PURPOSE

To provide guidelines concerning cosmetic surgery.

POLICY

It is the policy of the North Carolina Division of Prisons to exclude cosmetic surgery from services provided to inmates. Cosmetic surgery is considered medically unnecessary. Reconstructive surgery may have cosmetic effects, but it is done to raise the patient to a functioning level.

A. Reconstructive surgery is limited to the injured or diseased portion of the body and is provided only when one of the following conditions applies:
   1. Delay of surgery until patient’s release would significantly reduce the probability of a successful outcome.
   2. Delay would result in significant disability or discomfort that could not be reasonably managed through conservative measures;
   3. The provision of reconstructive surgery would be to the advantage of the Division of Prisons. (This provision will require a signed statement of benefit from the Superintendent or Warden or Senior Division of Prisons official.)

B. Cosmetic surgery or related procedures done solely for beautifying purposes is not provided.

C. Services received in treatment of complications due to a previously performed cosmetic procedure are not provided.

Definition

Reconstructive surgery is any surgical procedure performed to raise the patient’s level of functioning. The need may be as a result of an injury, disease, or growth and development. Although the surgical procedure may have inherent cosmetic effects, it is primarily considered to be reconstructive in nature.

Cosmetic surgery is any surgery which is done to revise or change the texture, configuration, or relationship with contiguous structures of any feature of the human body which would be considered to be within the range of normal and acceptable variation for age and ethnic origin.

PROCEDURE

1. Photographs and written descriptions of the patient’s features that are to be altered will be made before and after surgery. Any operation which changes identification in any way will be made a part of the inmate’s record and reported to the FBI. The report should include pre- and post-operative photographs with a date, the inmate’s name, number, and location, typed on the back of each photograph and a short narrative description of the procedure which altered the identification.

2. A Surgical/Diagnostic Procedure Request must be submitted to the Utilization Review Department for prior approval on behalf of the surgeon. Request will be entered by the inmate’s facility of housing.

Paula Y. Smith, MD, Director of Health Services Date

SOR: Deputy Medical Director