

# 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.



## 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.

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

## 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:

- Avascular Digit
- High pressure injection injury
- Perilunate dislocation
- Any joint dislocation that is not reducible
- Numbness distal to a laceration (lacerated major nerve)
- Compartment syndrome
- Severe infection (e.g., suspected deep space hand infection, flexor tenosynovitis, necrotizing infection)

## 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](#)
- [Hand and Wrist Soft Tissue Mass Clinical Pathway](#)
- [Trigger Finger Clinical Pathway](#)
- [Dupuytren's Disease Clinical Pathway](#)
- [Diabetes Foot Care Clinical Pathway](#)

## Request Non-Urgent Advice

(when uncertain whether to submit a referral)

Access non-urgent specialist advice on-line for wrist concerns (advice provided by orthopedic surgeons)

All zones use **Alberta Netcare eReferral** and submit **eConsult** request.

For more information, visit:

[albertanetcare.ca/learningcentre/eReferral.htm](http://albertanetcare.ca/learningcentre/eReferral.htm)

## 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 [referral form](#) is also available.
2. Attach all mandatory information to the referral.
3. 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

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
<b>Urgent Advice or Emergency Consultation</b>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911  RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>
<b>Zone FAST* Team</b>	North Zone FAST Team  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  Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone FAST Team  Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone  Refer to <a href="#">Alberta Referral Directory</a> for plastic surgery clinic and specialist contact numbers

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

# Provincial Adult Plastic Surgery Referral Pathway

<b><u>Craniofacial Head and Neck</u></b> Ear Deformity Nasal Deformity Bony Orbital Deformity Deformity After Injury Skull Deformity Eyelid Deformity Excess Eyelid Skin Eyelid Ptosis Facial Asymmetry Facial Nerve Paralysis (Palsy_Greater Than 3 Months) Craniofacial Osseointegration Consultation (Implant)	<b><u>Soft Tissue and Skin</u></b> Excess Abdominal Skin Body Contouring After Massive Weight Loss Diabetic Foot Ulcer ( <u>Foot Care Pathway</u> ) Pressure Ulcer Chronic Wound (non-healing) Hidradenitis Suppurativa Hyperhidrosis Scar Keloid Scar Post Burn Deformity Lymphedema Skin Cancer (Biopsy Confirmed) Suspected Skin Cancer Suspected Benign Neoplasm of Skin (tumor) Suspected Benign Soft Tissue Mass Suspected Soft Tissue Cancer	<b><u>Breast</u></b> Asymmetrical Breast Breast Implant Complications Congenital Breast Deformity Large Breasts (Breast Reduction) Gender Affirming Top Surgery Gynecomastia Breast Reconstruction (Post Mastectomy)  <b><u>Acute Injury</u></b> Burn Infection Fracture (<4 weeks) Fracture (>4 weeks) Suspected Tendon Rupture (< 4 weeks) Suspected Tendon Rupture (> 4 weeks) Acute Ligament Pathologies (hand and wrist) Dislocation (hand, fingers, and wrist) Nerve Injury Pathologic Fracture Wounds Vascular injury of the upper extremity	<b><u>Hand And Wrist</u></b> Arthritis of Hand (Including thumb and fingers) Arthritis of Wrist Hand-Pain Wrist-Pain Ligament Pathologies of Wrist Ligament Pathologies of Hand Deformity -Hand or Wrist Carpal Tunnel Syndrome ( <u>Clinical Pathway</u> ) Median Nerve Entrapment Other than carpal tunnel syndrome. Radial Nerve Entrapment Ulnar Nerve Entrapment Tendon Pathology - Hand or Wrist Cyst of Hand or Wrist Mass of Hand or Wrist – suspected benign Mass of Hand or Wrist – suspected malignant Dupuytren’s Contracture Trigger Finger Rheumatoid Hand
<b><u>Other</u></b> Consult for Plastic Surgery (Other) Consult for Cosmetic Referrals			

