

Madigan Army Medical Center Referral Guidelines

Cosmetic Surgery

Diagnosis / Definition

- Cosmetic procedures are, by definition, to change the appearance of normal structures and/or to improve self esteem. Such procedures include but are not limited to the following:
 - Face lift
 - Cosmetic eyelid surgery, browlift
Functional upper eyelid and browlift can be medically indicated in individuals with visual field obstruction. An ophthalmological exam is usually warranted.
 - Rhinoplasty and nose reshaping
 - * Performance of rhinoplasty is sometimes medically indicated to improve nasal function due to congenital (cleft lip deformity) post-traumatic (saddle nose deformity) or iatrogenic vestibular nasal valve narrowing
 - Otoplasty or ear reshaping
 - Facial filler injections
 - Chemodenervation of wrinkles
 - Breast augmentation
 - Mastopexy (breast uplift)
 - Liposuction - never a suitable procedure for weight loss alone and should not be used to replace a supervised diet/exercise regimen
 - DA Regs. prohibit liposuction as a weight loss measure in ADSMs.
 - For both ADSMs and dependents it can be used as an adjunctive measure in reconstructive procedures.
 - Abdominoplasty for contouring or tightening of loose skin only.
 - Performance of a "panniculectomy" (as opposed to an "abdomenoplasty") is a medically indicated procedure for massive weight loss (i.e., in excess of 80-100 lbs or 30% TBW) patients and/or any patient where redundant skin is also accompanied by significant diastasis recti or umbilical/ventral hernia formation or where there is a documented history of recurrent panniculitis.
 - Skin resurfacing procedures

Initial diagnosis and management

- Patients with developmental abnormalities will be considered on an individual basis. Examples include:
 - Protruding ears.
 - Nasal deformities with/without airway obstruction.
- Patients who desire scar revision will also be evaluated on an individual basis but should not be referred until the scar is at least six months old.

- Laser tattoo ablation
 - No charge to ADSMs and DoD employees WITH COMMAND INTEREST.
 - Dependents will be seen on a space-available basis at personal expense.
 - Requires multiple sessions at monthly intervals
 - Patients undergoing PCS within six months can continue their treatments at the nearest AMC or similar facility following PCS
 - Patients undergoing ETS can also pursue their treatments in the private community at personal expense

Indications for specialty care

Based on patient request subject to availability of services.

Criteria for return to primary care

All patients will be returned to their primary care provider once their treatment is complete.

Reference

Thorne CH, Beasley RW, Aston SJ, et al ed. Grabb and Smith's plastic surgery, ed 6. Philadelphia: Lippincott Williams & Wilkins; 2007.

Last Review for this Guideline: **October 2012**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator