

# PLASTIC SURGERY - ED SCH

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- The Plastic Surgery Department offers a consultative service for inpatient and outpatient management of children (<https://www.schn.health.nsw.gov.au/find-a-service/health-medical-services/surgery/sch-0>)
- Before requesting Plastic Surgical consultation, the case should be discussed with the Emergency Department Doctor-in-Charge
- Any use of clinical images in Plastic Surgery consultation should follow the SCHN Clinical Images (Photography, Video/Audio Recordings) of Paediatric Patients policy (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5212>)
- **Plastic Surgeons manage:**
  - Injuries involving fractures of the maxilla, orbital rim, zygoma, mandible and injuries to the tempo-mandibular joint.
  - Fractures and complex lacerations distal to the wrist and significant neurovascular injuries of upper limb
- Superficial facial lacerations may be repaired by the Emergency Department Staff.

#### **Related Clinical Policies:**

- Laceration Management in the Emergency Department (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5601>)
- Burn Injury: ED Management – SCH (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5547>)
- Burns Management (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4516>)
- Burns – NETS Retrieval of Children with Severe Burns (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4230>)
- Clinical Images (Photography, Video/Audio Recordings) of Paediatric Patients (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5212>)
- Plastic and Reconstructive Surgery at Sydney Children's Hospital, Randwick (<https://www.schn.health.nsw.gov.au/find-a-service/health-medical-services/surgery/sch-0>)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> January 2024	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Staff Specialist	<b>Area/Dept:</b> Emergency Department SCH

## CHANGE SUMMARY

- Document due for mandatory review
- Additional information for Burns, Transfer and Discharge processes.
- New flowchart for Plastic surgery and maxillofacial surgery referrals

## READ ACKNOWLEDGEMENT

- All SCH Emergency Department clinical staff should read and acknowledge this document.

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## 1 Introduction

The Plastic Surgery Department offers a consultative service for inpatient and outpatient management of children with **facial fractures, complex facial lacerations and hand injuries**. Cases should be discussed with the Emergency Department Doctor-in-Charge before requesting Plastic Surgical consultation to ensure that the description of the injury, and need for consultation, are appropriate.

## 2 Specific conditions

### 2.1 Facial Fractures

Plastic Surgeons manage injuries involving fractures of the maxilla, orbital rim, zygoma, mandible and injuries to the tempo-mandibular joint. An OPG (taken in the main X-Ray Department) or CT of facial bones may be requested to assist with diagnosis. Please see Appendix 1 for information on external referrals that come via the Maxillofacial service at Prince of Wales Hospital.

**Children in the ED at SCH are not referred directly to Maxillofacial Surgery without involvement of Plastic Surgery.**

**Note:** Nasal fractures are managed by the ENT Surgeons, dental injuries are managed by the Dental Surgeons.

### 2.2 Complex Facial Lacerations

The Plastic Surgical Team will consult on extensive or multiple lacerations and lacerations to cosmetically sensitive areas, such as the eyebrows, lips involving the vermilion border and tip of the nose. Other complex facial lacerations should be assessed by the Emergency Department doctor in charge to assess whether consultation from the General or Plastic Surgeons is required.

### 2.3 Simple Facial Lacerations

Superficial facial lacerations may be repaired by the Emergency Department Staff using steristrips, tissue glue or suturing. Please refer to:

- [SCHN Laceration Management in the Emergency Department Practice Guideline \(http://webapps.schn.health.nsw.gov.au/epolicy/policy/5601\)](http://webapps.schn.health.nsw.gov.au/epolicy/policy/5601)

## 2.4 Burns

Burns at SCH are primarily managed by general surgery. Plastic surgery may be involved in complex burns or burns in special areas. Please refer to the SCH ED, NETS and SCHN Burns policies below:

- Burn Injury: ED Management – SCH (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5547>)
- Burns Management (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4516>)
- Burns – NETS Retrieval of Children with Severe Burns (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4230>)

## 3 Hand Injuries

Plastic Surgeons manage the fractures and complex lacerations distal to the wrist and significant neurovascular injuries of upper limb.

**Note:** Fractures of the carpus and are managed by Orthopaedic Surgeons. Fractures and complex injuries of the feet are managed by the Orthopaedic Surgeons.

## 4 Parental Request for Plastic Surgery Consultation

If parents request Plastic Surgery Consultation for minor wounds which can equally-well be repaired by Emergency Department Staff, a suggested response is “the appearance of the wound depends mostly on how the injury occurred – not on how it is repaired. This wound will look similar regardless of who repairs it. It takes about a year for the wound to fully heal and to determine the long-term appearance. If, after a year, the scar is not ideal, that is the time for Plastic Surgery Consultation and review of the wound under general anaesthesia”. If the parents still request Plastic Surgery Consultation, ask the Emergency Department Consultant or Registrar-in-Charge to review the situation. If the parents still request Plastic Surgery Consultation, contact the Plastic Surgical Registrar.

## 5 Transfers to SCH ED for Plastic Surgery Consultation

Any transfer of a child to SCH ED for plastic surgery review must be accepted by the Plastic surgery registrar on call. The in-charge ED Medical Office must be informed of any child being transferred to the Emergency Department. Sometimes it may be more appropriate for the child to come for review the next morning to a location outside the emergency department such as outpatients or SSSU.

Transfers of children requiring admission should follow processes outlined in the SCHN Admissions Policy (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5172>).

## 6 Discharge and Referrals

### 6.1 Children returning for plastic surgery review

Children who present on evening or night shifts may be requested to return for review in the ED the next morning. Ensure the time and fasting plan is clarified with the plastic surgical registrar. There may be the opportunity for these children to be seen in the outpatients department the next morning on a case by case basis.

### 6.2 Children returning for operating theatre

Children returning for operating theatre the next day after an ED presentation should primarily come back to the SSSU. This will be coordinated by the Plastic Surgical registrar in conjunction with the after hours bed manager and ED nursing team leader.

### 6.3 Referrals to Plastic Surgery clinic

- Clerical staff can book children into Plastic Surgery Clinic
- Where there is uncertainty about the appropriateness of follow up please discuss with the plastic surgery registrar

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## Appendix 1: Plastic surgery and maxillofacial surgery referrals

