

Provincial Adult Plastic Surgery Referral Pathway

About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and co-designed with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via [Online Survey](#) or scan the QR code.

Review Clinical Pathway

(for guidance on referral process, if available)

A [clinical pathway](#) may be available to guide care options for your patient's condition:

Provincial

- [Carpal Tunnel Clinical Pathway](#)
- [Diabetes Foot Care Clinical Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

Request Urgent Advice

(when patient may need same day intervention and/or diagnostics without hospitalization; not life threatening)

Indications: Acute fractures including all fractures within 2 weeks of injury, acute tendon ruptures and torn ligaments within 2 weeks, dislocation within 2 weeks, metastatic bone tumors including impending pathologic fractures, acute pathologic fractures.

Call [RAAPID](#):

- RAAPID North: **1-800-282-9911**
- RAAPID South: **1-800-661-1700**

Request Non-Urgent Advice

(when uncertain whether to submit a referral)

If you have been directed to seek Advice or need to connect with a Specialist:

By telephone advice:

North & Edmonton Zones - (calls returned within 48 hours): Call **ConnectMD** at 1-844-633-2263 or go online to pcnconnectmd.com for more information.

Request Emergency Consultation

(when patient needs to be seen immediately)

Call [RAAPID](#) or send to **Emergency Department via 911** as appropriate.

Examples include, but are not limited to:

- High pressure injection injury
- Perilunate dislocation
- Any joint dislocation that is not reducible
- Dis-vascular digit
- Numbness distal to a laceration (lacerated nerve)

Request Non-Urgent Referral

(when patient requires non-urgent referral)

Submit a referral as per the process below:

1. Complete a referral letter stating the reason for referral. Tip: review the [QuRE Referral/Consult Checklist](#) for high-quality referral guidelines. A form is also available (coming soon).
2. Attach all mandatory information to the referral.
3. **Edmonton zone only, other zones coming soon:** Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the Program Contacts section.

If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

A referral requires confirmation your patient does not qualify for expedited surgery through Workers' Compensation Board (WCB). For help or questions, call WCB's Physician HELP line: 1-855-498-4919 or check "Contact with WCB Physician" on the WCB report when you submit it.

Provincial Adult Plastic Surgery Referral Pathway

Program Contacts

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
Urgent Advice or Emergency Consultation	RAAPID North Tel 1-800-282-9911 www.ahs.ca/RAAPID	RAAPID North Tel 1-800-282-9911 www.ahs.ca/RAAPID	RAAPID North Tel 1-800-282-9911 RAAPID South Tel 1-800-661-1700 www.ahs.ca/RAAPID	RAAPID South Tel 1-800-661-1700 www.ahs.ca/RAAPID	RAAPID South Tel 1-800-661-1700 www.ahs.ca/RAAPID
Non-Urgent Advice	ConnectMD Online request Tel 1-844-633-2263 pcnconnectmd.com	ConnectMD Online request Tel 1-844-633-2263 pcnconnectmd.com	Access Advice Coming Soon	Access Advice Coming Soon	Access Advice Coming Soon
Zone FAST* Team	North Zone FAST Team Coming Soon Tel 1-833-553-3278 ext. 1 Fax 1-833-627-7025	Edmonton Zone FAST Team Tel 1-833-553-3278 ext. 2 Fax: 780-644-1743	Central Zone FAST Team Coming Soon Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone FAST Team Coming Soon Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone FAST Team Coming Soon Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024

*FAST (Facilitated Access to Specialized Treatment) central access and intake program.

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<p><u>Other</u></p> <p>Consult for Plastic Surgery (Other) Consult for Cosmetic Referrals</p>			

ACUTE INJURY

If you identify any clinical pathway red flags, please follow urgent or emergent referral process.

