clinical indications for surgery, as detailed in table 1 on pages 3-5
- have “other” circumstances which demonstrate an overriding need for surgery. These circumstances will be at the discretion of the Director of Surgery of the public hospital to which the patient was referred.

Further detail on the process to follow should your patient meet these criteria is provided on page 2.

Which procedures will no longer be routinely performed in public hospitals?

The procedures that will no longer be routinely performed in public hospitals are:

Body Contouring Procedures

- Abdominal lipectomy
- Abdominoplasty
- Apronectomy
- Liposuction
- Other skin excisions for contour e.g. buttock, thigh or arm lift

Breast Procedures

- Breast reduction (unilateral/bilateral)
- Breast augmentation (unilateral/bilateral)
- Mastopexy (breast lift)
- Removal of breast prosthesis/revision of breast augmentation
- Nipple eversion
- Nipple and/or areola reconstruction

Facial Procedures

- Facelift
- Reduction of upper or lower eyelid
- Aesthetic Rhinoplasty/Rhinoseptoplasty
- Correction of bat ear(s) > 19 years

- Repair of external ear lobes

Skin and Subcutaneous Tissue Procedures

- Hair transplant
- Tattoo removal procedures
- Removal of skin lesions (e.g. skin tags)
- Revision of scar

Urology and Gynaecology

- Lengthening of penis procedure
- Insertion of artificial erection devices
- Reversal of sterilisation
- Gender reassignment surgery
- Genital surgery aimed at improving appearance
- Testicular prostheses

Vascular Surgery

- Varicose veins procedures

What if there are exceptional circumstances for surgery?

Should you believe that your patient meets the exceptional circumstances for surgery, you should clearly indicate these circumstances on the referral. The referral will be assessed by the hospital and you will be informed in writing of the outcome of this assessment. The referral will be returned to you, should the exceptional circumstances not be clearly stated.

What if I do not agree with the assessment of the hospital?

If you dispute the assessment of the hospital you can appeal to the Tasmanian Statewide Surgical Services Committee (TSSSC) by email.

Appeals can be made by completing the form available on the Department of Health and Human Services website http://www.dhhs.tas.gov.au/hospital/elective_surgery and emailing it to the address listed on the site.

Patients are not permitted to appeal on their own behalf.

What if there are no exceptional circumstances for surgery?

Patients who do not meet the exceptional circumstances for surgery are not to be referred to a public hospital for the procedures listed and should be clearly informed of the reasons for this.

What if a patient has private health insurance?

The guidelines apply to all patients treated in Tasmanian public hospitals, regardless of their insurance status.

What happens to patients currently on elective surgery waiting lists for these procedures?

Patients currently on elective surgery waiting lists for these procedures will be reviewed.

If a patient meets the exceptional clinical indications for surgery or has “other” circumstances which demonstrate an overriding need for surgery, they will remain on the elective surgery waiting list.

If a patient does not meet these criteria they will be removed from the waiting list and informed of the reasons. They will also be informed that their GP can appeal this decision on their behalf.

Further information

Further information, including information on the approval processes for the procedures to be performed in a Tasmanian public hospital, is detailed in the *Guidelines on Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals*. This document is available at:

http://www.dhhs.tas.gov.au/hospital/elective_surgery

Guidance for clinicians – exceptional clinical indications for surgery

This section provides guidance on the clinical factors that a surgeon will need to take into account when determining whether a procedure listed in these guidelines can be performed in a Tasmanian public hospital.

Table I.I Plastic Surgery Procedures

Body Contouring Procedures

Procedure	Exceptional clinical indications for surgery
<ul style="list-style-type: none"> Abdominal lipectomy Abdominoplasty Apronectomy 	<ul style="list-style-type: none"> Correction of scarring as a result of previous abdominal surgery or trauma Disabling or persistent physical discomfort Intertrigo Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28 Required for hernia repair or other abdominal surgery Poorly fitting stoma bags
Liposuction	<ul style="list-style-type: none"> Post traumatic pseudolipoma Lipodystrophy with BMI Gynaecomastia with BMI Lymphoedema Flap reduction <p>Above conditional on BMI <28</p>
Other skin excisions for contour, e.g. buttock, thigh or arm lift	<ul style="list-style-type: none"> Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28

