CLINICAL PROCEDURE:

Orthognathic Surgery in Cleft and Craniofacial SA (C&CSA) – Criteria for

DOCUMENT MANAGEMENT	
Document Number	cp2019_195
Summary	Criteria for Orthognathic surgery at Cleft and Craniofacial South Australia (C&CSA)
Applies to:	WCHN Division / Service: Surgical Services Specialty: C&CSA
Exceptions	Nil
Replaces	N/A
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Accountable Director / Oversight Committee	Mr Mark Moore, Acting Divisional Medical Director – Surgical Services
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Status	Active
Approved by	Dr Cindy Molloy, Divisional Medical Director – Surgical Services
Approval Date	5 September 2019

Compliance with WCHN Procedures is mandatory.

Document History

Version	Date	Writer	Amendment/s	Status
v0.3	4/1/21	A Manna Craniofacial & Plastics NC, Surgical Services	Minor update. Transferred to new template. ACFU changed to Cleft & Craniofacial SA	Draft

PROCEDURE TITLE:
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CORE CLINICAL PRACTICE REQUIREMENTS:

Positive patient identification
Consumers should be positively identified using three core identifiers: **full name**, **date of birth**, **medical record number/address**, prior to implementation of this procedure.
Staff completing positive patient identification should be mindful of collecting or confirming consumer identification information in a respectful, non-shaming way. Aboriginal people may have a number of names. For example, a person may have a European first name and surname, a skin name and maybe even a nickname. An individual gains a 'skin name' upon birth based on the skin names of his or her parents and skin names are used in a manner similar to a surname.

As a mark of respect, many Aboriginal people will avoid referring to a deceased person by name where the avoidance period may last anywhere from 12 months to several years. Those of the same name as the deceased are referred to by a substitute name during the avoidance period.

Identifying Aboriginal and Torres Strait Islander Status
The collection of the Aboriginal and Torres Strait Islander status of patients/consumers by WCHN is important for improving Aboriginal and Torres Strait Islander health. Under-identification of Aboriginal status has serious implications for Aboriginal health in two ways.

- Firstly, it prevents delivery of targeted services to Aboriginal and Torres Strait Islander people. If clinicians do not know which of their patients/consumers are Aboriginal, they are unable to offer them health interventions that are specific to Aboriginal people.
- Secondly, incomplete and unreliable data on Aboriginal and Torres Strait Islander health impede effective responses to the higher burden of disease and death among Aboriginal people, and make accurate assessment of progress in 'closing the gap' difficult.

See Identification of Patients / Clients prior to Delivery of Care/Service/Treatment for additional information.

Consumer Safety Risks
Patient safety risks eg physiological deterioration, infection status, fall, pressure injury, mental state, nutrition or other safety risk (including social /domestic and family violence), must be considered in relation to this procedure. Consider, with cultural sensitivity, completion of Domestic & Family Violence ASK/ASSESS/RESPOND PS-5/MR* form (Ask, Assess and Respond).

For Aboriginal and Torres Strait Islander people, past policies and practices and have created unresolved trauma which has been passed down from generation to generation. Transgenerational trauma can manifest in many different ways and affect people differently. The social and health disadvantages experienced by Aboriginal and Torres Strait Islander people and the impact of unresolved trauma should be considered in relation to this procedure.

Trauma and the impact of unresolved trauma should be considered in relation to all WCHN consumers, including, but not limited to migrants, refugees and new arrivals.

Staff should consider the requirements of the Information Sharing Guidelines (ISG) in relation to these patients / families.

Person and Family Centred Care
WCHN staff operate in a framework of Person and Family Centred practice which involves; treating consumers and their family with dignity and respect, communicating information clearly and openly with the consumer, actively involving consumers in decision making and being positive and kind.

Diversity
WCHN will seek to ensure that this health service becomes more receptive and responsive to, and culturally safe for, Aboriginal and Torres Strait Islander people using their services and facilities in order to achieve equitable health outcomes. Aboriginal and Torres Strait Islander people should be recognised as having a special heritage and the WCHN will, in interacting with Aboriginal and Torres Strait Islander people, support values that respect their traditional and contemporary cultures.

WCHN services will be sensitive to the linguistic, physical, spiritual and cultural needs and requirements of consumers, and responsive as far as practicable to the particular circumstances of individuals and their families. Identification of linguistic, physical, spiritual and cultural needs is a responsibility of all staff. Interpreters should be used when appropriate to ensure clear and complete communication on health care and to support patients to partner in their health care.

Documentation
All aspects of care delivery must be documented in the health record, including documentation of discussions with the patient/care giver, in accordance with the WCHN Procedure: Documentation in Patient/Client Health Records.

