

Kootenay Surgery Clinic

Patient Referral Guide

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In addition to plastic and reconstructive surgery, I do orthopedic hand, wrist, and distal forearm surgery, as well as peripheral nerve surgery – *for more information, please refer to the areas of practice listed on **Page 2**.*

- I am NOT offering any cosmetic surgery. *Suggest patients seek out a cosmetic surgeon at their convenience.*
- I do NOT do lid ptosis surgery.
- I ONLY do immediate breast reconstruction. *For all other plastic surgery breast issues, please refer patient to Kelowna plastic surgery.*
- MSP forbids a plastic surgeon from excising the following lesions unless there is significant pathophysiological dysfunction (*i.e., recurring infection, limits motion, interferes with ADL's, intractable pain, etc*) found: benign skin lesions, warts, lipomata, uncomplicated dermal and/or epidermal cysts, telangiectasias, skin tags, acrochordons, fibroepithelial polyps, papillomata, asymptomatic neurofibromata, dermatofibromata. *Patient may seek out a cosmetic surgeon for management of these lesions.*

Referrals

- Please complete a [SKIN LESION REFERRAL FORM](#) for skin cancer referrals.
- Specific referral requirements for each area of practice are outlined in the guidelines on **Page 2**.
- **Referrals that will likely require surgery:** Recommend at least 3 month free of any nicotine containing products. *If your patient uses nicotine, we suggest that you explore programs to cease nicotine use while waiting to be seen in consultation to minimize delays to surgery.*

Referrals accepted by fax – patient will be directly contacted by our office.

URGENT Referrals accepted by phone, fax or email. Fax consult and call the office so we may flag the consult. Photos to be sent to our email with patient details. **Red flags** that this office feels warrants urgent consultation:

- histology proven melanoma
- highly suspicious pigmented lesions that have recently changed (take biopsy and have a path report sent to my office)
- skin lesions causing severe disfigurement or functional impairment
- Temporal artery biopsy request
- closed injuries with motor nerve deficits.

We DO NOT accept direct calls from patients after referral to book their own appointments.

Wait Times – different conditions will be triaged and have subsequent various wait times:

- Threat to health pathologies (e.g. pathology-proven skin cancer, wounds) is **<1 month**.
- Functional pathologies (arthritis, trigger finger, nerve compression) is **3-9 months**
- Quality of life consults (breast reduction, pannus/body contouring, benign skin lesions, etc.) is **>9 months**

Telehealth Services

- **Follow-up with a patient** available via telephone and email / text.
- **Advice to a health care provider** available via telephone. *Booking & Contact Note: Through interior health on-call telephone line (day or night), or through my office (office hours)*
- **Case conferencing with a health care provider** available via telephone, video, and email / text.

◀ Please refer to required information/investigations below prior to referral ▶

Areas of Practice	Required Information / Investigations
Breast (immediate reconstruction only)	Referral sent by general surgeon.
Burns	
Cancer Reconstruction	Previous pathology and surgical/radiation/med oncology reports.
Cast (application, changes, and removal)	
Consultations (<u>in-hospital</u> for plastic surgery)	
Consultations (<u>in-office</u> for plastic surgery)	
Facial fractures	Facial CT required.
Ganglion	Ultrasound performed to confirm diagnosis. If ganglion is NOT painful and does NOT limit function, then the ganglion can be monitored by GP (i.e. no need to refer patient to plastics).
Hand	X-rays prior to consultation if dislocation or fracture in differential diagnosis, mechanism of crush/machine related injury, or arthritis suspected.
Carpal tunnel	Nerve conduction study report sent with referral.
Dupuytren's Contracture	If the nodule is NOT tender, does NOT interfere with hand function, and the patient can place hand fully flat on a table, then it can be monitored by GP (i.e. no need to refer patient to plastics).
Hyperhidrosis (Botox treatment and surgery)	First line treatment is medical and consultation with dermatologist. If poor response despite full optimization, then send consult.
ICBC cases	
Panniculectomy	If the following findings are <u>absent</u> , then it is not MSP and the patient can seek a cosmetic surgeon: 1) active chronic skin lesions under pannus recalcitrant to medical management, and 2) pannus that hangs past the groin touching the mid thighs when standing. Weight must be stable for at least 6 months. I will ask for photo from patient prior to consult to see if they meet these criteria and may refuse the referral.
Pediatric plastic surgery (Consultations in-hospital or in-office for pediatric plastic surgery, pediatric dermatological cancer - oncology, and surgical correction of congenital deformities)	Send referral and take a photo as I will ask for it. I will inform you whether I can manage it or best be sent to Vancouver.
Scar revision	NOT covered under MSP unless scar is on the head and neck, or pose severe medical problem (i.e. limit function, intractable pain) on other parts of the body. Otherwise it is cosmetic surgery and patient may seek out a cosmetic surgeon.
Septic arthritis	
Skin cancer - oncology	Referral must include a recent punch biopsy pathology report (No shave biopsies!) to accompany the "Skin Lesion Diagram" referral form (available from my office or on Pathways).
Temporal artery biopsy	Results only useful if procedure can be done within 2 weeks of starting PO steroids.
Ulnar nerve	Nerve conduction study report sent with referral
WorkSafe consultation/expedited consultation in plastic surgery	
Wrist (wrist tendon surgery)	