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Fracture (< 4 weeks)</p> <ul style="list-style-type: none"> Includes: Non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up 	<p>< 4 weeks – URGENT REFERRAL:</p> <ul style="list-style-type: none"> North: Call Surgeon on Call through RAAPID (For Bonnyville and area, there is also the option to fax referrals to Dr. Ashokchand Baburam's office at 780-826-6531). Edmonton: <ul style="list-style-type: none"> For hand & wrist: Call Plastic Surgeon or Orthopedic Surgeon on Call through RAAPID. Central: Call Surgeon on Call through RAAPID. Calgary: Call Surgeon on Call through RAAPID. South: Call Surgeon on Call to arrange urgent consult. <p><i>Note: If the patient is already under the care of an Orthopedic or Plastic surgeon for this injury, please contact them.</i></p>		
<p>Fracture (> 4 weeks)</p> <ul style="list-style-type: none"> Includes: Mal-union, non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up 	<p>All Zones: > 4 weeks and patient is unattached to a surgeon, send referral to Zone FAST Team.</p> <p><i>Note: If the patient is already under the care of an Orthopedic or Plastic surgeon for this injury, please contact them.</i></p>	<p>For anything > 4 weeks:</p> <ul style="list-style-type: none"> X-ray of affected body part or joint. 	
<p>Suspected Tendon Rupture (< 4weeks)</p> <ul style="list-style-type: none"> Includes: Distal biceps tendon, triceps tendon, quadriceps tendon, achilles tendon, proximal hamstring, pectoralis major, patellar tendon ruptures 	<p>< 4 weeks – URGENT REFERRAL:</p> <ul style="list-style-type: none"> North: Call Surgeon on Call through RAAPID. Edmonton: <ul style="list-style-type: none"> For suspected tendon ruptures involving the hand & wrist: Call Plastic Surgeon or Orthopedic Surgeon on Call through RAAPID. For all other suspected tendon ruptures: Call Orthopedic Consult Line through RAAPID. Central: Call Surgeon on Call through RAAPID. Calgary: Call Surgeon on Call through RAAPID. South: Call Surgeon on Call to arrange urgent consult. <p><i>Note: If the patient is already under the care of an Orthopedic or Plastic surgeon for this injury, contact them.</i></p>		<ul style="list-style-type: none"> Additional imaging not required. Further tests will be obtained by the specialist if necessary.
<p>Suspected Tendon Rupture</p> <ul style="list-style-type: none"> Hand and wrist 	<p>All Zones: > 4 weeks send referral to Zone FAST Team. Edmonton zone only, other zones coming soon.</p>	<p>For anything > 4 weeks:</p> <ul style="list-style-type: none"> X-ray of affected body part or joint. 	

ACUTE INJURY

If you identify any clinical pathway red flags, please follow urgent or emergent referral process.

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Acute Ligament Pathologies HAND AND WRIST</p>	<p>< 4 weeks – URGENT REFERRAL:</p> <ul style="list-style-type: none"> • North: Call Surgeon on Call through RAAPID. • Edmonton: Call Plastic Surgeon or Orthopedic Surgeon on Call through RAAPID. • Central: Call Surgeon on Call to arrange urgent consult. • Calgary: Call Surgeon on Call through RAAPID. • South: Call Plastic Surgeon on call or South Health Campus Hand for Hand/Finger concerns and Ortho surgeon on call for Wrist concerns. 		<ul style="list-style-type: none"> • If available, x-ray of affected body part or joint.
<p>Dislocation HAND AND FINGERS</p>	<p>URGENT REFERRAL:</p> <ul style="list-style-type: none"> • North: Call Surgeon on Call through RAAPID. • Edmonton: <ul style="list-style-type: none"> ○ For hand & wrist: Call Plastic Surgeon or Orthopedic Surgeon on Call through RAAPID. ○ For all other dislocations: Call Orthopedic Consult Line through RAAPID. • Central: Call Surgeon on Call through RAAPID. • Calgary: Call Surgeon on Call through RAAPID. • South: Call Surgeon on Call to arrange urgent consult. 		<ul style="list-style-type: none"> • If available, x-ray of affected body part or joint.
<p>Pathologic Fracture</p>	<p>URGENT REFERRAL:</p> <ul style="list-style-type: none"> • North: Call Surgeon on Call through RAAPID. • Edmonton: <ul style="list-style-type: none"> ○ For hand & wrist: Call Plastic Surgeon or Orthopedic Surgeon on Call through RAAPID. ○ For all other impending pathologic fractures: Call Orthopedic Consult Line through RAAPID. • Central: Call Surgeon on Call through RAAPID. • Calgary: Call Surgeon on Call through RAAPID. • South: Call Surgeon on Call to arrange urgent consult. 		<ul style="list-style-type: none"> • If available, x-ray of affected body part or joint.

