

Regulation of minor surgery in private facilities

Fact Sheet

Key messages

- There are many kinds of surgery that clearly meet the definition of surgery and should therefore be conducted in a registered facility. These include several cosmetic procedures. For a full list please see the background section below.
- All labiaplasties should be performed in a registered facility to ensure patient safety.
- Blepharoplasties that breach the orbital septum to remove orbital fat, or alter the tarsal plate or levator musculature and blepharoplasties performed on the lower eyelid must be undertaken in a registered facility. Blepharoplasties performed on the upper eyelid that do not breach the orbital septum may be undertaken in unregistered facilities.
- Practitioners who provide complex Mohs procedures that require the clinical assistance of a nurse or whose patients require post-operative care by a nurse must undertake these procedures in a registered facility.
- For cases in which the practitioner determines through the pre-admission clinical assessment that a patient has been identified as having complex comorbidities that will require the clinical assistance of a nurse or post-operative care by a nurse, will need to undertake these procedures in a registered facility.

Background

From 1 July 2018, amendments were made to the Health Services (Health Service Establishments) Regulations 2013 (the Regulations) and *Health Services Act 1988* (the Act).

The definition of day procedure centre in the Act was amended to remove the 'major activity' requirement. This means that any of the health services prescribed in the Regulations must be performed in a registered facility and cannot be performed in unregistered facilities, even if the service is not a 'major activity' of the facility.

These legislative changes triggered a review of minor procedures to answer the question of whether they met the definition of surgery in the Regulations. There are many cosmetic procedures that clearly meet the definition of surgery and were not consulted on. For clarity, these include, but are not limited to: abdominoplasty, belt lipectomy, biceps implants, brachioplasty, breast augmentation or reduction, buttock augmentation, reduction or lift, calf implants, deltoid implants, facial implants that involve inserting an implant on the bone or surgical exposure to deep tissue, mastopexy or mastopexy augmentation, neck lift, pectoral implants, penis augmentation, rhinoplasty, superficial musculoaponeurotic system facelift (SMAS facelift), triceps implants, and vaginoplasty. The review focused on a few areas of service provision including blepharoplasties, labiaplasties, and Mohs procedures.

The department consulted with Safer Care Victoria and the following medical colleges: Australasian College of Phlebology Inc., Australasian College of Cosmetic Surgeons, Australasian College of Dermatologists, Australian Society of Plastic Surgeons, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Royal Australian and New Zealand College of Ophthalmologists. The Royal Australian College of General Practitioners and the Royal Australian College of Surgeons were contacted for consultation, but did not respond.

Results of the consultation

Consultation was considered the application of the definition of surgery in the Regulations.

Synthesis of consultation about blepharoplasty

Blepharoplasty is a name given to a group of procedures that remove skin from the upper or lower eyelids and may or may not involve surgical breaching of the orbital septum to remove orbital fat, or alter the tarsal plate or levator musculature. The department has consulted with the Australian Society of Plastic Surgeons, the College of Cosmetic Surgery, the Australasian College of Dermatologists and the Royal Australian and New Zealand College of Ophthalmologists on this matter. There is a consensus among the colleges that blepharoplasties done on the upper eyelids, that do not breach the orbital septum do not meet the definition of surgery in the Regulations and could be safely undertaken in unregistered facilities. Some of these procedures are undertaken to relieve obstructed vision and therefore attract Medicare funding.

More invasive eyelid repositioning procedures, such as ptosis repairs that breach the orbital septum have a very real and significant risk of bleeding. These procedures may involve surgery on the tarsal plate, the fat pad and/or the levator muscle. However, upper eyelid blepharoplasty may also breach the orbital septum to manipulate the orbital fat. Patients undergoing this type of blepharoplasty should be monitored for a period of one to two hours post operatively to ensure there is no postoperative bleeding once the anaesthetic has worn off. These procedures meet the definition of a surgical health service as defined in the Regulations and must be undertaken in a registered facility.

There was consensus among the colleges that blepharoplasties done on lower eyelids meet the definition of surgery in the Regulations and should be undertaken in registered facilities.

Blepharoplasties that breach the orbital septum to remove orbital fat, or alter the tarsal plate or levator musculature and blepharoplasties performed on the lower eyelid must be undertaken in a registered facility. Blepharoplasties performed on the upper eyelid that do not breach the orbital septum may be undertaken in unregistered facilities.

Synthesis of consultation about labiaplasty

Labiaplasty is a term used for a group of procedures that surgically modify the labia minora and or labia majora. The department has consulted with the Australian Society of Plastic Surgeons, the Australasian College of Cosmetic Surgery, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and read advice from the Royal Australian College of General Practitioners on this matter.

Advice from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian Society of Plastic Surgeons and the Royal Australian College of General Practitioners states that there is a risk of postoperative haemorrhage, haematoma and infection. The Australasian College of Cosmetic Surgery did not

agree with this advice and believes that labiaplasties done on the labia minora can safely be undertaken in consulting rooms. However, consensus among the accredited colleges is that haemorrhage and infection are risks associated with labiaplasties and that the procedure meets the definition of surgery in the Regulations. Therefore, all labiaplasties should be performed in a registered facility to ensure patient safety.

Synthesis of consultation about other procedures

The department has consulted with the Australasian College of Dermatologists on procedures that may be affected by the change in legislation. In all of these cases, practitioners will be required to determine whether the procedures they are undertaking meet the criteria for the definition of surgery as defined in the Regulations.

Mohs

Mohs surgery is a precise surgical technique used to treat skin cancer. During Mohs surgery, thin layers of cancerous skin are progressively removed and examined under a microscope until the practitioner is certain that all cancerous tissue has been removed.

Many practitioners providing this surgery are able to do it on their own without the assistance of a nurse. Practitioners who provide more complex mohs procedures and require the clinical assistance of a nurse or whose patients require post-operative care by a nurse will need to undertake these procedures in a registered facility.

Complex excisions

Excisions for which the practitioner requires the clinical assistance of a nurse or whose patients require post-operative care by a nurse must undertake these procedures in a registered facility.

Complex surgical reconstructions

Reconstruction procedures for which the practitioner requires the clinical assistance of a nurse or whose patients require post-operative care by a nurse will need to undertake these procedures in a registered facility.

Complex patients

For cases in which the practitioner determines through the pre-admission clinical assessment that a patient has been identified as having complex comorbidities that will require the clinical assistance of a nurse or post-operative care by a nurse, will need to undertake these procedures in a registered facility.