

GO PUBLIC!



Valley Specialty Center
751 South Bascom Avenue
San Jose, CA 95128
Tel: 408-885-5000
scvmc.org

Plastic Surgery Referral Guidelines

Plastic Surgery Clinic Location	Valley Specialty Center 4th floor 751 S. Bascom Ave.
Plastic Surgery Clinic Phone:	(408) 793-2600
Plastic Surgery Clinic Fax:	(408) 885-3036

We do NOT require a phone call to place an *urgent* referral. Referrals are triaged daily Monday- Friday.

Hand Surgery is a separate referral.

If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:

E-consults are based on the clinical data available to the reviewing provider and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

Table of Contents for Frequent Topics

- 1.** Breast Reduction
- 2.** Panniculectomy
- 3.** Ruptured Breast Implant
- 4.** Breast Mass
- 5.** Cosmetic Surgery
- 6.** Facial Trauma

1. Breast Reduction: For consultation, we require: BMI < 35, HbA1c </= 7.0, no smoking or active illicit drug use, normal mammogram with 1 year for patients >40 or as screening indicates based upon family history.

2. Panniculectomy: For consultation, we require: BMI <35, HbA1c </= 7.0, no smoking or active illicit drug use, stable weight for minimum 6 months, no new medications for weight loss

3. Ruptured Breast Implant: For consultation, we require a breast MRI Implant Protocol for silicone gel implants and mammogram for saline implants.

4. Breast Mass: refer to General Surgery, flag Breast. They will want a mammogram, additional imaging as indicated.

5. Cosmetic Surgery follow up: We do not provide follow up care for cosmetic/aesthetic surgery performed elsewhere. The patient should follow up with his or her surgeon for guidance. If they cannot see the surgeon, the patient is responsible for obtaining follow up with a local board-certified plastic surgeon who is willing to provide follow up care. This likely will incur out of pocket costs. If the patient is critically ill, they should go to the nearest emergency room for evaluation.

6. FACIAL FRACTURES: Please read these guidelines carefully before calling the on-call team. Most of these can be managed with outpatient follow-up.

- On “odd” days facial fractures are cared for by ENT and should be referred to their team.
- On “even” days facial fractures are cared for by Plastic Surgery and should be referred to their team.
- **Please note that “even” and “odd” days begin and end at 7 am. Please refer to VMC AMION if you are not sure which team to refer to. Please call Face Consult #1 (listed under both ENT and Plastics).** If you do not get a response in a reasonable amount of time, please call the next most senior person for the on-call team (Face Consult 2, 3).

NASAL FRACTURE, NASAL TRAUMA

- Nasal fractures with septal hematoma are emergent consults that should be triaged through the on-call team. Please call Face Consult #1 AMION.
- All other nasal fractures with cosmetic deformity and/or nasal obstruction related to injury can be referred for *routine* evaluation (5–7 day timeframe) by placing a referral to the on call team

MANDIBULAR FRACTURE

Please obtain maxillofacial CT scan if mandibular fracture is suspected. Patients with bilateral open or compound fractures requiring inpatient management may merit **Trauma activation at VMC** and can be transferred via the General Surgery trauma transfer pathway (408-947-4087). Patients may require immediate care if they have gross instability of jaw, uncontrolled bleeding, or inability to tolerate liquids given adequate pain control. If the injury is isolated, contact Face Consult #1 for advice and possible transfer to VMC ED for in-person evaluation and admission, if needed.

Most mandibular fracture patients can be treated as outpatients and seen in clinic within a week of injury (*routine referral*). **Please include the date of injury and the location of fracture(s) in the referral.**

Patients should be managed with the following pathway:

- 1) Maxillofacial CT Scan
- 2) C-spine clearance
- 3) Urine Tox Screen
- 4) Appropriate antibiotics
- 5) Pain medication
- 6) Peridex rinses

- 7) Liquid or soft diet
- 8) Patients on anticoagulation should have urgent follow up to assess need for ongoing anticoagulation if surgery is needed in future
- 9) If patient is a county resident and does not have Kaiser insurance, place a routine outpatient referral to the on call team.

TRIPOD, TRIMALAR, ZMC, MAXILLARY AND LEFORT FRACTURE

*LeFort fractures are often associated with multisystem trauma and will require Trauma Activation as previously described. Isolated, unilateral LeFort 1 and 2 fractures can be managed as outpatients.

Patients can be managed with the following pathway:

- 1) Maxillofacial CT
- 2) C-spine clearance
- 3) Sinus precautions (no nose blowing, no CPAP, no straws, open mouth sneeze)
- 4) Appropriate antibiotic coverage
- 5) Patients on prescription blood thinners should have urgent follow up to assess need for ongoing anticoagulation if surgery is needed in future.
- 6) If patient is a county resident and does not have Kaiser insurance, place a *routine* outpatient referral.

ORBITAL (BLOWOUT) FRACTURE

*All orbital fractures require ophthalmology clearance. Please place referral to Ophthalmology as well as the appropriate fracture-managing service. Globe integrity must be verified before patient leaves ED. If this cannot be confirmed, consider transfer to VMC ED for urgent ophthalmology evaluation.

*Patients showing evidence of entrapment (restricted extraocular motion) may need further evaluation urgently. If ophthalmology is available and a forced duction test does not reveal entrapment, ok to place an urgent outpatient referral to the on-call team. If they are not available, please contact the Face Consult #1 to discuss possible transfer to the VMC ED.

Patients may be managed with the following pathway:

1. Maxillofacial CT

2. Sinus precautions (no nose blowing, no CPAP, no straws, open mouth sneeze)
3. Appropriate antibiotics
4. Clinical screen for muscular entrapment (EOMI-limited by pain/swelling)