

Restricted Elective Surgery Policy Directive

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Government
of South Australia

SA Health

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Restricted Elective Surgery Policy Directive

1. Policy Statement

SA Health is committed to providing the community with access to timely elective surgery and ensuring the appropriate use of available resources for the delivery of care in public hospitals. This includes ensuring there is an identified clinical need and clinical benefit to be realised from the delivery of elective surgery procedures.

The *Restricted Elective Surgery Policy Directive* establishes a list of elective surgery procedures that can only be performed for specific clinical indications, or when there are exceptional circumstances and the relevant approval process has been undertaken. Elective surgery for cosmetic and aesthetic purposes is not undertaken by South Australian public hospitals.

1.1 Scope

This policy directive applies to all SA Health entities involved in the planning, delivery and monitoring of elective surgery including the Department for Health and Ageing (DHA), Local Health Networks (LHNs), hospitals and patients receiving surgery in public hospitals (including private patients).

This policy directive replaces Appendix 4 – Guidelines on Excluded Elective Surgery Procedures of the *Elective Surgery Policy Framework and Associated Procedural Guidelines (2011)*.

2. Roles and Responsibilities

Chief Executive Officers (CEOs) are responsible for ensuring that:

- all staff involved in the provision and management of elective surgery are aware of the requirements of this policy directive
- appeal processes are followed in accordance with this policy directive.

Chief Operating Officers (COOs) are responsible for the operational management of elective surgery in accordance with this policy directive, ensuring that:

- local processes are established for recording, monitoring and auditing restricted elective surgery, including approved and declined applications to undertake a procedure in exceptional circumstances, within the LHN
- restricted elective surgery reports provided by the DHA are reviewed to confirm compliance with the provisions of this policy directive
- Authorised Medical Practitioners are aware of their responsibilities, including the requirement to complete the *Restricted Elective Surgery Eligibility Form* prior to referring a patient to an elective surgery waiting list, and the requirement to seek approval in line with this policy directive for restricted elective surgery in exceptional circumstances.

Directors of Surgery (metropolitan hospitals) and Directors of Medical Services (country hospitals) are responsible for ensuring the management and provision of restricted elective surgery in accordance with this policy directive, including that:

- Authorised Medical Practitioners are aware of their responsibilities, including the requirement to complete the *Restricted Elective Surgery Eligibility Form* prior to referring a patient to an elective surgery waiting list, and the requirement to seek approval in line with this policy directive for restricted elective surgery in exceptional circumstances
- applications to undertake restricted elective surgery in exceptional circumstances are considered and Authorised Medical Practitioners are notified of the outcome of the decision within 14 days of submission of a request
- processes are in place for regular reports to be provided to the COO on restricted elective surgery activity.

Authorised Medical Practitioners (SA Health treating surgeons) are responsible for ensuring they are familiar with the provisions of this policy directive and for:

- completing the *Restricted Elective Surgery Eligibility Form* prior to referring a patient to an elective surgery waiting list, and seeking approval in line with this policy directive for restricted elective surgery in exceptional circumstances

- adhering to the process outlined in this policy directive when a decision not to approve restricted elective surgery in exceptional circumstances is appealed
- communicating to patients the outcome of decisions made via the approval and appeal process for restricted elective surgery in exceptional circumstances
- informing patients that cosmetic and aesthetic procedures are not undertaken within South Australian public hospitals.

Elective surgery coordinators/managers are responsible for ensuring they are familiar with the provisions of this policy directive, and that patients are not added to an elective surgery waiting list for a restricted elective surgery procedure without the provision of a completed (and if required, approved) *Restricted Elective Surgery Eligibility Form*.

3. Policy Requirements

3.1 Restricted elective surgery

Restricted elective surgery refers to procedures that can only be performed within South Australian public hospitals:

- for clinical indications listed in this policy directive (refer to section 3.1.1); or
- in exceptional circumstances, when the procedure is considered necessary for a reason other than a listed clinical indication to improve the physical or functional health of the patient, and written approval has been received from the Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals) (refer to section 3.1.2).

3.1.1 Provision of restricted elective surgery for a listed clinical indication

If an Authorised Medical Practitioner has assessed a patient and determined they require a restricted elective surgery procedure for one or more clinical indications listed in Table 1, the practitioner is required to complete the relevant sections of the *Restricted Elective Surgery Eligibility Form* (appendix 2).