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)
Burn	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>North: <b>Call Surgeon on Call through RAAPID.</b></li><li>Edmonton: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>South: <b>Call Plastic Surgeon on call.</b></li></ul>		
Infection	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>North: <b>Call Surgeon on Call through RAAPID.</b></li><li>Edmonton: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>South: <b>Call Plastic Surgeon on call.</b></li></ul>		
<b>Fracture (&lt; 4 weeks)</b> <ul style="list-style-type: none"><li>Includes: Non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up</li></ul>	<b>&lt; 4 weeks – URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>North: Call Surgeon on Call through <b>RAAPID</b>.</li><li><b>(For Bonnyville and area, there is also the option to fax referrals to Dr. Ashokchand Baburam's office at 780-826-6531).</b></li><li>Edmonton:<ul style="list-style-type: none"><li>For hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</b></li></ul></li><li>Central: <b>Call Surgeon on Call through RAAPID.</b></li><li>Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>South: <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul> <p><i>Note:</i> If the patient is already under the care of an Orthopedic or Plastic surgeon for this injury, please contact them.</p>		

ACUTE INJURY			
If you identify any clinical pathway red flags, please follow urgent or emergent referral process.			
<p><b>Fracture (&gt; 4 weeks)</b></p> <ul style="list-style-type: none"><li>Includes: Mal-union, non-union, fractures treated (surgically or non-surgically) outside of patient's Zone but requiring treatment or follow up</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton and North Zones:</b> &gt; 4 weeks and patient is unattached to a surgeon, send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery.</li></ul> <p><i>Note:</i> If <i>the</i> patient is already under the care of an Orthopedic or Plastic surgeon for this injury, please contact them.</p>	<p><b>For anything &gt; 4 weeks:</b></p> <ul style="list-style-type: none"><li>X-ray of affected body part or joint.</li></ul>	
<p><b>Suspected Tendon Rupture (&lt; 4 weeks)</b></p> <ul style="list-style-type: none"><li>Hand and wrist</li><li>Includes laceration</li></ul>	<p><b>&lt; 4 weeks – URGENT REFERRAL:</b></p> <ul style="list-style-type: none"><li>North: <b>Call Surgeon on Call through RAAPID.</b></li><li>Edmonton: For suspected tendon ruptures involving the hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on call at the Sturgeon Hospital through RAAPID.</b></li><li>Central: <b>Call Surgeon on Call through RAAPID.</b></li><li>Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>South: <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul> <p><i>Note:</i> If <i>the</i> patient is already under the care of an Orthopedic or Plastic surgeon for this injury, contact them.</p>		<ul style="list-style-type: none"><li>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</li></ul>
<p><b>Suspected Tendon Rupture (&gt; 4 weeks)</b></p> <ul style="list-style-type: none"><li>Hand and wrist</li><li>Includes laceration</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> &gt; 4 weeks send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery.</li></ul>	<p><b>For anything &gt; 4 weeks:</b></p> <ul style="list-style-type: none"><li>X-ray of affected body part or joint.</li></ul>	
<p><b>Acute Ligament Pathologies (&lt; 4 weeks)</b></p> <p><b>HAND AND WRIST</b></p>	<p><b>&lt; 4 weeks – URGENT REFERRAL:</b></p> <ul style="list-style-type: none"><li>North: <b>Call Surgeon on Call through RAAPID.</b></li><li>Edmonton: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on call at the Sturgeon Hospital through RAAPID.</b></li><li>Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>South: <b>Call Plastic Surgeon on call or South Health Campus. Hand for Hand/Finger concerns and Ortho surgeon on call for Wrist concerns.</b></li></ul>		<ul style="list-style-type: none"><li>If available, x-ray of affected body part or joint.</li></ul>

