# Plastic surgery junior doctors handbook

Plastic surgery is a varied and exciting speciality, operating from head-to-toe and from cradle-to-grave. It is a tertiary speciality and the department don't expect anyone to have lots of knowledge on the subject when they first arrive. Hopefully this handbook will explain the workings of the department, the roles and responsibilities of an SHO and some clinical advice on managing patients under our care.

You can use the contents below to ctrl-click to the appropriate section as a quick reference guide.

## Contents

# Trust /departmental layout

The trust is 2 hospital sites; Queen's Medical Centre and Nottingham City Hospital.

The plastic surgery department covers both hospital sites, we are the local plastic surgery department for Nottinghamshire.

We are the local burns unit that covers Nottinghamshire, Derbyshire, Lincolnshire, and Leicestershire (supported by Leicester Royal hospital burns facility)

We are involved in the care of major trauma patients as part of the midlands trauma network.

## Important locations

### City Hospital

Plastic surgery office; 2nd floor south corridor next to SRU

– Location of hand overs for hot week team and burns MDT, consultants and admin offices

Burns unit; 1st floor south corridor

– inpatient ward for acutely admitted plastic surgery patients, for elective burns patients, often has outliers for other specialities not under our care.

Harvey 2: 1st floor north corridor

- Elective inpatient ward for plastics and other surgical specialites

Main theatres; ground floor north corrider

- Emergency and elective operating theatres and recovery

Elective admissions lounge; ground floor north corridor

- Elective admission arrival locations – for those expected to be inpatients

Theatre admissions lounge; 1st floor north corridor

- Elective admissions arrival locations for those expected as daycase

Day surgery unit; separate building on the west of city campus

- Elective day surgery procedures, contains its own changing rooms, admitting area and recovery

Nottingham Breast institute; separate building on the west of city campus

- Breast patient clinics, breast USS is conducted here, sarcoma clinics also occur here.

Queens medical centre

Theatres; C floor corridor between west and east block

- Main theatres for queens, includes emergency theatres, ortho theatres and paediatric theatres

Paediatric burns and plastics clinic: D floor east block

- Paediatric burns clinic and location of paeds burns nurses office.

D34; D floor, east block

- Inpatient ward for paediatric admissions and all paediatric burns patients

D35; D floor, east block

- Mixed paediatric inpatients, some cleft/non-paeds burns patients may be admitted here

Orthopaedic trauma meeting room; C floor west block, accessed via a corridor on the way to C8 ward

- Location of orthopaedic/major trauma handover – (starts at 0800).

C30; C floor west block

- Inpatient major trauma patients

F18,19,20; F floor west block

- Orthopaedic inpatient wards.

Treatment centre; separate building on QMC campus, accessible via the tram stop on B floor towards south block, or its own ground floor entrance

- All hand clinics and hand operating lists here, skin clinic and some skin/head and neck lists also occur here.

# Normal departmental allocations

The hot week team at city comprise a consultant from 0745-1700, a registrar from 0745-1700 and an SHO (the oncall SHO – see below). They look after all inpatients at city and are the admitting team for all acute admissions, they are also the port of call for non-orthoplastic patients at queens.

Queens is covered by an orthoplastic consultant, although they might also have other commitments, a registrar covering adults, a registrar covering paediatrics and an SHO. The SHO will be most utilised covering the adult patients but should assist with the whole QMC team.

The QMC team should NOT be the first port of call for non-urgent or non-orthoplastic referrals even if they are physically located at queens. However if a clinical review of a patient is needed the queens team can facilitate this.

There will also be other elective operating, clinics and scheduled emergency handlists operating concurrently throughout the week.

Out of hours and at weekend there is an on-call SHO based at city, an oncall registrar who will be covering both sites and an oncall consultant. the oncall registrar is non-resident as its is a 24hr continuous shift.

# SHO Job roles

## Long day

Timings – 0745 – 1945

Location – city hospital

Hand over – in the city plastic surgery office + over teams with the whole department

Responsibilities – inpatients at city, referrals via the bleep, non-urgent referrals via nerve centre, burns and gillies dressings clinic reviews as required.

This is the on call shift, you are part of the "hot week team" at City hospital and will carry the baton bleep and phone for the duration of the shift. You will take referrals for plastic surgery for both hospital sites as well as the region. You assist in the ward round of all plastic surgery inpatients, you are also responsible for clinical reviews of patients in both burns clinic and Gillies dressing clinic. You are responsible for the plastic surgery inpatients. Your port of call for senior support is the hot week registrar/consultant from 0745-1700 and the on-call registrar from 1700 onwards.

