

# Plastic Surgery

Specializing in the surgical correction and management of congenital and acquired conditions including craniofacial anomalies, hand abnormalities and vascular anomalies, the Plastic Surgeons at Children's Hospital Central California perform over 1,000 plastic surgeries annually.

Whenever possible, surgical procedures are done on an outpatient, day surgery basis. This reduces the stress to both the child and the family and encourages faster recovery time.

Though every effort is made to see patients on an outpatient basis, sometimes an inpatient stay is necessary. Our team's quality is reflected in recovery time, however. Our plastic and reconstructive surgery length of stay (LOS) is less than 3 ½ days, which is almost a full day shorter than the adjusted LOS for children having plastic surgery at 40 other pediatric hospitals across the United States.

At over 300 surgeries/physician, Children's plastic surgery practice is one of the busiest in the country. Approximately half of the inpatient surgeries are to repair a cleft lip or palate.

Emphasis on patient comfort and care is reflected in our outstanding patient and family satisfaction scores. Children's Plastic Surgery outpatient services scored a 91.1 percent on overall patient and family satisfaction.

## Why pediatric plastic surgery?

The effect of a visible disfigurement can be devastating for a child's development, self-confidence and self-esteem, particularly when the disfigurement is on the face. In a recent study of children who were asked to rank drawings of other children, they consistently ranked lowest the drawings with a cleft lip or protruding teeth. At Children's Hospital, our Department of Pediatric Plastic Surgery physicians and staff play a vital role in correcting facial and other disfigurements throughout the Central Valley for neonates, infants, children and even adults with congenital disorders.

Surgeons also work with the Hospital's Trauma Services to help kids who have been victims of a serious injury. In many cases this service is a key step to regained function. For example, facial reconstruction after head trauma can affect functions like a child's ability to see.

# Plastic Surgery

## Children's Access Center

24/7 access for referring physicians  
**(866) 353-KIDS (5437)**

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## Outpatient Referral

Referral forms online at: [www.childrenscentralcal.org/services/medicaloffice/refer](http://www.childrenscentralcal.org/services/medicaloffice/refer)  
FAX: (559) 353-8888

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## Plastic Surgery Office Numbers

Main Number: (559) 353-6277  
FAX: (559) 353-5424  
Physician Line: (559) 353-5598

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Physician Liaison: (559) 353-7229

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## Medical Staff:

Mimi Chao, MD  
Angela Rodriguez, MD  
Peter Witt, MD

# Pediatric Plastic Surgery Consultant Reference Guide

A pediatric plastic surgeon is certified by the American Board of Plastic Surgery. He or she has completed the requirements of residency training for board certification in plastic surgery (usually a total of five or more years of surgical and surgical specialty training), plus additional training in pediatric plastic surgery.

The following patients should be referred to a pediatric plastic surgeon:

Infants and children with congenital malformations of head and neck structures including the face and skull (e.g., cleft lip and palate, craniosynostosis) should be referred to a pediatric plastic surgeon.

Infants and children with congenital malformations of the limbs (e.g., syndactyly) should be referred to a pediatric plastic surgeon.

Infants, children, and adolescents who are seriously burned or injured should be stabilized at a local hospital and then transferred to a pediatric burn/trauma center with a pediatric plastic surgeon as part of the treatment team.

Infants, children, and adolescents with large cutaneous pigmented or vascular lesions (e.g., nevi, port wine stains, arteriovenous malformations) should be referred to a pediatric plastic surgeon.

Infants, children, and adolescents with large soft-tissue tumors that, when excised, leave defects requiring tissue transfer or reconstruction are preferably cared for by a pediatric plastic surgeon.

# Pediatric Plastic Surgery Consultant Reference Guide

Condition	Pre-referral Workup	When to Refer
Cleft Lip and Palate, Facial and Jaw Deformities	- Histories - family, pregnancy, surgical	-At birth
Craniosynostosis	- Histories - family, pregnancy, surgical - Physical examination - Head and orbits CT -Pediatric ophthalmologic dilated fundoscopic examination	-As soon as diagnosed with a CD of imaging
Craniofacial/Facial Injuries or Paralysis	-History and physical, tetanus status -For facial fractures, CT of face and coronal cuts -Dental films/panorex if suspected dental injury -Ophthalmologic examination if injury involves eyes/orbits	-When overall status stable with a CD of imaging preferably within one week of injury
Extremity Injuries/Deformities	-History, tetanus status -Physical examination, identification of potential vascular injury -Plain film X-ray of injured/deformed parts	-When overall status stable with a CD of imaging preferably within one week of injury -Vascular injuries/replantation should be referred directly to microvascular centers
Skin Lesions	-History and physical	-Changing lesion (e.g., color or size) -Symptomatic lesion (e.g., bleeding, pain) -Anatomic sensitive areas ( e.g., eyelid, lips, nose, ears, fingers)
Tumors	-History and physical -Bony tumors image with CT scan -Soft tissue tumors image with MRI	-Tumors of face and hand with a CD of imaging

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Condition	Pre-referral Workup	When to Refer
Breast/Chest Wall Deformities	-History and physical -Endocrine work-up if necessary	-Persistent gynecomastia (> 1 year) after puberty -Unilateral breast enlargement -Symptomatic abnormality of breasts (e.g., pain, nipple discharge) -Hypoplasia of breast/chest wall (e.g, Poland's)
Pigmented Moles, other Lumps and Bumps	-History and physical	-As soon as diagnosed
Vascular Lesions	- History and physical	-As soon as diagnosed
Burns	-History and physical	-Small isolated burns that do not meet burn center criteria -Post-burn contracture/deformity
Hand Injuries/Anomalies - Syndactyly - Polydactyly - Amputations	-History and physical - X-ray to determine bone involvement	-As soon as diagnosed

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## Insurance Plans\*

Aetna EPO/HMO/PPO

AllCare IPA

Bakersfield Family Medical Center/ Heritage Physician Network

Blue Cross HMO/ Prudent Buyer PPO/ Healthy Families EPO

Blue Cross Medi-Cal/ Healthy Families HMO

Blue Shield HMO/ PPO/ Healthy Families

Capp Care (Beachstreet)

Catholic Healthcare West-Bakersfield

CCS – California Children's Services

Central California Alliance for Health

Central Valley Medical Group CVMG

Choice Care

Cigna/ Greatwest

Delano Regional Medical Group

EHS IPA (Blue Cross Managed Medi-Cal Patients/Healthy Families)

Emmanuel Employee Benefit Plan

First Health/ CCN

Foundation HealthCare Administrators/ California Foundation for Medical Care

GemCare IPA/ Managed Care Systems

Health Net HMO/ PPO/ Healthy Families/ Healthy Kids

Health Net Medi-Cal / CalViva

Health Plan San Joaquin Medi-Cal/ Healthy Families

Hill Physician Medical Group

Interplan

Kaiser HMO/ Healthy Families/ Medi-Cal

Kern Health Systems Medi-Cal/ Healthy Families

Key /Mosaic Medical Group IPA

LaSalle IPA (Blue Cross Managed Medi-Cal)

Medicare

MediCal – California State

MedCore Medical Group

Multiplan/ PHCS

Sante IPA

Sutter Gould Medical Foundation

Sutter Hospital System (Modesto Memorial, Memorial Los Banos, Sutter Tracy)

TriWest (Formally TRICARE/CHAMPUS)

United HealthCare /PacifiCare

Universal Care

\* Contracted Status subject to change. If you have questions or to verify coverage please call 559.353.8800/888.824.5439