

## ***ANSWERS TO QUESTIONS***

*Delivered on Tuesday 23 May 2023*

### **THS - Procedures Not Routinely Performed**

[2.30 p.m.]

**Mrs HISCUTT** (Montgomery - Leader of the Government in the Legislative Council) - Mr President, before we start question time, I have an answer to a follow-up question from the member for Nelson. The follow-up questions are to do with Amnesty International Australia. She asked six questions and her two follow-up questions were relating to questions (5) and (6). They are:

- (5) As above, paediatric surgery for intersex infants and children is very infrequent in Tasmanian public hospital systems. The THS has elective surgery procedures not routinely performed.

I do have an attachment, for which I will seek leave shortly. The document states that:

The THS does not perform gender reassignments as surgery, unless there are exceptional clinical indications due to congenital abnormalities in a child.

**Ms Webb** - The question was not about gender reassignment surgery, it was about surgery that impacted on sex characteristics.

**Mrs HISCUTT** - The answer to question (6) that the member asked is: there are no relevant records on training and education undertaken by health professionals relating to this topic.

Perhaps the member should have a look at the answers that were supplied. If you are not happy, you might consider rewording your questions.

**Ms Webb** - Or just seeking an answer at the time, third time lucky maybe, Mr President.

**Mrs HISCUTT** - Mr President, I seek leave to table a document and have it incorporated into *Hansard*.

**Leave granted.**

**See Appendix 3 for incorporated document**

### **Appendix 3**

## Procedures Not Routinely Performed, Exceptional Clinical Indications and Appeals Process

*Health*  
TABLE 2 -  
INCORPORATED  
28/10/23.

**Principles:** Patients should be referred by surgeons to Tasmanian public hospital waiting lists only when surgery meets an identified clinical need to improve the health of patients. Prioritisation of surgery will occur according to clinical need. These principles apply to both public and privately insured patients.

Tasmania has a set of defined procedures that are not funded to be routinely performed. However, some procedures can occur in **exceptional circumstances** where patients:

- meet one or more of the [exceptional clinical indications for surgery](#)
- have "other" circumstances which demonstrate an overriding need for surgery. These circumstances will be at the discretion of the Director of Surgery / Nursing Director of Surgery of the public hospital to which the patient was referred.

Refer to the [approval process and guidelines for appeals](#).

### Procedures Not Routinely Performed

Specialty: Plastic Surgery	
Body Contouring Procedures	Skin and Subcutaneous Tissue Procedures
Abdominal lipectomy	Hair transplant
Abdominoplasty	Tattoo removal procedures
Apronectomy	Removal of skin lesions (e.g. skin tags)
Liposuction	Revision of scar
Other skin excisions for contour e.g. buttock, thigh and arm lift	
Breast Procedures	Urological and Gynaecological Procedures
Breast reduction (unilateral and bilateral)	Lengthening of penis procedure
Breast augmentation (unilateral and bilateral)	Insertion of artificial erection devices
Mastopexy (breast lift)	Reversal of sterilisation
Removal of breast prosthesis /Revision of breast augmentation	Gender reassignment surgery
Nipple eversion (for nipple inversions)	Genital surgery aimed at improving appearance
Nipple and/or areola reconstruction	Testicular prostheses
Facial Procedures	Vascular Procedures
Facelift	Varicose Vein procedures
Reduction of upper or lower eyelid	
Aesthetic Rhinoplasty/Rhinoseptoplasty	
Correction of bat ear(s) (>19 years old)	
Repair of external ear lobes	

## Guidance For Clinicians - Exceptional Clinical Indications For Surgery

Specialty: Plastic Surgery	
Body Contouring Procedures	
Procedure	Exceptional clinical indications for surgery
Abdominal lipectomy Abdominoplasty Apronectomy	Correction of scarring as a result of previous abdominal surgery or trauma Disabling or persistent physical discomfort Intertrigo Post morbid obesity treatment where clinical symptoms present (erg intractable intertrigo) and BMI is <28 Required for hernia repair or other abdominal surgery Poorly fitting stoma bags
Liposuction	Post traumatic pseudolipoma Lipodystrophy with BMI Gynaecomastia with BMI Lymphoedema Flap reduction Above conditional on BMI <28
Other skin excisions for contour, e.g. buttock, arm, thigh lift	Post-morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo and BMI is <28)
Breast Procedures	
Procedure	Exceptional clinical indications for surgery
Breast reduction (bilateral/unilateral)	Female: Post mastectomy surgery where BMI < 28 Chronic head, neck and back ache (where pain is due to breast size) and/or chronic intertrigo. Male (gynaecomastia): Suspected malignancy Pain, 19 years or older, must have been present for more than 2 years and BMI < 28 Following treatment for cancer of the prostate This procedure is not provided to patients with a BMI > 35.
Breast augmentation (bilateral/unilateral)	Malformation due to disease, trauma or a congenital condition (but not as the result of previous cosmetic surgery as a privately insured patient).
Mastopexy (breast lift)	Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28
Removal of breast prosthesis/ Revision of breast augmentation	Removal of breast prosthesis and revision of breast augmentation - rupture, Infection or capsular contracture Revision of breast augmentation – as a part of treatment for breast cancer and reconstruction.
Nipple eversion (for nipple inversions)	None