ACUTE INJURY			
If you identify any clinical pathway red flags, please follow urgent or emergent referral process.			
Dislocation HAND, FINGERS, AND WRIST	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• North: <b>Call Surgeon on Call through RAAPID.</b></li><li>• Edmonton:<ul style="list-style-type: none"><li>○ For hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</b></li><li>○ For all other dislocations: <b>Call Orthopedic Consult Line through RAAPID.</b></li></ul></li><li>• Central: <b>Call Surgeon on Call through RAAPID.</b></li><li>• Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>• South: <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul>		<ul style="list-style-type: none"><li>• If available, x-ray of affected body part or joint.</li></ul>
Nerve Injury	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• North: <b>Call Surgeon on Call through RAAPID.</b></li><li>• Edmonton: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>• Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>• Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>• South: <b>Call Plastic Surgeon on call.</b></li></ul>		
Pathologic Fracture	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• North: <b>Call Surgeon on Call through RAAPID.</b></li><li>• Edmonton:<ul style="list-style-type: none"><li>○ For hand &amp; wrist: <b>Call Plastic Surgeon on call through RAAPID or Orthopedic Surgeon on Call at the Sturgeon Hospital through RAAPID.</b></li><li>○ For all other impending pathologic fractures: <b>Call Orthopedic Consult Line through RAAPID.</b></li></ul></li><li>• Central: <b>Call Surgeon on Call through RAAPID.</b></li><li>• Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>• South: <b>Call Surgeon on Call to arrange urgent consult.</b></li></ul>		<ul style="list-style-type: none"><li>• If available, x-ray of affected body part or joint.</li></ul>

ACUTE INJURY			
If you identify any clinical pathway red flags, please follow urgent or emergent referral process.			
Wounds	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• North: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>• Edmonton: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>• Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>• Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>• South: <b>Call Plastic Surgeon on call.</b></li></ul>		
Vascular Injury of the Upper Extremity	<b>URGENT REFERRAL:</b> <ul style="list-style-type: none"><li>• North: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>• Edmonton: <b>Call Plastic Surgeon on Call through RAAPID.</b></li><li>• Central: <b>Call Surgeon on Call to arrange urgent consult.</b></li><li>• Calgary: <b>Call Surgeon on Call through RAAPID.</b></li><li>• South: <b>Call Plastic Surgeon on call.</b></li></ul>		

CRANIOFACIAL HEAD AND NECK			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Ear Deformity</b>	<ul style="list-style-type: none"><li>For acute injuries &lt; 4 weeks call <b>RAAPID</b>.</li><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>		
<b>Nasal Deformity</b> <ul style="list-style-type: none"><li>Includes: Reconstruction, Septoplasty and Rhinoplasty</li></ul>			
<b>Bony Orbital Deformity</b>	<ul style="list-style-type: none"><li>For acute injuries &lt; 4 weeks call <b>RAAPID</b>.</li><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li><li>For Soft tissue and Globe send to Ophthalmology, use <a href="#">Alberta Referral Directory</a> to find out referral information.</li></ul>		<ul style="list-style-type: none"><li>CT Facial Bones</li></ul>
<b>Deformity After Injury</b>	<ul style="list-style-type: none"><li>For acute injuries &lt; 4 weeks call <b>RAAPID</b>.</li><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Approximate Date of injury</li><li>Specify location</li></ul>	<ul style="list-style-type: none"><li>CT Facial Bones</li></ul>
<b>Skull Deformity</b> <ul style="list-style-type: none"><li>Includes: Cranioplasty</li></ul>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>		<ul style="list-style-type: none"><li>CT Head</li></ul>
<b>Eyelid Deformity</b>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>		
<b>Excess Eyelid Skin</b>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>		



CRANIOFACIAL HEAD AND NECK			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Eyelid Ptosis	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		
Facial Asymmetry	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		
Facial Nerve Paralysis <ul style="list-style-type: none"><li>Palsy Greater Than 3 Months</li></ul>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Include description of disease progression</li></ul>	<ul style="list-style-type: none"><li>Imaging results if available.</li></ul>
Craniofacial Osseointegration Consultation (Implant)	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		

