Monash Children's Hospital Referral Guidelines PAEDIATRIC PLASTIC & RECONSTRUCTIVE SURGERY

EXCLUSIONS

Services not offered by Monash Children's Hospital Patients over 18 years of age: Refer to Monash Hospital – <u>Click here</u> for adult Monash Health Plastic & Reconstructive surgery guidelines

CONDITIONS

Cleft lip and palate service

<u>Craniomaxillofacial anomalies; congenital</u> and acquired

Ear anomalies / differences

Breast & chest anomalies / differences

Nasal deformity

General plastic surgery and reconstruction

Trauma; craniomaxillofacial, hand, general

Hand surgery; congenital and acquired

PRIORITY

All referrals received are triaged by Monash Children's Hospital clinicians to determine urgency of referral.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

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.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:Mr Nelson Low

Program Director:
Mr Alan Saunder





Monash Children's Hospital Referral Guidelines PAEDIATRIC PLASTIC & RECONSTRUCTIVE SURGERY

REFERRAL

How to refer to Monash Children's Hospital

Mandatory referral content

Demographic:

Full name

Date of birth

Next of kin

Postal address

Contact number(s)

Email address

Medicare number

Referring GP details

including provider number

Usual GP (if different)

Interpreter requirements

Clinical:

Reason for referral

Duration of symptoms

Management to date and response to

treatment

Past medical history

Current medications and medication

history if relevant

Functional status

Psychosocial history

Dietary status

Family history

Diagnostics as per referral guidelines



Click here to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact: On-call registrar via Monash Health

Contact Centre: 9594 6666

General enquiries

Phone: 8572 3004

Submit a referral

All referrals are submitted online to Monash Children's Hospital. Please use the link below to find the details.

Secure eReferrals | Monash Health

Head of unit:Mr Nelson Low

Program Director:
Mr Alan Saunder





CLEFT LIP & PALATE SERVICE

Initial GP Work Up

 Referral for Cleft clinic including relevant past medical history

Management Options for GP

N/A

WHEN TO REFER?

Routine

All referrals for antenatal review and newborn assessment should be directed to Cleft coordinator:

Phone: (03) 8572 3833 Mobile: 0400 822 351

Email: amy.mcleod@monashhealth.org

BACK

CRANIOMAXILLOFACIAL ANOMALIES, CONGENITAL OR ACQUIRED

Initial GP Work Up

 Referral for Craniofacial clinic including relevant past medical history

Management Options for GP

N/A

WHEN TO REFER?

Routine

Craniomaxillofacial anomalies including craniosynostosis, hemifacial microsomia, vascular malformation, haemangioma, facial nerve palsy

BACK

EAR ANOMALIES / DIFFERENCES

Initial GP Work Up

N/A

Management Options for GP

N/A

WHEN TO REFER?

Urgent

- Traumatic ear deformities, split earlobes
- If secondary to acute trauma, must be reviewed within 2 weeks

Routine

- Congenital ear deformities, microtia, protruding ears, constricted ears
- Ear tags, ear keloids, split earlobes, traumatic ear deformities (please clarify if acute trauma)

BACK

Head of unit:

Mr Nelson Low

Mr Alan Saunder

Mr Alan Saunder

3/7/2023



BREAST & CHEST ANOMALIES / DIFFERENCES

Initial GP Work Up

N/A

Management Options for GP

N/A

WHEN TO REFER?

Routine

- Congenital anomalies of breast including Poland syndrome, tuberous breasts, breast reduction, breast asymmetry, supernumerary nipple, aplasia breast / nipple
- Gynaecomastia
- See Appendix 1: Aesthetic procedures and indications for surgery in Victorian public health services health.vic

BACK

NASAL DEFORMITY

Initial GP Work Up

· Imaging as applicable

Management Options for GP

N/A

WHEN TO REFER?

Emergency

If immediately post trauma refer to Monash Health Emergency Department

Urgent

If secondary to acute trauma, must be reviewed between 5 and 10 days post injury (ideally 7 days)

Routine

Dependent on severity

BACK

Head of unit:Mr Nelson Low

Program Director:
Mr Alan Saunder

GENERAL PLASTIC SURGERY AND RECONSTRUCTION

Initial GP Work Up

- Include pathology report and other relevant investigations
- · Include Ultrasound as applicable

Management Options for GP

 Do NOT perform punch biopsy if melanoma suspected; refer for biopsy / confirmation of diagnosis

WHEN TO REFER?

Emergency

Referrals for acute burn injuries should be directed immediately to Monash Health Emergency Department

Urgent

- Melanoma (confirmed or suspected), other skin cancers
- Foreign body removal, chronic sores and ulcers

Routine

Scar revision, scar management including post burn, vascular malformations, lymphoedema, chalazion or stye, benign skin lesion, subcutaneous and deep tissue tumours, congenital melanocytic naevus / giant naevus

BACK

TRAUMA; CRANIOMAXILLOFACIAL, HAND, GENERAL

Initial GP Work Up

- X-ray or Ultrasound as applicable
- Include details of functional impairment in referral

Management Options for GP

N/A

WHEN TO REFER?

Emergency

Referrals for open fractures and acute injuries including burns should be directed immediately to Monash Health Emergency Department

Urgent

Closed fractures, subacute injuries

BACK

Head of unit:Mr Nelson Low

Program Director:
Mr Alan Saunder

HAND SURGERY; CONGENITAL AND ACQUIRED

WHEN TO REFER?

Initial GP Work Up

- · Hand X-ray or Ultrasound as applicable
- Include details of functional impairment in referral

Management Options for GP

N/A

Emergency

Referrals for open hand fractures and acute fingertip injuries should be directed immediately to Monash Health Emergency Department

Urgent

Closed hand fractures, subacute fingertip injuries

Routine

Congenital hand deformities, stenosing tenosynovitis (eg. trigger release), carpal tunnel and other nerve compression syndromes, nerve palsies, rheumatoid hand deformities, dupuytrens contracture, soft tissue tumours of hand (ganglia)

BACK

Head of unit:Mr Nelson Low

Program Director:
Mr Alan Saunder