Breast Procedures

Procedure	Exceptional clinical indications for surgery
Breast reduction (bilateral/unilateral)	<p>Female:</p> <ul style="list-style-type: none"> Post mastectomy surgery where BMI < 28 Chronic head, neck and back ache (where pain is due to breast size) and/or chronic intertrigo. <p>Male (gynaecomastia)</p> <ul style="list-style-type: none"> Suspected malignancy Pain, 19 years or older, must have been present for more than 2 years and BMI < 28 Following treatment for cancer of the prostate <p>This procedure is not provided to patients with a BMI > 35</p>
Breast augmentation (bilateral/unilateral)	<ul style="list-style-type: none"> Malformation due to disease, trauma or a congenital condition (but not as the result of previous cosmetic surgery as a privately insured patient)
Mastopexy (breast lift)	<ul style="list-style-type: none"> Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28
Removal of breast prosthesis Revision of breast augmentation	<ul style="list-style-type: none"> Removal of breast prosthesis and revision of breast augmentation - rupture, infection or capsular contracture Revision of breast augmentation – as a part of treatment for breast cancer and reconstruction
Nipple eversion (for nipple inversions)	<ul style="list-style-type: none"> None
Nipple and/or areola reconstruction	<ul style="list-style-type: none"> When performed as a part of a breast reconstruction due to disease or trauma (but not as the result of previous cosmetic surgery)

Table I.I Plastic Surgery Procedures (cont.)

Facial Procedures

Procedure	Exceptional clinical indications for surgery
Facelift	<ul style="list-style-type: none"> • Congenital facial abnormalities • Facial palsy • Specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis • To correct the consequences of trauma • To correct deformity following surgery (where the primary procedure was not cosmetic)
Reduction of upper or lower eyelid	<ul style="list-style-type: none"> • Visual impairment
Aesthetic Rhinoplasty/Rhinoseptoplasty	
Correction of bat ear(s) >19 years	<ul style="list-style-type: none"> • None
Repair of external ear lobes	<ul style="list-style-type: none"> • Post traumatic surgery i.e. repair of acute laceration, but not as the result of use of expander devices

Skin and Subcutaneous Tissue Procedures

Procedure	Exceptional clinical indications for surgery
Hair transplant	<ul style="list-style-type: none"> • Treatment of alopecia due to disease or trauma
Tattoo removal procedures	<ul style="list-style-type: none"> • None
Removal of skin lesions (e.g. skin tags)	<ul style="list-style-type: none"> • Suspected malignancy • Obstruction of orifice or vision • Facial disfigurement • Recurrent infection • Function limitation on movement or activity • Pain • Located on a site where they are subjected to trauma
Revision of scar	<ul style="list-style-type: none"> • Where scar is the result of surgery, disease or trauma • Where scar is the result of neoplastic surgery and is disfiguring and extensive

Table 1.2 Urology and Gynaecology

Procedure	Exceptional clinical indications for surgery
Lengthening of penis procedure	<ul style="list-style-type: none"> • Congenital abnormalities in children • Recurrent urinary tract infections where the patient is at risk of requiring renal dialysis
Insertion of artificial erection devices	<ul style="list-style-type: none"> • Patients using urodomes • Spinal patients with neurological erectile dysfunction
Reversal of sterilisation	<ul style="list-style-type: none"> • None
Gender reassignment surgery	<ul style="list-style-type: none"> • Congenital abnormalities in children.
Genital surgery aimed at improving appearance	<ul style="list-style-type: none"> • Patients requiring prostheses following orchidectomy
Testicular prostheses	<ul style="list-style-type: none"> • Following orchidectomy for malignant disease

Table 1.3 Vascular Surgery

Procedure	Exceptional clinical indications for surgery
Varicose vein procedures	<ul style="list-style-type: none"> • Chronic leg swelling, chronic dermatitis, leg ulcers or foot infections that fail to heal as a result of severe varicosities causing chronic stasis and venous ulceration • Objective clinical evidence of chronic venous insufficiency • Recurrent (more than 2 episodes superficial thrombophlebitis)

Notes:

- Circumcision is not included in these guidelines and will be considered at a future date.
- A DHHS careway for morbid obesity surgery is currently being developed.



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