SOFT TISSUE AND SKIN			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Excess Abdominal Skin</b> <ul style="list-style-type: none"><li>For Panniculectomy</li></ul>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Documentation of meeting <a href="#">Panniculectomy Clinical Indications</a> for <b>consideration</b> for publicly insured surgery.</li><li>If patient does not meet panniculectomy clinical indications, patient can contact cosmetic plastic surgeon of their choice directly.</li></ul>	
<b>Body Contouring After Massive Weight Loss</b> <ul style="list-style-type: none"><li>Excluding Abdomen</li></ul>	<ul style="list-style-type: none"><li>Contact preferred surgeon directly (no FAST referral is required).</li></ul>		
<b>Diabetic Foot Ulcer</b> <ul style="list-style-type: none"><li>Wound</li></ul>	<ul style="list-style-type: none"><li>Refer to <a href="#">CLINICAL PATHWAY: DIABETIC FOOT CARE</a></li><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Description of wound (location, size, mechanism)</li><li>Duration of wound</li><li>List of treatments tried</li></ul>	<ul style="list-style-type: none"><li>Any relevant diagnostic imaging already completed.</li><li>Lower Limb Vascular non-invasive studies (segmental blood pressure measure and or arterial ultrasound) if available.</li></ul>
<b>Pressure Ulcer</b> <ul style="list-style-type: none"><li>Decubitus Ulcer</li></ul>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Description of wound (location, size, mechanism)</li><li>Duration of wound</li><li>List of treatments tried</li></ul>	
<b>Chronic Wound</b> <ul style="list-style-type: none"><li>Non-healing</li></ul>	<p><i>For patients with exposed vital structure call <a href="#">RAAPID</a></i></p> <ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li><li><b>Note:</b> If the patient is already under the care or previously under care of a surgeon for this, please contact them.</li></ul>	<ul style="list-style-type: none"><li>Description of wound (location, size, mechanism)</li><li>Duration of wound</li><li>List of treatments tried</li></ul>	

SOFT TISSUE AND SKIN			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Hidradenitis Suppurativa</b>	<ul style="list-style-type: none"><li>Suggest dermatology assessment (if available in the zone) prior to referral to plastic surgery.</li><li><b>Calgary and Central Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>		
<b>Hyperhidrosis</b>	<ul style="list-style-type: none"><li>Hyperhidrosis is not publicly insured.</li><li>Refer to plastic surgery or other providers who provide Botox injections for hyperhidrosis.</li></ul>		
<b>Scar</b> <ul style="list-style-type: none"><li>Includes any abnormal, i.e. Hypertrophic</li></ul>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Include functional disability if present</li></ul>	
<b>Keloid Scar</b>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Include functional disability if present</li></ul>	
<b>Post Burn Deformity</b>	<ul style="list-style-type: none"><li><b>Calgary and Central Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Mechanism and date of injury</li><li>Body part injured.</li><li>Include functional disability if present</li></ul>	
<b>Lymphedema</b>	<ul style="list-style-type: none"><li>Consider referral to local <a href="#">lymphedema clinic/practitioner</a> prior to referring to plastic surgery.</li><li><b>Calgary and Central Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>South, Edmonton, and North Zones:</b> Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Include recurrent infections if present</li></ul>	

SOFT TISSUE AND SKIN			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Skin Cancer Biopsy Confirmed</b>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li><li>For rapid growing or changing skin cancers or greater than 1 cm phone priority referral</li></ul>	<ul style="list-style-type: none"><li>Indicate Basal Cell, Squamous Cell, Melanoma or Other</li></ul>	
<b>Suspected Skin Cancer</b>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		
<b>Suspected Benign Neoplasm of Skin Tumor</b>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Functional limitations, additional symptoms (if any)</li><li></li></ul>	May not be covered through public coverage**
<b>Suspected Benign Soft Tissue Mass</b>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Functional limitations, additional symptoms (if any)</li></ul>	<ul style="list-style-type: none"><li>May not be covered through public coverage**</li></ul>
<b>Suspected Soft Tissue Cancer</b>	<ul style="list-style-type: none"><li>Note: If the referral is emergent or urgent call <u>RAAPID</u></li><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Imaging results</li></ul>	<ul style="list-style-type: none"><li>See also <a href="#">Provincial Adult General Surgery Referral Pathway</a></li></ul>

