

ASPS Guidance on how to understand and complete the Consultation Survey for MSAC Application 1546 – Abdominoplasty with repair of rectus diastasis following pregnancy

This looks like a complicated survey but don't panic we will guide you through it. The Australian Society of Plastic Surgeons (ASPS) really values your input. We suggest you print this guide to have with you as you fill out the survey. All perspectives and input from doctors, health professionals, patients, support groups and the general public are invaluable!

You may wish to refer to the original application form for detail of the proposed treatment. Note this is a re-application so there have been some minor changes or additions to the evidence in response to the issues raised by the Department.

PART 1- PERSONAL AND ORGANISATIONAL INFORMATION

1. The reason you are asked for your e-mail and phone number is so that the Department of Health knows you are a **real person** and the survey has not been generated under a fake name.
2. If you are part of a **group** (e.g. Australian Multiple Birth Association) put this in here.
3. If you are a patient, tick "consumer" here.

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. In this box you can use your own words to **describe your experience** with rectus diastasis and/or abdominoplasty after pregnancy.
5. This question is about **benefits** of abdominoplasty for rectus diastasis as a result of pregnancy. Prior to 2016, this was the standard treatment for post-partum women with symptomatic rectus diastasis. In 2016 it was removed for this group of patients but remained for patients who had significant weight loss or following surgical removal of a large intraabdominal mass or pelvic tumour. ASPS believe that post-partum women should be able to access this procedure when their symptoms are such that their quality of life is affected. Some reported improvements include: resolution of low back pain after surgery, urinary incontinence improvements, trunk strength improvements. **This is where your experience or the experience of someone you know would prove invaluable.** You may also have your own ideas about the benefits of this procedure.
6. ASPS believes that abdominoplasty for rectus diastasis has few disadvantages for women who have not had improvement with non-surgical treatment.
7. At the moment, symptomatic women have to self-fund this procedure. The expense can be burdensome for families and means many symptomatic women go untreated as they

cannot afford to access this previously-accessible procedure (costs can range from \$10,000 - \$20,000 per procedure). Having this procedure return to the Medicare Benefits Schedule would mean that symptomatic women who feel they have reached the end of their treatment road will have one final option to regain their quality of life. It would also mean equitable access for women and their families regardless of financial circumstances. ASPS have been sure to include stringent criteria so this is not open for cosmetic misuse. It is intended for only treating women with serious symptoms.

8. Generally symptomatic women with such severe separation of the abdominal walls would have tried non-surgical treatments such as physiotherapy prior to electing surgical repair. This is not listed as a pre-requisite however. You may put “none” in this box, unless you disagree.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. “Part 6a” on page 25 of the application form (see MSAC website) also outlines who should be entitled to this service. ASPS has been careful in only recommending symptomatic women so that this proposed Medicare item is not open to abuse for cosmetic patients. Since the application was submitted, ASPS have fine-tuned a number of criteria to clarify the intended patient group. This includes a proposed measurement threshold for the gap between abdominal muscles, as well as a minimum time post-partum. **Tick “Strongly agree”** unless you disagree.
10. Just **tick “yes”** here.
11. ASPS submitted that there is currently no comparator for this proposed item number as women currently go untreated due to cost. Just **tick “Strongly agree” or “agree” here.**
12. **Tick “Strongly agree” here.** You could add in here something like ‘in my experience abdominoplasty with repair of rectus diastasis been very beneficial (or “useful” or “helpful”) and has improved my quality of life and symptoms’.

PART 4 - COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Tick “Strongly agree” here.** You could put something in the comments like “the descriptor covers the groups that need this procedure but is worded to prevent use for cosmetic surgery” or “the descriptor is well worded and clear” or “I understand the descriptor and it makes sense”.
14. **Tick “Strongly agree” or “agree” here unless you disagree.**

PART 5 – ADDITIONAL COMMENTS

15. This section is the chance for you **to tell your story / stories**. If you are a patient and you have had an abdominoplasty for rectus diastasis and it has improved your life, this is the place to explain this. If you are a doctor this is where you can talk about the patients you have helped with this procedure, or the identified need to expand coverage for this procedure. If you are hoping to receive this treatment but can't due to the cost, this is where you could explain the impacts it has on your work, life, parenting, functionality etc.
16. ASPS feels that this survey is worded in a way that is **too complex** and it should be revised so that members of the public who want to have input can do so much more easily. Put your comments here.

From the team at ASPS, thank you for filling in the survey on this proposed item number. Your input really helps!!

If you have any further queries or need more help to fill in this survey please call the ASPS Office on 02 9437 9200.