CRANIOFACIAL HEAD AND NECK

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Ear Deformity	<ul style="list-style-type: none"> For acute injuries < 4 weeks call RAAPID. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		
Nasal Deformity <ul style="list-style-type: none"> Includes: Reconstruction, Septoplasty and Rhinoplasty 			
Bony Orbital Deformity	<ul style="list-style-type: none"> For acute injuries < 4 weeks call RAAPID. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. For Soft tissue and Globe send to Ophthalmology, use Alberta Referral Directory to find out referral information. 		<ul style="list-style-type: none"> CT Facial Bones
Deformity After Injury	<ul style="list-style-type: none"> For acute injuries < 4 weeks call RAAPID. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Approximate Date of injury Specify location 	<ul style="list-style-type: none"> CT Facial Bones
Skull Deformity <ul style="list-style-type: none"> Includes: Cranioplasty 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		<ul style="list-style-type: none"> CT Head
Eyelid Deformity	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		
Excess Eyelid Skin			
Eyelid Ptosis			
Facial Asymmetry			
Facial Nerve Paralysis <ul style="list-style-type: none"> Palsy Greater Than 3 Months 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Include description of disease progression 	<ul style="list-style-type: none"> Imaging results if available
Craniofacial Osseointegration Consultation (Implant)	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		

SOFT TISSUE AND SKIN

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Excess Abdominal Skin</p> <ul style="list-style-type: none"> For Panniculectomy 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Documentation of meeting RCV clinical indications (coming soon) for consideration for publicly insured surgery. If patient does not meet RCV clinical indications, patient can contact cosmetic plastic surgeon of their choice directly. 	
<p>Body Contouring After Massive Weight Loss</p> <ul style="list-style-type: none"> Excluding Abdomen 	<ul style="list-style-type: none"> Contract preferred surgeon directly (no FAST referral is required) 		
<p>Diabetic Foot Ulcer</p> <ul style="list-style-type: none"> Wound 	<ul style="list-style-type: none"> Refer to CLINICAL PATHWAY: DIABETIC FOOT CARE Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Description of wound (location, size, mechanism) Duration of wound List of treatments tried 	<ul style="list-style-type: none"> Any relevant diagnostic imaging already completed. Lower Limb Vascular non-invasive studies (segmental blood pressure measure and or arterial ultrasound) if available.
<p>Pressure Ulcer</p> <ul style="list-style-type: none"> Decubitus Ulcer 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		
<p>Chronic Wound</p> <ul style="list-style-type: none"> Non-healing 	<p>For patients with exposed vital structure call RAAPID</p> <ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. <p><i>Note: If the patient is already under the care or previously under care of a surgeon for this, please contact them.</i></p>	<ul style="list-style-type: none"> Description of wound (location, size, mechanism) Duration of wound List of treatments tried 	
<p>Hidradenitis Suppurativa</p>	<ul style="list-style-type: none"> Suggest dermatology assessment (if available in the zone) prior to referral to plastic surgery. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		

Provincial Adult Plastic Surgery Referral Pathway

SOFT TISSUE AND SKIN

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Hyperhidrosis	<ul style="list-style-type: none"> Hyperhidrosis is not publicly insured Refer to plastic surgery or other providers who provide Botox injections for hyperhidrosis 		
Scar <ul style="list-style-type: none"> Includes any abnormal e.g., Hypertrophic, Keloid 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Include functional disability if present 	
Post Burn Deformity	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Mechanism and date of injury Body part injured Include functional disability if present 	
Lymphedema	<ul style="list-style-type: none"> Consider referral to local lymphedema clinic/practitioner prior to referring to FAST. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Include recurrent infections if present 	
Skin Cancer Biopsy Confirmed	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. For rapid growing or changing skin cancers or greater than 1 cm phone priority referral. 	<ul style="list-style-type: none"> Indicate Basal Cell, Squamous Cell, Melanoma or Other 	
Suspected Skin Cancer	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon 		
Suspected Benign Neoplasm of Skin Tumor	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Functional limitations, additional symptoms (if any) 	<ul style="list-style-type: none"> May not be covered through public coverage**
Suspected Benign Soft Tissue Mass	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Functional limitations, additional symptoms (if any) 	<ul style="list-style-type: none"> May not be covered through public coverage**
Suspected Soft Tissue Cancer	<ul style="list-style-type: none"> Call for advice prior to sending in a referral. Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Imaging results 	<ul style="list-style-type: none"> See also Provincial Adult General Surgery Referral Pathway