# 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"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zone: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Initial consultations are insured. Procedures may or may not be insured.</li></ul>	
Breast Implant Complications	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li><li>Please send direct to original surgeon, whenever possible.</li><li>Refer to <a href="#">Navigating Breast Implants, Cancer &amp; Illness Clinical Practice Guideline</a>.</li></ul>	<ul style="list-style-type: none"><li>Initial consultations are insured. Procedures may or may not be insured.</li></ul>	<ul style="list-style-type: none"><li>Reason for original surgery (e.g., Cancer reconstruction, or cosmetic only)</li><li>Operative report and information of implants if available.</li></ul>
Congenital Breast Deformity	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Initial consultations are insured. Procedures may or may not be insured.</li></ul>	
Large Breasts <ul style="list-style-type: none"><li>Breast Reduction</li></ul>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>For consideration of publicly insured coverage:<ul style="list-style-type: none"><li>Significant impacts to quality of life (back pain, shoulder pain, paresthesia to arms)</li><li>&gt;300grams of tissue to be removed per side.</li></ul></li><li>Initial consultations are insured. Procedures may or may not be insured.</li></ul>	<ul style="list-style-type: none"><li>Provide BMI if available.</li><li>List smoking status if available.</li></ul>
Gender Affirming Top Surgery Includes: <ul style="list-style-type: none"><li>Gender confirmation bilateral mastectomy and mastoplasty (masculinization)</li><li>Gender confirmation breast construction and augmentation</li></ul>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Diagnosis of gender dysphoria by a specialist in transgender care</li></ul>	<ul style="list-style-type: none"><li><a href="#">Funding for Transition Surgeries   Alberta Health Services</a></li><li>Or search for “Funding for Transition Surgeries” at <a href="http://www.AHS.ca">www.AHS.ca</a></li></ul>

# Provincial Adult Plastic Surgery Referral Pathway



BREAST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Gynecomastia	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <a href="#">Zone FAST Team</a>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>	<ul style="list-style-type: none"><li>Initial consultations are insured. Procedures may or may not be insured.</li></ul>	<ul style="list-style-type: none"><li>List of medications</li><li>Previous treatments (if any)</li><li>Hormone levels as available</li><li>Relevant bloodwork as available</li></ul>
Breast Reconstruction <ul style="list-style-type: none"><li>Post Mastectomy</li></ul>	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <a href="#">Zone FAST Team</a>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		<ul style="list-style-type: none"><li>Include most recent oncology report.</li></ul>

HAND AND WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Arthritis of Hand</b> <ul style="list-style-type: none"><li>Including thumb and fingers</li><li>i.e. osteoarthritis</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<b>within 12 months of referral:</b> <ul style="list-style-type: none"><li>X-ray of the affected area</li><li>Specify previous treatments (such as injections)</li></ul> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary</p>	
<b>Arthritis of Wrist</b>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Send referral to <b>Zone FAST Team</b> for orthopedic surgery.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<b>Within 12 months of referral:</b> <ul style="list-style-type: none"><li>X-ray of the affected area</li><li>Specify previous treatments (such as injections)</li></ul> <p>Additional imaging not required. Further tests will be obtained by the specialist if necessary</p>	
<b>Hand pain</b>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<b>Within 12 months of referral:</b> <ul style="list-style-type: none"><li>X-ray of the affected area</li><li>Specify location of pain (thumb, metacarpal, phalangeal) and chronicity of pain</li></ul> <p><i>If pain is related to another reason for referral, please order the appropriate investigations</i></p>	<ul style="list-style-type: none"><li>Provide as much specificity as possible related to the pain in hand including duration of symptoms</li></ul>