MANAGER RESPONSIBILITIES:

Managers are responsible for:

- ensuring staff are aware of this procedure;
- have the skills and knowledge to undertake the actions described; and
- escalating any issues with the implementation of this procedure through the appropriate mechanism.

Orthognathic Surgery (OGS)

Orthognathic surgery (OGS), or corrective jaw surgery is available to patients treated by Cleft & Craniofacial SA at both the Women's and Children's Hospital (WCH) and the Royal Adelaide Hospital (RAH).

1. Craniomaxillofacial deformity :

The criteria for acceptance for OGS within these hospitals include:

1.1 Cleft lip and palate deformity
1.2 Hemifacial microsomia, Treacher Collins syndrome and related conditions
1.3 Syndromic craniosynostosis
1.4 Other maxillary and mandibular growth disorders where there is an established craniomaxillofacial diagnosis

It is anticipated that most patients with these diagnoses will have been patients of C&CSA from time of initial diagnosis through until adulthood, and that the OGS is being performed for significant facial deformity and functional impairment intrinsic to their particular craniomaxillofacial condition. They will have been managed through the multidisciplinary team for the duration of their care within C&CSA.

2. Dentofacial deformity :

Dentofacial deformity, where the initial complaint relates to tooth misalignment, patient dissatisfaction with their smile, and where surgery is sought for cosmetic improvement and/or a limited improvement in function will not normally be accepted for treatment through the C&CSA. In order for such cases to be considered for treatment, two or more of the following criteria would need to be met :

2.1 Difficulty with chewing or swallowing. This symptomatology must be documented by the referring doctor or dentist, and must have persisted for more than 12 months. This documentation cannot be provided by the treating surgeon alone. Other causes of swallowing or chewing difficulties must have been excluded

2.2 Documented significant weight loss, malnutrition or failure to thrive secondary to facial skeletal deformity.

2.3 Presence of :
- a severe Class II malocclusion with an overjet of greater than 9 mm, or
- a severe Class III malocclusion with a negative overjet of greater than 3.5 mm, or
- an anterior open bite greater than 4 mm.

2.4 Documented speech impairment that is the result of a poor bite or jaw positioning.

2.5 Airway obstruction (OSA) when documented by a polysomnogram or sleep study and with a specific diagnosis made by a sleep medicine / respiratory physician, and both of the following,
- trial of CPAP machine has failed
- failed less invasive surgical procedures, or has skeletal anomalies associated with narrowed upper airways.

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3. Protocol for assessment:

- Where such cases with dentofacial deformity, without an established craniomaxillofacial diagnosis are referred to C&CSA, an initial assessment on their eligibility for treatment will be made by the C&CSA team.

- It is expected that such referrals for eligibility for treatment occur before the commencement of the pre-surgical orthodontic programme.
- If orthodontic management has been commenced privately prior to referral to the C&CSA, and they fulfil the above criteria, then any subsequent orthognathic surgery will need to be undertaken also as a private patient.
- An initial assessment through the C&CSA multidisciplinary team does not in any way commit the team to provide surgical treatment.
- Any cases which fall within the category of restricted cosmetic surgical procedures will not be accepted for treatment.

INTEGRATION (list any special requirements for this procedure here)	
Governance	Surgical Services
Escalation	Divisional Medical Director – Surgical Services
Communication	C&CSA team meeting
Shared Decision Making	All surgical interventions are discussed with consumer and caregivers. **Consent to Medical Treatment**
Documentation	**Documentation in Patient/Client Health Records**

RISK ASSESSMENT *(only complete for applicable categories)*

CATEGORY	Clinical - S&Q of Consumers	Financial	Workforce - Our People / WH&S	Legislative & Compliance	Service Delivery	Reputation & Image
Consequence	Minor					
Likelihood	Unlikely					
Risk Rating	**Low**					
Description						

Overall Risk rating:	Low

COMPLIANCE EVALUATION

Compliance Measures *(not required for LOW risk rated procedures)*
N/A

REFERENCING	
National Standard/s	Standard 1 – Governance for Safety & Quality Standard 5 – Comprehensive Care
Definitions and Acronyms:	C&CSA Cleft & Craniofacial SA CPAP Continuous Positive Airway Pressure OSA Obstructive Sleep Apnoea RAH Royal Adelaide Hospital OGS Orthognathic surgery
Legislation:	Nil
SA Health: *(eg policy, clinical guideline)*	Nil
References:	Nil
Related Documents: *(eg procedure/s, forms, standards)*	Craniomaxillofacial Surgery – Nursing Management for Subcranial Procedures
Consumer Health Information	Nil