Provincial Adult Plastic Surgery Referral Pathway

BREAST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Asymmetrical Breasts	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		
Breast Implant Complications	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. Please send direct to original surgeon, whenever possible. Refer to Navigating Breast Implants, Cancer & Illness Clinical Practice Guideline. 		<ul style="list-style-type: none"> Reason for original surgery (e.g., Cancer reconstruction, or cosmetic only). Operative report and information of implants if available. Initial consultations are insured. Procedures may or may not be insured.
Congenital Breast Deformity	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		
Large Breasts <ul style="list-style-type: none"> Breast Reduction 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> For consideration of publicly insured coverage: <ul style="list-style-type: none"> Significant impacts to quality of life (back pain, shoulder pain, paresthesia to arms). >300grams of tissue to be removed per side. 	<ul style="list-style-type: none"> Provide BMI if available. List smoking status as available. Initial consultations are insured. Procedures may or may not be insured.
Gender Affirming Top Surgery	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Diagnosis of gender dysphoria by a specialist in transgender care. 	<ul style="list-style-type: none"> Funding for Transition Surgeries Alberta Health Services Or search for “Funding for Transition Surgeries” at www.AHS.ca
Gynecomastia	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 	<ul style="list-style-type: none"> Initial consultations are insured. Procedures may or may not be insured. 	<ul style="list-style-type: none"> List of medications Previous treatments (if any) Hormone levels as available Relevant bloodwork as available
Breast Reconstruction <ul style="list-style-type: none"> Post Mastectomy 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon. 		<ul style="list-style-type: none"> Include most recent oncology report.

HAND AND WRIST

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Arthritis of Hand</p> <ul style="list-style-type: none"> Including thumb and fingers 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. <p>**Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</p>	<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area. Specify previous treatments (such as injections). <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>	
<p>Arthritis of Wrist</p>		<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area. Specify previous treatments (such as injections). <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</p>	
<p>Hand pain</p>		<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area. Specify location of pain (thumb, metacarpal, phalangeal) and chronicity of pain. <p>If pain is related to another reason for referral, please order the appropriate investigations.</p>	<ul style="list-style-type: none"> Provide as much specificity as possible related to the pain in hand including duration of symptoms.
<p>Wrist pain</p>		<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area. Specify location of pain (radial, central or ulnar, dorsal, volar) and chronicity of pain. <p>If pain is related to another reason for referral, please order the appropriate investigations.</p>	<ul style="list-style-type: none"> Provide as much specificity as possible related to the pain in wrist including duration of symptoms.
<p>Ligament Pathologies of Wrist</p> <ul style="list-style-type: none"> Includes: Scapholunate, triangular fibrocartilage complex (TFCC) / distal radial ulnar joint (DRUJ) instability 		<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area. Consider For Scapholunate – Please also order bilateral x-ray clenched fist view. 	<ul style="list-style-type: none"> Please consider printing this article for your patient to bring with them to complete the bilateral clenched fist view x-ray: <i>“The ‘Clenched Pencil’”</i>.

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HAND AND WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Ligament Pathologies of Hand</p> <ul style="list-style-type: none"> Includes: Chronic rupture of ulnar collateral ligament of thumb, Chronic tear of ligament of finger or thumb 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area 	<p>View: A Modified Clenched Fist Scapholunate Stress View, JHS 2003.</p> <ul style="list-style-type: none"> Additional imaging not required. Further tests will be obtained by the specialist if necessary.
<p>Deformity – Hand & Wrist</p> <ul style="list-style-type: none"> Includes: Tendon related deformity (mallet finger, jersey finger, boutonniere’s) 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> X-ray of the affected area 	
<p>Carpal Tunnel Syndrome</p>	<ul style="list-style-type: none"> Refer to CLINICAL PATHWAY: CARPAL TUNNEL Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<ul style="list-style-type: none"> Include within the referral letter (Refer to clinical pathway for additional support): <ul style="list-style-type: none"> Description of symptom onset and duration. Specify if atrophy or weakness present, as this impacts triage. Functional status limitations. Treatments initiated and responses. 	<ul style="list-style-type: none"> Electrodiagnostic studies should be ordered concurrently if atrophy/weakness present (i.e. severe carpal tunnel syndrome).
<p>Median Nerve Entrapment</p> <ul style="list-style-type: none"> Other than carpal tunnel syndrome. Includes: Pronator Syndrome, Lacertus Syndrome 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> Electrodiagnostic study results required as results impact triage decisions. Please specify if wasting and weakness are present. 	
<p>Radial Nerve Entrapment</p> <ul style="list-style-type: none"> Includes: Radial Tunnel, PIN Compression, Wartenberg’s Syndrome 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> Electrodiagnostic study results required as results impact triage decisions. Please specify if wasting and weakness are present. 	