HAND AND WRIST			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Wrist pain	<ul style="list-style-type: none"><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South Zone: Send referral to <b>Zone FAST Team</b> for orthopedic surgery.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<p><b>Within 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area</li><li>Specify location of pain (radial, central or ulnar, dorsal, volar) and chronicity of pain</li></ul> <p>If pain is related to another reason for referral, please order the appropriate investigations</p>	<ul style="list-style-type: none"><li>Provide as much specificity as possible related to the pain in wrist including duration of symptoms</li></ul>
Ligament Pathologies of Wrist <ul style="list-style-type: none"><li>Includes: Scapholunate, triangular fibrocartilage complex (TFCC) / distal radial ulnar joint (DRUJ) instability</li></ul>	<ul style="list-style-type: none"><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South Zone: Send referral to <b>Zone FAST Team</b> for orthopedic surgery.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<p><b>Within 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area</li><li>Consider For Scapholunate – Please also order bilateral x-ray clenched fist view.</li></ul>	<ul style="list-style-type: none"><li>Please consider printing this article for your patient to bring with them to complete the bilateral clenched fist view x-ray: “The “Clenched Pencil” View: A Modified Clenched Fist Scapholunate Stress View, JHS 2003.</li><li>Additional imaging not required. Further tests will be obtained by the specialist if necessary.</li></ul>
Ligament Pathologies of Hand <ul style="list-style-type: none"><li>Includes: Chronic rupture of ulnar collateral ligament of thumb, Chronic tear of ligament of finger or thumb</li></ul>	<ul style="list-style-type: none"><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South Zone: Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area</li></ul>	
Deformity – Hand or Wrist <ul style="list-style-type: none"><li>Includes: Tendon related deformity (mallet finger, jersey finger, boutonniere’s</li></ul>	<ul style="list-style-type: none"><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South Zone: For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<p><b>&lt; 12 months of referral:</b></p> <ul style="list-style-type: none"><li>X-ray of the affected area</li></ul>	



HAND AND WRIST			
<b>Carpal Tunnel Syndrome</b>	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Carpal Tunnel</a></li><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<ul style="list-style-type: none"><li>Include within the referral letter (Refer to clinical pathway for additional support):<ul style="list-style-type: none"><li>Description of symptom onset and duration</li><li>Specify if atrophy or weakness present, as this impacts triage.</li><li>Functional status limitations</li><li>Treatments initiated and responses.</li></ul></li></ul>	<ul style="list-style-type: none"><li>Electrodiagnostic studies should be ordered concurrently if atrophy/weakness present (i.e. severe carpal tunnel syndrome)</li></ul>
<b>Median Nerve Entrapment</b> <ul style="list-style-type: none"><li>Other than carpal tunnel syndrome.</li><li>Includes: Pronator Syndrome, Lacertus Syndrome</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present</li></ul>	
<b>Radial Nerve Entrapment</b> <ul style="list-style-type: none"><li>Includes: Radial Tunnel, PIN Compression, Wartenberg's Syndrome</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present.</li></ul>	
<b>Ulnar Nerve Entrapment</b> <ul style="list-style-type: none"><li>Includes: Cubital Tunnel, Guyon's Syndrome</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present.</li><li>If loss of motion at the elbow, please provide x-ray of the affected elbow completed within 12 months</li></ul>	

HAND AND WRIST			
<b>Tendon Pathology - Hand or Wrist</b> <ul style="list-style-type: none"><li>Includes: Instability, tendonitis, tear, tenosynovitis, DeQuervain’s Tenosynovitis</li></ul>	<ul style="list-style-type: none"><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<b>&lt; 12 months of referral:</b> <ul style="list-style-type: none"><li>If suspecting tear or instability of tendon: Ultrasound</li><li>If the patient has had steroid injections, please specify how many.</li></ul>	
<b>Cyst of Hand or Wrist</b> <ul style="list-style-type: none"><li>Includes simple cystic mass (i.e. ganglion cyst)</li></ul>	<ul style="list-style-type: none"><li>Refer to <b>Clinical Pathway: Hand and Wrist Soft Tissue Mass</b></li><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<ul style="list-style-type: none"><li>Trial of 3 aspirations (<b>OR</b> reason why unable/inappropriate to aspirate)</li><li>X-ray of affected joint</li></ul>	<ul style="list-style-type: none"><li>For cystic masses, order ultrasound when uncertain whether cystic or solid mass</li></ul>
<b>Mass of Hand or Wrist -suspected benign</b> (solid mass with significant symptoms)	<ul style="list-style-type: none"><li>Refer to <b>Clinical Pathway: Hand and Wrist Soft Tissue Mass</b></li><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> For hand, refer direct to plastic surgery as per current zonal practice. For wrist, refer to <b>Zone FAST Team</b> for orthopedic surgery</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton and Calgary Zones**</li></ul>	<ul style="list-style-type: none"><li>Imaging results demonstrating solid mass</li><li>MRI ordered</li></ul>	<ul style="list-style-type: none"><li>Significant symptoms include: severe pain, functional impairment impacting activities of daily living, spontaneous discharge of fluid, significant nail deformity, and numbness/tingling</li></ul>