## Night shift

Timings – 1945-0815

Location – city hospital

Hand over – in the city plastics office + over teams in the morning

Responsibilities – inpatients at city, referrals via the bleep, ensuring VTE assessments/prescriptions are up to date. Preparing ward round paperwork and

discharge letters for expected discharges the following day for all plastic surgery patients.

This is the night shift – you are based solely at city, you carry the baton bleep and phone for the duration of the shift. Taking referrals from both hospitals as well as the region. It is your responsibility to ensure patients are triaged to the correct outpatient clinic/admitted as appropriate. It if your responsibility to review inpatient VTE assessments and prescriptions of patients at city hospital. It is best to prepare the ward round paper work for the day SHO and to prepare any discharge letters/TTOs for expected discharges the following day. Your port of call for senior support is the on-call registrar/consultant. If a patient needs review at queens you will need to call the registrar in to review them. For paediatric patients it is agreed that simple tasks/medical reviews are to be performed by the paediatric SHO at queens.

### Queens SHO

Timings – 0745-1700

Location – queens medical centre

Hand over – teams handover (0745) + orthopaedic trauma meeting room (0800)

Responsibilities – to assist the registrars at queens in the shared care of patients plastic surgery are involved in.

This is fluid shift and will involve assisting the inpatient reviews/ward round, assisting operating and reviewing paediatric cases in the burns clinic. Often the SHO is the most consistently person allocated to queens any given week so you are often the continuity for complex patients.

### Theatre days

These are usually elective operating lists, you are there to assist, learn and perform procedures. It is ideal to arrive in a timely fashion to ensure patients are consented and ready for their procedures. You will get the most of theatre if you show willing and understanding of why the procedure is being performed. It is advisable to review Bluespier early/before your theatre days so you know what to expect on the list and where the patients will be admitted to.

### Clinics

It is uncommon for an SHO to be allocated to a clinic and you will often be supernumery – they are excellent learning opportunities but can be busy so be as useful as possible to get the most of the clinic.

## Hospital Systems

### NerveCentre

This is used to track patients locations and beds, eObs, is used for documentation, clinical images, some referrals to other specialities (including non-urgent referrals to plastics) hospital24 tasks and soon to be electronic prescribing. We have 2 nervecentre lists to track patients at city and QMC respectively. It is standard practice to keep the documentation on nervecentre up to date. The diagnosis should be correct and it is best to also list procedures with their date in this section. The management plan should have an entry for each day that a patient is reviewed including the decision maker of this plan – this makes it easy to keep track of a patients' journey whilst in hospital. [NerveCentre can be incredibly useful to write a discharge letter if it has been kept up to date – especially for patients with long inpatient stays]

"Burns and plastics" is the City list and should be automatically filled by patients under the care of our consultant body. Outliers can be added and removed dependent on our involvement.

"plastic surgery service QMC" is the QMC list, paediatric patients under our care wil be automatically added by all others must be manually added/removed. It is most important to keep this list updated as patients are not always reviewed daily by us and the staff covering queens can vary through the week.

"non-urgent referrals" – this is the list automatically generated by patients with outstanding tasks

### Careflow

This is the system for requesting and reviewing nearly all investigations. It is also where all documentation occurs for patients in ED and for our paediatric burns clinic. Bluespier is accessed via careflow.

Additional functionality includes – accessing patient demographics, GP records, clinic calendars.

### Bluespier

This is the theatre management system and can be used to see cases that have occurred or are booked – you can also see what lists are happening in the future.

### DHR

Digital health records is where all physical notes of patients are uploaded to. This means nearly all patient information/documentation can be found on DHR once they have been scanned. It can also be used to access calendars for clinics.

### Notis

Whilst this is largely an older system it still remains the only system for doing discharge letters and TTOs. Rarely it is used for requesting investigations and all investigations can be reviewed on Notis.

## Handover

Handover is imperative for good clinical care and communication in the plastic surgery team. Since the working set up in NUH is across site and many of our patients can be managed as outpatients often a safe way to ensure cases are not missed, are discussed with the appropriate person and patients details are kept safe.

Utilising trust or NHS emails to ensure patient data is shared and stored appropriately is a useful practice.

Whilst oncall and we are covering hands you will be organisings for patients to attend clinic. You need to keep a list of these patients, including a short clinical summary to email to the hand team (Nicole Glassey, maragaret Harvey, Hand consultant, hand reg/SHO on the following handlist). This is to act as a safety net to your triaging, and also allows organisation of the hand clinic as it is not uncommon for patients to be booked into the wrong clinic.

## Morbidity and mortality

Monthly M&M meetings will occur via teams on a 4 week rolling meeting – during morning handover

Cases will be pulled from the M&M database on the shared drive.