<b>Breast Procedures Continued</b>	
<b>Procedure</b>	<b>Exceptional clinical indications for surgery</b>
Nipple and/or areola reconstruction	When performed as a part of a breast reconstruction due to disease or trauma (but not as the result of previous cosmetic surgery).
<b>Facial Procedures</b>	
<b>Procedure</b>	<b>Exceptional clinical indications for surgery</b>
Facelift	Congenital facial abnormalities Facial palsy Specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthomaelasticum, neurofibromatosis To correct the consequences of trauma To correct deformity following surgery (where the primary procedure was not cosmetic)
Reduction of upper or lower eyelid	Visual impairment.
Aesthetic Rhinoplasty/Rhinoseptoplasty	
Correction of bat ear(s) >19 years	None
Repair of external ear lobes	Post-traumatic surgery i.e. repair of acute laceration, but not as the result of use of expander devices.
<b>Skin and Subcutaneous Tissue Procedures</b>	
<b>Procedure</b>	<b>Exceptional clinical indications for surgery</b>
Hair transplant	Treatment of alopecia due to disease or trauma.
Tattoo removal procedures	None
Removal of skin lesions (e.g. skin tags)	Suspected malignancy Obstruction of orifice or vision Facial disfigurement Recurrent infection Function limitation on movement or activity Pain Located on a site where they are subjected to trauma.
Revision of scar	Where scar is the result of surgery, disease or trauma Where scar is the result of neoplastic surgery and is disfiguring and extensive.

<b>Specialty: Urology and Gynaecology</b>	
<b>Procedure</b>	<b>Exceptional clinical indications for surgery</b>
Lengthening of penis procedure	Congenital abnormalities in children. Recurrent urinary tract infections where the patient is at risk of requiring renal dialysis.
Insertion of artificial erection devices	Patients using urodomes Spinal patients with neurological erectile dysfunction.
Reversal of sterilisation	None
Gender reassignment surgery	Congenital abnormalities in children.
Genital surgery aimed at improving appearance	Patients requiring prostheses following orchidectomy
Circumcision	Phimosis, Urinary Tract Infection, Carcinoma of penis
Testicular prostheses	Following orchidectomy for malignant disease.
<b>Specialty: Vascular Surgery</b>	
<b>Procedure</b>	<b>Exceptional clinical indications for surgery</b>
Varicose vein procedures	Chronic leg swelling, chronic dermatitis, leg ulcers or foot infections that fail to heal as a result of severe varicosities causing chronic stasis and venous ulceration. Objective clinical evidence of chronic venous insufficiency. Recurrent (more than 2 episodes superficial thrombophlebitis).
Notes: Circumcision is not included in these guidelines. A policy on Circumcision in Tasmania is under development.	

## Approval Process and Guidelines for Appeals

### Hospital Approval Process

If a surgeon assesses a patient as meeting the exceptional clinical indications for surgery, the Request for Admission (RFA) form should be completed and the patient placed on the elective surgery waiting list in accordance with hospital processes.

If a surgeon is of the view that a patient has "other" circumstances (other than the exceptional clinical indications listed) which demonstrate an overriding need for surgery, the Director of Surgery or, in certain circumstances, the Statewide Surgical and Perioperative Services Committee must give their approval for surgery to proceed.

The [Hospital Approval Process Flow Chart](#) details the process to be followed should a surgeon be of the view that a patient requires a procedure not routinely performed in Tasmanian public hospitals.

- If, after assessing the patient, the surgeon deems the patient meets an exceptional clinical indication for a procedure not routinely performed in a Tasmanian public hospital, the surgeon/hospital informs the patient and their GP. The patient is placed on the waiting list. The Request for Admission must clearly indicate the reason surgery is indicated and that the patient meets other required criteria (e.g. BMI).