The completed *Restricted Elective Surgery Eligibility Form* is to be submitted with the *Request for Admission Form* to enable the patient to be added to the elective surgery waiting list. A copy of both forms is required to be placed in the patient's medical record.

Table 1 sets out the list of endorsed restricted elective surgery procedures and clinical indications.

Table 1: Restricted Elective Surgery Procedures

PROCEDURE	CLINICAL INDICATIONS FOR SURGERY
Breast	
Breast augmentation	• The patient's breasts are fully developed, i.e. there has been no change in the size of either breast over the previous 18 months, and the patient has one or more of the following conditions: ○ congenital amastia (total failure of breast development) unilaterally or bilaterally ○ developmental failure (e.g. Poland syndrome) ○ tubular breast type iii with severe breast constriction with minimal breast base and hypoplasia of all four quadrants ○ significant asymmetry (difference in size of a minimum of 2 cup sizes) of breast volume, and the asymmetry is a result of: ▪ previous partial mastectomy for breast cancer or prophylactic mastectomy ▪ trauma to the breast during or after development ▪ endocrine abnormalities.

Table 1: Restricted Elective Surgery Procedures (continued)

PROCEDURE	CLINICAL INDICATIONS FOR SURGERY
Breast	
Breast reduction	- The patient is 18 years of age or older, or for whom growth is completed, and meets ALL of the following criteria: a) estimated removal of 500gm of breast tissue; <u>and</u> b) Patient has at least one of the following: - chronic pain in cervical or upper thoracic spine without other acute precipitating factors - chronic pain in shoulders and over trapezius muscle - headaches not related to another cause - ache with cervical stoop and associated kyphosis, documented by X-rays. - Pain/discomfort/ulceration from bra straps cutting into shoulders post mastectomy or partial mastectomy, where the patient chooses to have the unaffected breast reduced in size rather than receive an implant in the affected breast.
Mastopexy (breast lift)	- following weight loss resulting in a reduction of BMI by 5 or more points with weight being steady for a period of 6 months - correction of significant breast asymmetry following breast reconstruction - correction of asymmetry due to congenital or developmental conditions.
Nipple eversion (for nipple inversion)	- recurrent infection - ulcerative complications.
Removal of prostheses following breast augmentation (does not allow for insertion of new implants)	patients who have undergone cosmetic augmentation mammoplasty and have medical complications.
Replacement of breast prosthesis	- replacement of breast prosthesis following previous mastectomy (mastectomy for breast cancer or a prophylactic mastectomy) - replacement of breast prosthesis due to significant developmental abnormalities (including Poland syndrome).
Face and Head	
Blepharoplasty	visual obstruction (as evidenced by upper eyelid skin resting on lashes on straight ahead gaze), herniation of orbital fat in exophthalmos, facial nerve palsy or post traumatic scarring, or the restoration of symmetry of contralateral upper eyelid in respect of one of these conditions.
Correction of prominent ear(s)	patients less than 16 years of age.
Hair transplant	treatment of alopecia of congenital or traumatic origin or disease.
Meloplasty	- correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face - bilateral where it can be demonstrated that surgery is indicated because of congenital conditions, disease or trauma (other than trauma resulting from previous elective cosmetic surgery) - excision of tissue for facial nerve palsy.

Table 1: Restricted Elective Surgery Procedures (Continued)

PROCEDURE	CLINICAL INDICATIONS FOR SURGERY
Face and Head	
Repair of external ear lobe	patient has significant deformity and surgery is indicated due to disease, trauma or congenital conditions.
Rhinoplasty or septorhinoplasty	- result of trauma or congenital abnormality. - Relieve airway obstruction.
Genitourinary	
Gender reassignment surgery	congenital abnormalities in children.
Genital surgery aimed at improving appearance	congenital conditions.
Insertion of artificial erection devices	- patients who use urodomes - patients with neurological erectile dysfunction.
Labioplasty	genital mutilation, congenital anomalies and significant functional impairment.
Lengthening of penis	congenital abnormalities in patients less than 16 years of age.
Male circumcision in children(<16 years age)	- phimosis, paraphimosis, balanitis - penile cancer.
Reversal of sterilisation	<i>This procedure is not to be performed in a SA Health public hospital.</i>
Testicular prosthesis	disease, trauma or congenital conditions.
Skin	
Abdominoplasty	- Wedge excision of abdominal apron, or radical abdominoplasty, or circumferential lipectomy, if: a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; <u>and</u> b) the abdominal apron/redundant skin and fat interfere with the activities of daily living; <u>and</u> c) the patient's weight has been stable for at least 6 months following significant weight loss (at least 5 BMI points) prior to the lipectomy. - radical abdominoplasty in the context of a demonstrated anterior abdominal wall defect that is a consequence of the surgical removal of a large intra-abdominal or pelvic tumour.
Liposuction	- post-traumatic pseudolipoma, lipodystrophy, gynaecomastia - lymphoedema, flap reduction.
Non-abdominal skin excisions for body contour (e.g. buttock, arm, thigh lift)	- Wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss of at least 5 BMI points, if: a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; <u>and</u> b) the redundant skin and fat interferes with the activities of daily living; <u>and</u> c) the patient's weight has been stable for at least 6 months following significant weight loss (at least 5 BMI points) prior to the lipectomy.
Removal of birthmarks	haemangioma or naevus skin anomalies.
Revision of scars	scar is disfiguring and has resulted from surgery, disease or trauma.
Tattoo removal	<i>This procedure is not to be performed in a SA Health public hospital.</i>

