

## **Elective Objectives- Plastic Surgery in Australia**

*1, What are the prevalent conditions treated with plastic surgery in Australia? How does this differ to other parts of the world?*

The prevalent conditions treated by plastic surgeons in the major public hospitals in Australia include those in the following fields: reconstructive hand surgery; repair after injury to the face, skin, soft tissues or limbs; facial reconstruction due to injury, cancer or birth defects; surgery of the skin, including skin cancer surgery; surgery for congenital deformity; burns surgery; and breast reconstructive surgery. These conditions are similar to other developed countries such as the UK and the USA. Comparisons to third-world countries show a greater emphasis on burns, and injuries caused by road traffic accidents and firearms injuries, which represent the major portion of the plastic surgery workload.

*2, How is plastic surgery organised and delivered in Australia? How does this differ to other parts of the world?*

In Australia plastic surgery is delivered in large regional hospitals and patients from smaller rural hospitals requiring treatment need to be transferred to larger centres to receive their surgery. The reason for this is both the lack of specialised staff, the need for support from multi-disciplinary teams post-operatively and the requirement of specialist equipment, which may not be available in smaller hospitals. There are around 300 plastic surgeons working in Australia, undertaking only 20 per cent of their work in public hospitals, the rest being performed in the private sector, such as in private hospitals or day centres. Of the work performed by plastic surgeons, the majority (around 80 per cent) is elective.

Plastic surgery in many third world countries is also only delivered in larger hospitals, however the surgery performed is mainly emergency in nature, such as for burns and trauma. Additionally many of the procedures are performed by medical officers, who lack specialist surgical training. A large proportion of the elective cases are performed by externally funded surgeons.

*3, How does plastic surgery impact on the patients quality of life?*

There are a wide variety of conditions treated by plastic surgeons and so there is a large variation in the impact on the quality of life (QOL) of patients undergoing plastic surgery. Reconstruction surgery to a damaged tendon, for example, can restore the function of the hand and fingers, vastly impacting on the patients functional capacity, whereas reconstruction to the face following the removal of a malignant lesion has a large psychological impact on the patient. Congenital conditions such as cleft palates, can be repaired relatively simply through plastic surgery and although not essential to life, again can have a massive psychological impact on the patients QOL. The repair of large open wounds, which would otherwise have healed very slowly, increasing the risk of infection, largely reduces the morbidity of the patient.



Breast reduction in some patients can offer the relief of long-standing daily pain, or the removal of excess skin following weight loss can make patients feel more comfortable, and can allow increased levels of physical activity, which in turn can positively affect both mental and physical health. Cosmetic procedures have been shown to have a significant impact on patients QOL, producing positive psychological benefits.

However, the long-term morbidity produced by some plastic surgery procedures such as in the failure of flaps or grafts to take, the long term use of methods to attempt to promote wound closure and prevent infection (such as through vac machines) can have a significant negative impact on the patients QOL. Unsatisfactory aesthetic results, including contour irregularities, asymmetry, excessive or unfavourable scarring, can have a significant negative psychological impact on patients. Additionally in a minority of cases, patients may be left with persistent pain, damage to vital tissues, or nerve damage. Plastics surgery is also still limited by technology and so patients receiving treatment for facial burns may be left with abnormal looking faces and the psychological impact of this.

#### *4, How will my experiences improve patient care?*

My time spent with the plastic surgery team in Australia has allowed me to develop a better understanding of the work that plastic surgeons perform and the type of conditions that they treat. I now have a greater understanding of the conditions that should be referred to a plastic surgery team and when they should be referred. I also have a better understanding of how to examine specific conditions in order to determine if referral to a plastics team is appropriate and if so what information should be included in the referral. I have a better understanding of post-operative care of conditions treated by the plastic surgery team, both initially on the ward and, in the longer term, in the community and through follow-up clinics. Through these experiences I feel I will be able to deliver more effective patient care.

#### *References*

- 1, Australian Society of Plastic Surgeons Inc. [www.plasticsurgery.org.au](http://www.plasticsurgery.org.au)
- 2, Papadopoulos NA, Kovacs L, Krammer S, Herschbach P, Henrich G, Biemer E. (2007) Quality of life following aesthetic plastic surgery: a prospective study. *J Plast Reconstr Aesthet Surg.* 60(8):915-21
- 3, Walker Ia, Apunyo D Obua b, Falan Mouton c, Steven Ttendo d & Iain H Wilson e. *Bulletin of the World Health Organization* (2010) Paediatric surgery and anaesthesia in south-western Uganda: a cross-sectional survey. 88:897-906
- 4, WHO Injury A Leading Cause of the Global Burden of Disease (2000) <http://whqlibdoc.who.int/publications/2002/9241562323.pdf>  
□WHO plan for burn care and prevention (2008)  
[http://whqlibdoc.who.int/publications/2008/9789241596299\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596299_eng.pdf)□

## APPENDIX 4

### Student's SSC 5c (Elective Report) and Completed Risk Assessment

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future.

Name: Caroline Cheese

Dates of elective: 18/04/11- 20/05/11

Elective address: Westmead Hospital (Sydney, Australia) and Prince of Wales Hospital (Sha Tin Hong Kong)

Elective contact / Supervisor: Sondra Edmonds (Sydney) and Prof Andrew Burd (Hong Kong)

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Subject: Plastic Surgery

Clinical experience: Excellent in both placements

Good points: Too many to write them all down! I had an amazing experience and wouldn't change any of it.

Shortcomings: Both hospitals are about 30 minutes travel by train from the city centres

Deviations from risk assessment: None

Accommodation: Hospital accommodation in Westmead was free but very basic. The hotel (Regal Riverside) in Hong Kong was expensive but very nice.

Travel arrangements: Fly with Qantas and book online for the cheapest flights.

Other experiences and information useful to future students:  
In Australia Woolworths is a cheap supermarket, shop there.  
Australia in April is cold- take some warm clothes!

**The elective assessment must be completed to provide evidence of satisfactorily completing your elective. You must also provide a completed risk assessment form (from appendix 2).**

**You will need to provide hard copies of Appendices 2, 3 and 4 to the Student Office within one week of the completion of your elective at the absolute latest.**

**Remember that you will not be able to pass year 5 without having provided the evidence that you have satisfactorily completed your elective.**