- If there are no "other" circumstances (other than the clinical indications above) which demonstrate an overriding need for surgery, the surgeon/hospital informs the patient and their GP and provides them with appropriate documentation, including information about the appeals process. A copy of the decision is placed on the patient's record.
- If the patient does not meet an exceptional clinical indication, but the surgeon is of the view that there are "other" circumstances (other than the clinical indications above) which demonstrate an overriding need for surgery, then the surgeon discusses this with the Head of Unit/Department.
- If the Head of Unit/Department does not agree that surgery should be performed, the hospital informs the patient and their GP and provides them with appropriate documentation, including information about the appeals process. A copy of the decision is placed on the patient's record.
- If the Head of Unit/Department agrees that surgery should be performed, the case is referred to the Director of Surgery, with supporting documentation and photographs (if appropriate).
- If the Director of Surgery agrees that surgery should be performed, the hospital informs the patient and their GP. The patient is placed on the waiting list. The Request for Admission form must clearly indicate the reason surgery is indicated.
- If the Director of Surgery does not agree that surgery should be performed, the hospital informs the patient and their GP and provides them with appropriate documentation, including information about the appeals process. A copy of the decision is placed on the patient's record.

### **Patient Appeals Process**

If a patient is referred to a public hospital for a procedure listed in these guidelines and surgery is declined, an appeal can be requested by the patient via their General Practitioner (GP). As patients usually cannot undergo a procedure without the referral of a GP, patients are not permitted to appeal on their own behalf.

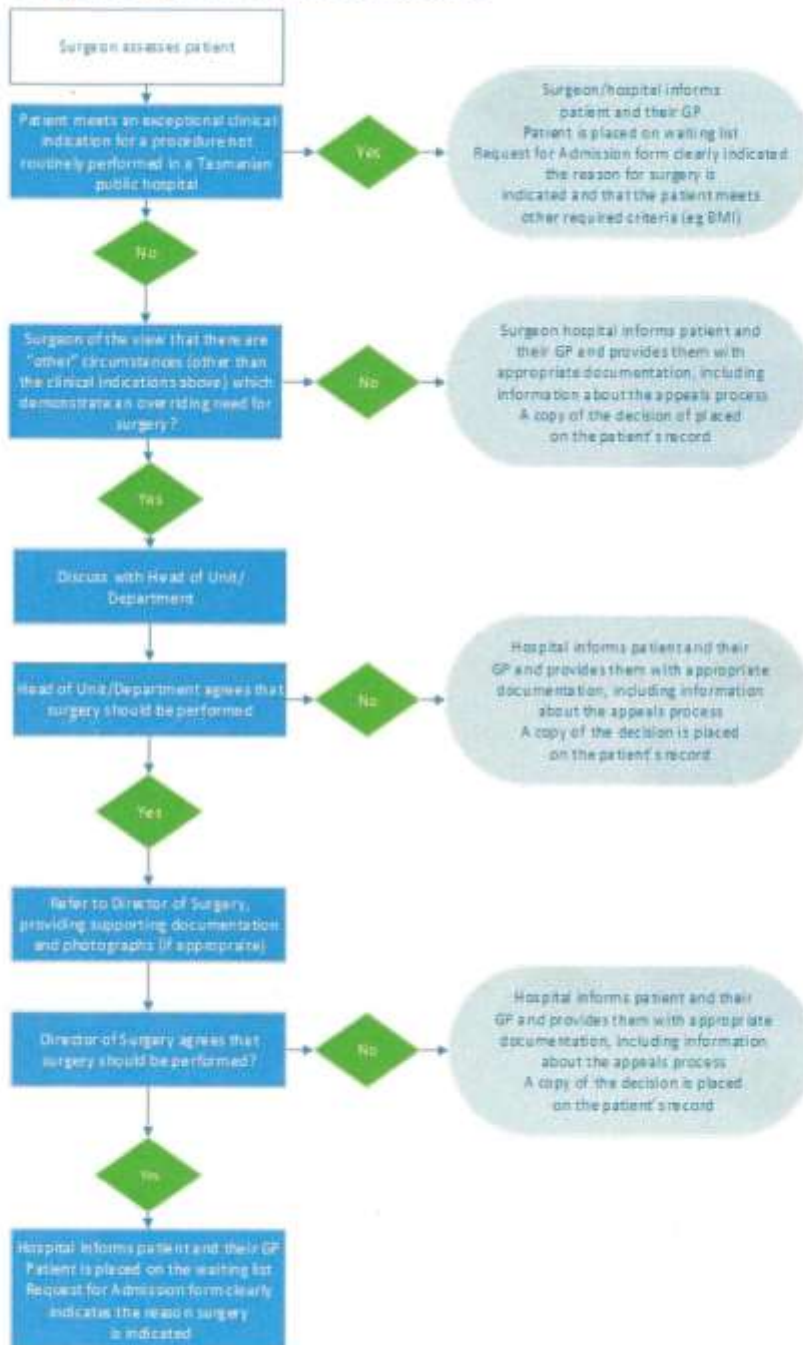
Occasionally patients are referred to a private surgeon from a hospital emergency department. In this instance, the patient's GP continues to be the most appropriate person to appeal on their behalf. Appeals must be made in writing to the Tasmanian Statewide Surgical and Perioperative Services Committee (TSSSC) by completing the GP Appeals Form available at [http://www.dhhs.tas.gov.au/hospital/elective\\_surgery](http://www.dhhs.tas.gov.au/hospital/elective_surgery) which can also be provided from the surgical services department regionally.

