From: Dr Roger Woods
Sent: Thursday, 26 March 2015 9:56 PM
To: medboardconsultation
Subject: Consultation – Cosmetic medical and surgical procedures provided by medical practitioners

Dear Medical Board

I write in response to the public consultation on guidelines for cosmetic procedures.
As a Plastic and Reconstructive Surgeon, this is an area which I manage every day.

1. Your definition of Cosmetic surgery is quite vague and I have great concerns about this:

"Cosmetic medical and surgical procedures are surgical operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem.[2]

Major cosmetic medical and surgical procedures ('cosmetic surgery') involve cutting beneath the skin such as; breast augmentation, breast reduction, rhinoplasty, surgical face lifts and liposuction.[3]"

Many of the listed procedures are performed for medical needs but have an intrinsic cosmetic element.
For example, breast reduction is almost always performed to relieve heaviness of breasts contributing to upper back and neck pain, or skin irritation and rashes underneath the breasts - hence a medical need with consistent Medicare Item number, coverage in most Private Health Insurance policies and commonly performed in the public health system.
Another example is rhinoplasty, often performed following trauma or to relieve obstruction - both for medical needs, and again with consistent Medicare Item number, coverage in most Private Health Insurance policies and commonly performed in the public health system.
A final example, not listed in your description is Otoplasty (or Prominent Ear correction) -a 'cosmetic' procedure that has evidence-based confirmation of relief of anxiety and teasing in children -again, a medical need and with consistent Medicare Item number, coverage in most Private Health Insurance policies and commonly performed in the public health system.
I agree that breast augmentation is usually performed bilaterally for pure appearance reasons, but even this procedure is performed unilaterally for significant breast asymmetry causing distress, often in girls under the age of 18.

2. The concerns for surgery in minors (age <18 years) are well understood and fair but should be targeted to cosmetic procedures without a medical need.
Often so-called cosmetic procedures are requested by parents with strong medical reasons for intervention (e.g. teasing in children with prominent ears, often aged 7-8 years at time of surgery, e.g. teasing and anxiety disorders in young ladies with significant breast asymmetry, often aged 15-18 years of age at time of surgery). In this group, a waiting period of 3 months is completely unnecessary, and the need for a psychologist or psychiatrist opinion is inappropriate. Both of these measures will add cost and complexity to the existing system which is unjustified in cases where there is medical need.
Clearly this is in contrast to cosmetic procedures without genuine medical need (e.g. botox injections, dermal fillers (except in post-trauma cases), bilateral breast augmentation, cosmetic liposuction etc)
Perhaps also a better check on cosmetic procedures in cases with medical need is requiring the additional consent of the parent (as well as the child), particularly in cases aged 16-18

years, and documentation by the medical practitioner of the medical need or justification for the procedure.

3. I support the guideline proposals of a 7 day cooling off for adults, requirement for clear informed consent, clear explanation of postoperative management, clear information on costs, and limitation of locations to perform these procedures to accredited safe environments.

I am happy to discuss any of these comments further.

Kind regards

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