CALHN referral form

# Body contouring (includes abdominoplasty, mastopexy and breast reduction).

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|---|---|
| **Patient name:** | **Patient DOB:** |
| **Patient address:** | **Phone**<br>**H:**<br>**M:** |
| **Outpatient Service referring to:** | **RAH** ☐<br>**TQEH** ☐ |
| **Referring doctor**<br>**Name:**<br>**Address:**<br>**Suburb:** **Fax:**<br>**Phone:** **Email:** | |

## Requesting referral for:

| | |
|---|---|
| Post massive weight loss | ☐ |
| Breast surgery | ☐ |
| Abdominoplasty | ☐ |
| Abdominoplasty (divarication) | ☐ |
| *Thigh/arm reductions and belt lipectomies are NOT performed by CALHN or SALHN currently * | ☐ |

## Essential referral criteria: *your referral will not be accepted unless this information is provided*

- Patient has achieved massive weight loss by diet and exercise alone or following bariatric surgery. Massive weight loss is defined by the loss of over 50% of patient's excess weight.

  For example, the ideal weight (BMI 25) for a patient 165cm tall is 67kgs. If this patients maximum weight was 117kgs, then they were 50kgs over their ideal weight. They must lose at least half this excess to be eligible for referral. So, 117kgs - 25kgs = 92kgs. Do not refer until this weight has been achieved

- Patient's weight has been stable (+/- 5kg) for > six months. If a bariatric surgery patient, it has been 18 months since surgery.

- Patients requesting breast surgery and who are not massive weight loss patients, must have a BMI of ≤ 35.

- Patients requesting abdominoplasty and who are not massive weight loss patients, must have a BMI of ≤28.

- Presence of a functional problem (rashes in skin folds, back & neck pain, restricted physical activities etc.).

- Patients requesting **abdominoplasty for divarication** must have:
  - 3cm diastasis recti confirmed on ultrasound
  - date of last pregnancy (must be greater than 12 months)
  - All allied health reports specific to treatment for diastasis recti

## Clinical Referral information:

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|---|---|---|---|
| **Date:** | **Height (cm):** | **Weight(kg):** | **BMI($m^2$):** |
| **Starting BMI** (*if referral is due to weight loss*) | | | |
| **Date:** | **Height (cm):** | **Weight(kg):** | **BMI($m^2$):** |

**Please provide additional information for referring based on the provided information from the essential criteria provided.**

## *Exceptional circumstances:*

If you believe a patient has exceptional circumstances, please contact the relevant Plastic Surgery department directly to discuss.

## Referring clinician's signature:

## Date:

## For information purposes only:

Generally, surgery will not be offered unless patients manifest some or all of the signs & symptoms listed below.

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| **1. Criteria common to all patients seeking body recontouring surgery.** |
| Aged 18 years and over. |
| Non-smoker/vaper. |
| Documented evidence of skin fold intertrigo, cellulitis, folliculitis, panniculitis, skin ulceration or fungal infections. These conditions must have been refractory from appropriate medical therapy for a period of at least six months. |
| **Do not** have a previous diagnosis of body dysmorphic disorder. |
| **Do not** have an episode of self-harm within the last two years. |
| **Do not** have a current alcohol or drug abuse problem. |
| Current weight has been stable (+/- 5Kg) for the last six months. |
| Is emotionally and socially distressed due to their body image and this may be affecting their interpersonal relationships and work place capacities. |
| Will consider being involved in research protocols and questionnaires. |
| **2. Criteria specific for patients who have achieved massive weight loss.** |
| Massive weight loss patients must have had a starting BMI ≥ 40, or a BMI > 35 with comorbidities (i.e. diabetes, hypertension) and the patient's current weight reflects ≥ 50% loss of their excess weight. |
| If patients have lost their weight following bariatric surgery, it must be 18 months or more since their final bariatric surgery procedure. |
| **3. Criteria specific for non-massive weight loss patients being referred for breast surgery.** |
| BMI ≤ 35. If BMI > 35 consider referral to bariatric surgery service. (If massive weight loss patient, apply massive weight loss criteria). |
| Demonstrable indentations of the shoulders from bra straps that support heavy pendulous breasts and/or acquired thoracic kyphosis and/or chronic breast pain, and/or headaches and/or back pain or paraesthesia of the upper extremity. |
| Congenital, traumatic or post-surgical breast deformity or asymmetry > 10%. |
| Nipple areolar complex sits below the inframammary fold when the breast is unsupported. |
| Breast size limits physical activity. |
| **4. Criteria specific for non-massive weight loss patients requesting abdominoplasty.** |
| BMI ≤ 28. If BMI > 35 consider bariatric referral. (If massive weight loss patient, apply massive weight loss BMI criteria). |
| Redundant skin apron descends to partially obscure the groin creases and genitalia. |
| Significant scars on the abdomen that may have associated hernia or pain that is physically distressing and/or causes significant contour defects that present difficulties with hygiene and infection risk. |
| Problems associated with poorly fitting colostomy bags that may be improved with abdominal recontouring such as abdominoplasty. |
| Abdominoplasty or apronectomy is indicated as part of hernia repair or other abdominal wall surgical procedure. |