Table 1: Restricted Elective Surgery Procedures (Continued)

PROCEDURE	CLINICAL INDICATIONS FOR SURGERY
Trunk and Limbs	
Varicose veins	• Ultrasound has proven an absence of deep venous insufficiency, and the patient has one or more of the following symptoms: ○ ulcers or healed ulcers ○ hyperpigmentation in keeping with chronic venous insufficiency ○ dermatitis due to venous congestion ○ bleeding ○ very thin skin and patient is on warfarin ○ phlebitis or thrombosis ○ very large veins with the potential for a significant bleed ○ disabling or persistent pain.
Other	
Foreign implantation	• reconstruction of facial or body contours which have been damaged by trauma or disease, or to correct a deformity which has been pathologically caused.
Laser photocoagulation	• use of CO2 lasers for cancer ablation • use of CO2 lasers for treatment of respiratory conditions • management of burn scars for functional reasons after major burn injury • retinotherapy in patients less than 17 years of age.
Laser therapy	• congenital abnormalities in patients less than 17 years of age.

3.1.2 Provision of restricted elective surgery in exceptional circumstances

If an Authorised Medical Practitioner has assessed a patient and is of the opinion they require a restricted elective surgery procedure for a reason other than a listed clinical indication in order to improve the physical or functional health of the patient, the Authorised Medical Practitioner may apply to the Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals) for approval to undertake the proposed procedure.

If the Authorised Medical Practitioner is the Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals), the request is required to be submitted to the LHN Executive Director of Medical Services.

The application is to be submitted via completion of the *Restricted Elective Surgery Eligibility Form*, and includes a requirement for the Authorised Medical Practitioner to detail:

- the severity and duration of the signs and symptoms of the medical condition
- how the proposed restricted elective surgery procedure will address the severity and duration of the signs and symptoms of the medical condition, and the anticipated physical and functional benefits to the patient's health.

Additional documentation may also be attached to the *Restricted Elective Surgery Eligibility Form* to support the application.

The Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals) is responsible for considering the submitted *Restricted Elective Surgery Eligibility Form*, determining whether the application is approved, and documenting the decision on the form.

A decision on the application is required to be provided by the LHN Director of Surgery (metropolitan hospitals) /Director of Medical Services (country hospitals) to the Authorised Medical Practitioner within 14 working days from submission of the request. The Authorised Medical Practitioner is responsible for informing the patient of the application outcome.

If approval is provided to undertake the planned restricted elective surgery procedure, the completed and authorised *Restricted Elective Surgery Eligibility Form* is to be submitted with the completed *Request for Admission Form* to enable the patient to be added to the elective surgery waiting list. A copy of both forms is required to be placed in the patient's medical record.

If the application is not approved, a copy of the *Restricted Elective Surgery Eligibility Form* is required to be placed in the patient's medical record. The patient cannot be added to the elective surgery waiting list.

3.1.3 Appeal process for restricted elective surgery in exceptional circumstances

If an application made to the Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals) is not approved and the Authorised Medical Practitioner wishes to appeal the decision, the practitioner can make a written request to the LHN CEO who will nominate a medically qualified delegate to review the case.

The written request is required to include a copy of the *Restricted Elective Surgery Eligibility Form*, any other supporting documentation that was provided to the Director of Surgery/Director of Medical Services as part of the initial request for approval, and a clear explanation of the reason for appeal of the initial decision.

