

Frequently Asked Questions on the Plastic Surgery Consultation

1. What is plastic surgery?

Plastic surgery, also known as plastic and reconstructive surgery, is the specialty that treats a wide range of conditions from life-threatening burns, trauma, cancers and congenital abnormalities, to relatively minor conditions that could be called 'cosmetic', such as breast enlargement and tattoo removal.

2. What is the Consultation about?

The four Health and Social Services Boards are seeking public and professional views on a proposal to protect plastic surgery and other services for people who need them most by limiting the types of more 'cosmetic' procedures done.

3. Why is the proposed policy necessary?

Demand for plastic surgery services has increased in recent years to a point where patients with non-urgent conditions have little prospect of ever being treated because patients with serious or life-threatening conditions must take priority. Three extra surgeons and support staff

are to be appointed to allow plastic surgery to treat more patients.

But even with these extra staff, the service will not be able to treat all patients who are referred currently. We therefore need to limit the number of more 'cosmetic' procedures referred to the service, so that plastic surgeons can spend more time on patients who need to see them most – those with burns, cancer, serious injuries and so on.

4. Why not just put more money into plastic surgery?

The Boards are already committed to significant extra investment in plastic surgery to allow them to appoint three more surgeons and support staff and that investment will ensure that patients with serious illnesses are treated quickly. But many other specialties need more investment to allow them to treat patients quickly and it is simply not justifiable to put even more money into plastic surgery than we are already committed to. Limiting the number of referrals for cosmetic procedures is therefore the only feasible solution.

5. What types of procedures are in the policy?

The procedures included in the policy are listed in Appendix 1 of the Consultation document. They are at the 'cosmetic' end of the work

plastic surgeons do – breast enlargement, face lifts, tummy tucks, tattoo removals and so on. Other patients treated by plastic surgeons – those with burns, cancer, injuries, congenital abnormalities and so on – will not be affected. In fact, those patients will be treated more quickly if this policy is implemented than if it is not and that is why we are recommending this approach.

6. I am on the waiting list for one of the procedures included in the policy. What will happen to me?

If you have been seen by a specialist and put on the waiting list for surgery, you will have your operation done.

7. I am waiting for my first outpatient appointment for one of the procedures included in the policy. What will happen to me?

If you are waiting to be seen at outpatients for one of the procedures included in the policy, you will be called to an assessment clinic and the criteria will be used to decide if you will have surgery. Some patients are waiting to be seen by plastic surgery and some by other specialties which also provide some of the procedures in the policy,

e.g., dermatology, general surgery and ENT (Ear, Nose and Throat) services.

8. Can I challenge the decision if I do not meet the criteria for surgery?

Yes. If you do not agree with the outcome of your assessment, you can ask for a second opinion and you will be seen a second time.

The same criteria will be applied at each assessment.

9. Are there circumstances in which I could be treated if I don't meet the criteria for surgery?

The policy accepts that in a very small number of cases, a patient may have a combination of circumstances which make that patient's case exceptional. If that happens, the patient's GP may refer them for assessment.

10. Will GPs still provide treatment for skin lesions, e.g., warts?

Yes. The policy does not affect treatment of simple skin lesions by GPs. GPs will continue to provide the services they currently provide.

11. What does BMI mean?

BMI stands for Body Mass Index and is commonly used to assess the amount of fat a person has in their body. It is calculated from a person's weight in kilograms divided by their height in metres squared. Easy-to-use BMI calculators are widely available on the internet.

12. How do I interpret my BMI result?

BMI less than 18.5	=	Underweight
18.5-25	=	Ideal weight
25-30	=	Overweight
30-40	=	Obese
Greater than 40	=	Very obese

13. Why are breast reductions only being offered to those with a BMI less than 25?

There are a number of reasons for this. Firstly, patients with a BMI over 25 are classified as being overweight. For these patients, being overweight can make their symptoms worse. Similarly, reaching a normal weight can sometimes mean that a patient no longer needs

surgery. We are proposing therefore that patients should first of all achieve a normal weight and if they still have symptoms, they will be treated within the waiting times set by the Minister.

A second reason is that even with a BMI threshold of 25, the plastic surgery service would have to more than double the number of these operations it normally does each year. The investment in extra surgeons and other staff will help them to achieve this, but we do not want to put any extra pressure on the service at this stage. If we find that the service can treat all patients with a BMI less than 25 in a timely way, we may be able to increase the threshold in the future.

Other reasons include a need to treat men and women equally by having the same BMI threshold for each. There is also evidence that people with a BMI over 30 are more likely to suffer major complications from surgery.