

**PLASTIC SURGERY DEPARTMENT**  
**PROCEDURES FOR REFERRAL TO PLASTIC SURGERY**  
**TRAUMA CLINICS, ROYAL VICTORIA INFIRMARY,**  
**NEWCASTLE UPON TYNE.**

Ascertain, by reference to the accompanying guidelines, that the case is suitable for referral to the next or subsequent Trauma Clinic, rather than requiring acute referral.

**Acute referrals**

May be made by contacting the 'First On Call' Plastic Surgeon at the Royal Victoria Infirmary (0191 233 6161).

**Non-Acute Referrals**

Up to 6.00 p.m. **non-acute** referrals may be made by contacting the "First On Call" Plastic Surgeon at the RVI.

After 6.00 p.m. do **not** call the 'First On Call' Plastic Surgeon for that purpose, but arrange referral to Trauma Clinics as follows.

**Children:**

**For attendance at Trauma Clinic any day of week (mornings):**

Telephone Ward 1 RVI, day or night, direct dial 0191 2825001, to obtain appointment time.

**Adults:**

**For attendance at trauma clinic on weekdays (not Bank Holidays):**

Ask the patient to attend the Hand Clinic in the Leazes Wing of the Royal Victoria Infirmary at 10.00am.

**For attendance on Saturdays, Sundays and Bank Holidays:**

Telephone Ward 41 Royal Victoria Infirmary, day or night, direct dial 0191 2825641, to obtain appointment time.

DO NOT SIMPLY TELL PATIENTS TO TURN UP WITHOUT APPOINTMENTS

**For All Patients:**

Please make sure that notes, or referral letter, and x-rays are delivered to the appropriate department in time for the appointment, by giving to patient if necessary.

Please instruct patients to take no food after 6.00 a.m. if it seems that general anaesthesia might be necessary. Clear fluids may be drunk up to 8.00 a.m.

# PLASTIC SURGERY REFERRALS AFTER 10 PM

## MUST BE REFERRED WITHOUT DELAY

Contact Plastic Surgery SHO on call

### Vascular injury

- Devascularisation or doubt about vascularity of digit, limb, nose, ear etc.
- Degloving injury of digit or limb
- All deep proximal forearm lacerations i.e. deep into proximal forearm muscle bellies
- Any laceration which requires bleeding to be controlled

### Infection

- Flexor tenosynovitis
- Necrotising fasciitis
- Cellulitis
- Ascending lymphangitis

**High pressure injection injury** of oil, paint water etc

### Fractures

- Any displaced fracture compromising skin, soft tissue or blood vessels
- heavily contaminated open fractures
- dislocations where reduction has been unsuccessful in A&E

### Other injuries

- Heavily contaminated open wounds
- Possible compartment syndrome - closed injury with gross swelling of upper limb

## MAY BE SEEN THE FOLLOWING MORNING

Refer To Plastic Surgery Trauma Clinic

### Fractures

- All closed, mildly displaced or angulated fractures of the hand (apply wool and crepe or volar slab and elevate)

### Laceration

- **Uncomplicated soft tissue lacerations** including tendon injuries (apply betadine and jelonet dressing and elevate)

### Closed injury

- Closed ligament or tendon rupture (apply wool and crepe or volar slab and elevate)

### Pre-tibial lacerations

- Reduce flap and apply non adherent dressing

If in doubt, discuss with A&E registrar