The TSSSC will make its determination in consultation with the Director of Surgery of the hospital where the patient was assessed. The decision of the TSSSC will be communicated in writing to the Director of Surgery and to the patient's GP. A copy of this decision is to be placed on the patient's medical record at the hospital. [See Patient Appeals Process Flowchart](#). The patient appeals process is as follows:

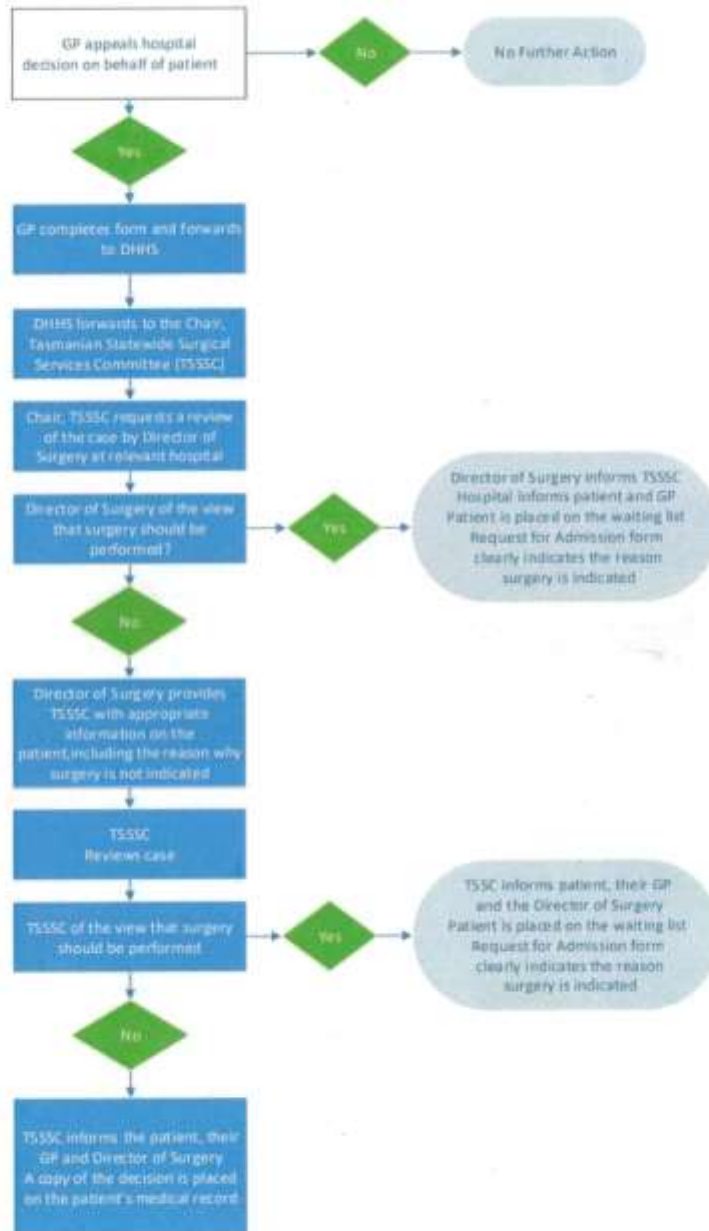
- If the patient's GP agrees to appeal the hospital decision on behalf of the patient, the GP completes the GP Appeals Form and forwards it to the Department of Health. If the GP does not appeal on behalf of the patient, no further action can be taken.
- The Department of Health forwards the GP Appeals Form to the Chair, TSSSC. The Chair requests a review of the case by the Director of Surgery at the relevant hospital.
- If the Director of Surgery is of the view that surgery should be performed, the Director of Surgery informs the TSSSC, and the hospital informs the patient and GP. The patient is placed on the waiting list. The Request for Admission form must clearly indicate the reason surgery is indicated.

- If the Director of Surgery is of the view that surgery should not be performed, the Director of Surgery provides the TSSSC with appropriate information on the patient, including the reason why surgery is not indicated. The TSSSC reviews the case.
- If the TSSSC is of the view that surgery should be performed, the TSSSC informs the patient, their GP and the Director of Surgery. The patient is placed on the waiting list. The Request for Admission form must clearly indicate the reason surgery is indicated.
- If the TSSSC is of the view that surgery should not be performed, the TSSSC informs the patient, their GP and the Director of Surgery. A copy of the decision is placed on the patient's medical record.

## Hospital Approval Process Flowchart



## Patient Appeals Process Flowchart



Source: [Wait List Access Policy Handbook](#) Review Date: June 2023