HAND AND WRIST			
<b>Mass of Hand or Wrist – suspected malignant</b>	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Hand and Wrist Soft Tissue Mass</a></li><li><b>Calgary Zone Oncology:</b> send referrals to <b>Orthopedic Oncology in Calgary</b> (see <a href="#">Alberta Referral Directory</a> for clinic details)</li><li><b>Edmonton Zone Oncology:</b> Send referral to <b>Zone FAST Team</b>.</li></ul>	<ul style="list-style-type: none"><li>Urgent MRI results</li></ul>	
<b>Dupuytren’s Contracture</b> <ul style="list-style-type: none"><li>Fixed progressive flexion contracture of palmar fascia</li></ul>	<ul style="list-style-type: none"><li>Refer to: <a href="#">Clinical Pathway: Dupuytren’s Disease</a></li><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone.</li></ul>	<ul style="list-style-type: none"><li>Please specify degree of contracture<ul style="list-style-type: none"><li>Tabletop Test Result: Operative intervention is primarily offered to patients who are unable to place their hand flat on the table, or to those with significant tenderness.</li><li>Presence of tender nodules, if present.</li><li>Presence of work/life limitations, if present.</li></ul></li></ul> <p><i>Diagnostic ultrasound is not necessary.</i></p>	
<b>Trigger Finger</b> <ul style="list-style-type: none"><li>Intermittent triggering/locking/clicking with digital flexion/ extension.</li></ul>	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Trigger Finger</a></li><li><b>Calgary, Central, Edmonton, and North Zones:</b> Send referral to <b>Zone FAST Team</b>.</li><li><b>South Zone:</b> Refer direct to plastic surgery as per current zonal practice.</li><li>Please note a collaborative program exists between Orthopedic and Plastic Surgery in the Edmonton Zone</li><li>***For a digit that cannot be manually unlocked send through FAST and it will be prioritized.</li></ul>	<ul style="list-style-type: none"><li>Include within the referral letter:<ul style="list-style-type: none"><li>If the patient has previous intermittent locking/triggering and is unable to extend the finger at all even with passive extension.</li><li>Please comment on how many cortisone injections the patient has tried.</li><li>***For a locked finger specify that it is unable to be manually unlocked.</li></ul></li></ul> <p><i>Diagnostic ultrasound is not necessary.</i></p>	<ul style="list-style-type: none"><li>Prior to referral, please consider up to 3 cortisone injections approximately 3 months apart, with a lifetime maximum of 3 injections.</li></ul>

HAND AND WRIST			
Rheumatoid Hand	<ul style="list-style-type: none"><li>Refer to Rheumatology in order to medically optimize prior to surgical referral. Use <a href="#">Alberta Referral Directory</a> to find out referral information.</li><li>For surgical referral:<ul style="list-style-type: none"><li>Calgary, Central, Edmonton, and North Zones: Send referral to <b>Zone FAST Team</b>.</li><li>South Zone: Refer direct to plastic surgery as per current zonal practice.</li></ul></li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>X-Ray of affected area</li></ul>	

# Provincial Adult Plastic Surgery Referral Pathway

OTHER			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Consult for Plastic Surgery (Other)	<ul style="list-style-type: none"><li>Calgary and Central Zones: Send referral to <u>Zone FAST Team</u>.</li><li>South, Edmonton, and North Zones: Refer as per your current zonal referral practice.</li></ul>		
Consult for Cosmetic Referrals	<ul style="list-style-type: none"><li>Contact preferred surgeon directly (no FAST referral is required).</li></ul>		