The database should be used to record any patient who has an unexpected/unplanned outcome in our care this includes but is not limited to;

- Post op infections treated at an outpatient
- Seroma's seen/drained in clinic
- Patients readmitted with post op complications
- Patients returned to theatre for any unplanned reason
- Mortality cases

It is everyone's responsibility to update the database but as the oncall SHO you will be best positioned to come across the patients during the shift.

All cases should be recorded on the data base but not all need discussion – if in doubt just put it on the database.

# Subspecialities

# Hands

## Normal activity

Hand trauma clinic occurs at gateway B in the treatment centre.

They run on;

- Mondays after our hand on call weekend.
- Every Thursday and Friday

Hand trauma operating lists occur at gateway G in the treatment centre

They run on

- Tuesdays after our hand on call weekend
- Every Friday

The idea being the new patients are reviewed in the clinic and can be booked into the following operating lists. This includes patients going to theatre straight from clinic on Fridays (so consider if a patient needs to attend clinic starved)

Most follow up and all hand physio occurs next to Gillies Dressing clinic at city hospital.

## Responsibilities

Hand injuries are divided between plastic surgery and orthopaedics. The remit of hand injuries is any soft tissue injury distal to elbow.

Plastics cover Wednesday 0800 until Friday 800

Orthopaedics cover Monday 0800 until Wednesday 0800.

Friday 0800 until Monday 0800 cover alternates between plastics and orthopaedics.

Orthopaedics always cover all bony injuries up to and including the carpus.

Plastics always cover revascularisations and replantations

At the end of an on-call shift all hand referrals, including those being admitted – should be emailed to Nicole Glassey, Margaret Harvey, the hand consultant/spr/sho who are on the next hand clinics/operating lists. This is to ensure plans can be followed correctly, patients are caught if ED have accidentally booked them into an orthopaedic clinic (not an uncommon occurrence) and plans can be made for the upcoming hand operating list.

# Sarcoma

## Normal activity

## Responsibilities

# Breast

## Normal activity

Most outpatient breast activity occurs at the Nottingham Breast Institute, City Hospital.

The breast team is aa joint department of plastic and general surgeons. Only breast patients under the care of plastic surgeons come under our care as a department (Miss G. Oni, Mr. S. Tamimy, Mr. T. Rasheed, Miss A. Raurell, Mr. S. McCulley)

## Responsibilities

As mentioned above the plastic surgery team cares for breast patients who are under plastic surgeons. The general surgeons breast team have their own out of hours cover (consultant only). This covers simple oncall breast issues such as abscess or haematoma in normal breasts.

Any patient with complications after cosmetic surgery abroad usually comes under our care.

# Orthoplastics

## Normal activity

Activity is very varied but an average day;

Trauma meeting 0800 (including micro MDT on Wednesdays)

Ward round of patients need to be seen including dressing changes and wound reviews

The day will then be a combination of operating on new emergency cases/scheduled reconstruction, reviewing inpatients and their wounds and seeing new inpatient referrals

## Responsibilities

We share care of patients at QMC – they are formally admitted under orthopaedics or major trauma – unless a paediatric case which is directly admitted under plastics.

# Skin

## Normal activity

## Responsibilities

# Burns

## Normal activity

Monday 12pm – MDT; review of all inpatient and new outpatient referrals

Monday paeds burns list – half day list at QMC, also can be used for paeds plastics trauma cases if space.

Tuesday burns list – all day list at city

Thursday paeds burns list – half day list at queen's, can also be used for paeds plastics trauma if space available.

Friday burns list – list at city

## Responsibilities

# Paeds (burns)

## Normal activity

All paediatric activity is at QMC

Paeds burns plastics clinic runs every weekday D floor east block. For review of new and follow up patients.

Burns lists at QMC;

Scheduled lists for elective/emergency operating – including non-burns plastics cases. Monday morning and Thursday morning or afternoon

## Responsibilities

Paediatric patients at QMC are usually admitted directly under out care on D35 or D34. It is the paediatric registrar at queens/SHO to perform on the operating lists, clerk new patients in clinic and manage the inpatients.

Out of hours simple jobs for paediatric patients can be done by the oncall paediatric SHO e.g. bloods, medications, TTOs. As the oncall SHO will be physically at city.

# Cleft

## Normal activity

## Responsibilities

# Useful numbers

## QMC

| | |
|---|---|
| Theatre coordinator | 83193 |
| Paeds burns dressing clinic | 82388 |
| Ward D35 | 69035 |
| Ward D34 | 69034 |
| Paediatric bed manager | bleep 3155 |
| Ortho reg oncall | |
| Trauma coordinator | |

## City

| | |
|---|---|
| Burns dressing clinic | 76405 |
| Gillies dressing clinic | 76735 |
| Burns ward | 76403 |
| Harvey 2 | 75718 |
| Theatre coordinator | 55772 |