Surgeons as Advocates: Ten Patients I Treat

Reconstructive Plastic Surgery treats a wide range of health conditions. Clinical Director of the Christchurch Plastic Surgical Department, Barnaby Nye, discusses health care delivery within a constrained budget.

1. Angela is a 58 year old with osteo-arthritis in her hands. She cannot lift a kettle, open a jar or turn a door handle. Her pain is helped with splints and painkillers. Surgery to treat the arthritic joints would not cure her but would allow her to do many tasks pain free. She is considering selling her business or closing it because she cannot manage it on her own.

2. Brian (62) is a farmer with Basal Cell skin cancer. He is visiting the skin cancer clinic for the 4th time with a nodule on his face. He has waited 4 months for an appointment along with hundreds every month like him and he knows that the longer he waits, the larger the lump has grown. His GP has said that removal is beyond her capability and he will need a skin graft.

3. Christine (37) was recently diagnosed with cancer in her breast. She has already been told she should undergo a mastectomy and may need radiotherapy. She has been told that she would qualify for immediate reconstruction and that if she waits that it may be years, if ever. She has many questions about whether she should have a reconstruction and what is right for her. She knows that reconstruction will add time to her surgery and recovery but she want to feel whole and regain her life as quickly as possible.

4. Dave (48) is a builder with Dupuytrens contracture. His little and ring finger have curled so that he cannot hold his hand flat or pull screws from his builder's apron. The condition has worsened slowly in the last year but he is reluctant to take six weeks off to recover from surgery.

5. Emily (4) has prominent ears. She is a happy, confident child but her mother worries that when she starts at school she will be teased. “Children can be so cruel!” Her GP measured the prominence and assured her that Emily met “the criteria” for surgery and would be treated in the public system. Emily’s mum has looked at the cost of private treatment but cannot afford the thousands of dollars it would cost.

6. Fergus (24) is a labourer. He recently arrived from Ireland to help with the rebuild. After an evening in town with some mates he found himself locked out of his flat and decided to break a pane of glass in the door to let himself in. In the process he cut six tendons, an artery and a nerve in his forearm and hand. He has had 3 operations so far and has been told he will be off work for months to come. The nerve will take two years to recover but he will never quite get full use of the hand.

7. Georgina (33) has wanted breast reduction surgery since her teens. She has tried to lose weight to help with her problem but struggles with exercise for precisely the same reason. Recently her neck and back have been giving her grief and her bra straps pull at her shoulders causing deep grooves. She has been referred in the past and was told there is no funding but some patients are considered for surgery based on severity. A few patients are offered surgery as “teaching cases” every year. It seems like a lottery to her and she does not know how to improve her chances.

8. Henare (75) has oral cancer. His surgery will remove part of his tongue and half his jaw. Reconstruction will involve taking a bone from his leg and connecting its blood supply with micro surgery in a combined operation with three surgeons and a team of ten over 12-14 hours. This is the beginning of his cancer treatment journey - which will last months.
9. Irene (51) is a cleaner for a commercial cleaning company. She wakes at night with tingling, numb hands and now finds she is dropping things at work. She has been on a waiting list to be seen for carpal tunnel syndrome. Surgery is straightforward and will cure her symptoms, she is told. It can be done awake as a daycase procedure but there are more urgent cases that have deferred her surgery.

10. James (37) has been told he has melanoma. He knows it is serious. The disease has shown no signs it has spread but he has been told that sentinel node surgery has a chance of improving his outcome and will certainly give him more information about his chances in the next 5-10 years.

Every one of these patients lives will be improved with surgery. We are tasked with drawing a threshold to treat patients in the public system and must weigh the benefits for each of these. In plastic surgery, cancer patients compete with trauma patients for theatre time. Preschool children compete with pensioners. Our budget demands a certain number of cases be done per year but with limited operating time, operating on Henare denies more than 30 Irenes the chance of treatment. Operating on Christine takes 10 times the resources to treat Brian.

National tools have been developed to compare patients who have some similarities and a “breast and body tool” compares breast reconstruction with weight loss patients, breast reduction patients with those who have developmental asymmetry. The main aim of these is to provide equity across the country and avoid the postcode lottery care that has happened overseas. In each centre it is important that the whole spectrum of plastic surgery be offered to maintain skills and to teach our trainees.

The public perception of ring fenced funding for individual conditions is a myth. Although intervention rates are measured by the Ministry of Health, these are achieved at the expense of other conditions.

There are ten surgeons in our department. We have different interests and expertise but are all trained in all aspects of our speciality. The public can be assured that as surgeons we discuss these issues regularly. We strive for equity and advocate for individual patients and for certain conditions. We are well aware of the growing concerns of weightloss surgery and the changing techniques in breast reconstruction, which add time and cost to each patient we treat. We also understand the constraints of the health budget and seek to get the maximum from the allocation we have.

As clinicians the prime focus is always the patient we are consulting with. Not a number, not a diagnosis or an operation and certainly not an intervention rate or health target. Our focus is what we can do to help you – to explain and educate, to empathise and intervene. To care even when we cannot cure.