The nominated medically qualified delegate to whom the case is referred is required to review the documentation provided, and provide a written response within 14 days of receipt of the referral from the LHN CEO. The outcome is to be communicated to:

- the LHN CEO;
- Director of Surgery (metropolitan hospital)/Director of Medical Services (country hospital) who initially considered the request; and
- the Authorised Medical Practitioner.

The Authorised Medical Practitioner is responsible for communicating the outcome of the appeal process to the patient. A copy of the outcome of the appeal is required to be placed in the patient's medical record.

As elective surgery is undertaken to meet a clinical need identified by a treating public hospital Authorised Medical Practitioner, only the practitioner can request an appeal. A patient is not able to appeal on their own behalf.

3.1.4 *Restricted Elective Surgery Eligibility Form* and repeat restricted elective surgery procedures

If an Authorised Medical Practitioner determines a patient will be required to undergo the **same** restricted elective surgery procedure repeatedly over time (for example laser treatment for burns), a single *Restricted Elective Surgery Eligibility Form* may be used (rather than one form per procedure) for a period of up to 12 months. The practitioner is required to ensure they clearly mark the multi-episode option on the form.

3.1.5 Record keeping

LHNs are required to maintain a record of all requests (including declined requests to undertake a procedure in exceptional circumstances) and appeals for restricted elective surgery, and establish local monitoring and reporting processes to ensure the active management and review of the provision of restricted elective surgery.

4. Implementation & Monitoring

The DHA will provide a routine report on restricted elective surgery activity.

LHNs are responsible for validating that restricted elective surgery has been undertaken in line with the processes outlined in section 3 of this policy directive. Restricted elective surgery that is performed without adherence to the provisions of this policy directive may have implications for future funding and activity allocations provided to the LHN.

National Safety and Quality Health Service Standards

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐

5. Definitions

In the context of this document:

- **Authorised Medical Practitioner** means the treating SA Health medical practitioner who has the overall responsibility and accountability for the care of the patient on the elective surgery waiting list.
- **Elective surgery** means planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list.
- **Elective surgery waiting list** means the list of patients waiting for elective surgery and is also referred to as the 'booking list'.
- **Restricted elective surgery** means those procedures that can only be performed within a South Australian public hospital for one or more clinical indications listed in section 3.1 of this policy directive, or in exceptional circumstances when approval has been provided by the Director of Surgery (metropolitan hospitals)/Director of Medical Services (country hospitals) to undertake a procedure on an individual patient.

6. Associated Policy Directives / Policy Guidelines and Resources

This policy directive is to be administered in conjunction with the *Elective Surgery Policy Framework and Associated Procedural Guidelines (2011)*.

7. Document Ownership & History

Document developed by: Acute Systems Service Improvement, Operational Service Improvement and Demand Management

File / Objective No.: 2016-04734 | eA972700

Next review due: 16/06/2022

Policy history: Is this a new policy (V1)? **Y**

Does this policy amend or update an existing policy? **Y**

Does this policy replace another policy with a different title? **N**

Approval Date	Version	Who approved New/Revised Version	Reason for Change
16/06/2017	V1	SA Health Policy Committee	N/A
15/05/2018	V1.1	Executive Director, Operational Service Improvement and Demand Management	Minor amendment to Section 3.1.2 Provision of restricted elective surgery in exceptional circumstances
22/11/2018	V1.2	A/ Executive Director, Operational Service Improvement and Demand Management	Minor amendment in Appendix 1 until policy updated

Appendix 1: Guideline on Selection for Bariatric Surgery

This section is currently under development and will be updated once complete.

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Hospital: _____

UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex:

REQUEST FOR APPROVAL – RESTRICTED ELECTIVE SURGERY FOR EXCEPTIONAL CIRCUMSTANCES

Describe the severity and duration of the signs and symptoms of the medical condition(s) affecting the patient:

How will the proposed procedure address the severity and duration of the signs and symptoms of the medical condition(s) and what are the anticipated benefits to the patient's health:

I understand that the information provided will be considered by the Director of Surgery (metropolitan hospitals) or the Director of Medical Services (country hospitals) and that the patient **cannot** be added to the elective surgery waiting list unless approval is provided for the procedure.

Medical Officer name: Designation:

Medical Officer signature: Date:/...../.....

DIRECTOR OF SURGERY / DIRECTOR OF MEDICAL SERVICES APPROVAL

Outcome: Approved ☐ Not Approved ☐

Reason approval denied:

Director of Surgery/Director of Medical Services name:

Signature: Date:/...../.....