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HAND AND WRIST

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Ulnar Nerve Entrapment</p> <ul style="list-style-type: none"> Includes: Cubital Tunnel, Guyon’s Syndrome 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> Electrodiagnostic study results required as results impact triage decisions. Please specify if wasting and weakness are present. If loss of motion at the elbow, please provide x-ray of the affected elbow completed within 12 months. 	
<p>Tendon Pathology - Hand & Wrist</p> <ul style="list-style-type: none"> Includes: Instability, tendonitis, tear, DeQuervain’s Tenosynovitis 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<p>< 12 months of referral:</p> <ul style="list-style-type: none"> If suspecting tear or instability of tendon: Ultrasound. If the patient has had steroid injections, please specify how many. 	
<p>Mass– Hand & Wrist</p> <ul style="list-style-type: none"> Tumor or lump Includes: Ganglion cyst of tendon sheath, neuroma of hand, Schwannoma of nerve of upper limb, Ganglion of wrist 	<ul style="list-style-type: none"> Send referral to Zone FAST Team. Calgary, Edmonton and North zones only, other zones coming soon. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones** 	<ul style="list-style-type: none"> Masses – Ultrasound Ganglion: Ultrasound not required Tenosynovitis - Ultrasound 	<ul style="list-style-type: none"> Dorsal Wrist Ganglion: Please consider up to 3 aspirations prior to referral.
<p>Dupuytren’s Contracture</p> <ul style="list-style-type: none"> Fixed progressive flexion contracture of palmar fascia 	<ul style="list-style-type: none"> North: Send referral to Zone FAST Team. Edmonton: Send referral to Zone FAST Team. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone. Calgary: Send referral to Zone FAST Team. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone. Central: Send referral to Zone FAST Team (coming soon). If related to an acute rupture of deformity, contact Plastic Surgeon on call. South: Send referral to Zone FAST Team (coming soon). 	<ul style="list-style-type: none"> Please specify degree of contracture <ul style="list-style-type: none"> Tabletop Test Result. Operative intervention is primarily offered to patients who are unable to place their hand flat on the table or those with significant tenderness. <p><i>Diagnostic ultrasound is not necessary.</i></p>	

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HAND AND WRIST

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Trigger Finger</p> <ul style="list-style-type: none"> Intermittent triggering/locking/clicking with digital flexion/ extension. 	<ul style="list-style-type: none"> North: Send referral to Zone FAST Team. Edmonton: Send referral to Zone FAST Team. **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone. Calgary: Send referral to Zone FAST Team **Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Calgary Zone. Central: Send referral Zone FAST Team (coming soon). South: Send referral to Zone FAST Team (coming soon). <p>***For a digit that cannot be manually unlocked send through FAST and it will be prioritized.</p>	<ul style="list-style-type: none"> Include within the referral letter: <ul style="list-style-type: none"> If the patient has previous intermittent locking/triggering and is unable to extend the finger at all even with passive extension. Please comment on how many cortisone injections the patient has tried. ***For a locked finger specify that it is unable to be manually unlocked. <p><i>Diagnostic ultrasound is not necessary.</i></p>	<ul style="list-style-type: none"> Please consider up to 2 cortisone injections approximately 8 weeks apart prior to referral.

OTHER

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<p>Consult for Plastic Surgery (Other)</p>	<p>Send referral to Zone FAST Team. Edmonton zone only, other zones coming soon.</p>		
<p>Consult for Cosmetic Referrals</p>	<p>Contact preferred surgeon directly (no FAST referral is required).</p>		