



# Program Statement

OPI: HSD  
NUMBER: 6311.04  
DATE: March 21, 1996  
SUBJECT: Plastic Surgery and  
Identification Records

RULES EFFECTIVE DATE: April 25, 1996

1. [PURPOSE AND SCOPE § 549.50. The Bureau of Prisons does not ordinarily perform plastic surgery on inmates to correct preexisting disfigurements (including tattoos) on any part of the body. In circumstances where plastic surgery is a component of a presently medically necessary standard of treatment (for example, part of the treatment for facial lacerations or for mastectomies due to cancer) or it is necessary for the good order and security of the institution, the necessary surgery may be performed.]

"Presently medically necessary" is defined in Chapter 1, Section 1 of the Health Services Manual.

2. PROGRAM OBJECTIVES. The expected results of this program are:

a. Plastic surgery will be performed on an inmate only when it is a component of a presently medically necessary standard of treatment or necessary for the good order and security of the institution.

b. Any changes in an inmate's appearance that results from plastic surgery will be photographed and otherwise documented in appropriate files.

3. DIRECTIVES AFFECTED

a. Directive Rescinded

P.S. 6311.03 Plastic Surgery and Identification Records  
(11/20/95)

b. Directive Referenced

P.S. 6000.04 Health Services Manual (12/15/94)

**[Bracketed Bold - Rules]**

Regular Type - Implementing Information

c. Rules cited in this Program Statement are contained in 28 CFR 549.50-52.

4. STANDARD REFERENCED

American Correctional Association 3rd Editions Standards for Adult Correctional Institutions: 3-4359

5. **[APPROVAL PROCEDURES §549.51. The Clinical Director shall consider individually any request from an inmate or a BOP medical consultant.**

**a. In circumstances where plastic surgery is a component of the presently medically necessary standard of treatment, the Clinical Director shall forward the surgery request to the Office of Medical Designations and Transportation for approval.]**

Examples of when plastic surgery is a component of the presently medically necessary standard of treatment are: the emergency repair of lacerations (e.g., facial lacerations, lacerations secondary to trauma), and when reconstructive surgery follows standard surgical procedures (e.g., reconstructive surgery following mastectomies due to cancer, etc.).

**[b. If the Clinical Director recommends plastic surgery for the good order and security of the institution, the request for plastic surgery authorization will be forwarded to the Warden for initial approval. The Warden will forward the request through the Regional Director to the Medical Director. The Medical Director shall have the final authority to approve or deny this type of plastic surgery request.]**

An example of when plastic surgery would be recommended for the good order and security of the institution is: plastic surgery necessary in order to help conceal the identity of WITSEC inmates (e.g., tattoo removal, etc.).

**[c. If the Clinical Director is unable to determine whether the plastic surgery qualifies as a component of presently medically necessary standard of treatment, the Clinical Director may forward the request to the Medical Director for a final determination in accordance with the provisions of paragraph (b) of this section.]**

d. The inmate's unit team shall be notified before any arrangements or promises are made for plastic surgery. The inmate's unit team shall consider the impact of the impending plastic surgery on unit documentation.

e. The Inmate Systems Manager (ISM) shall be notified prior to surgery so that photographs can be taken of the involved part before and after surgery for the purpose of identification. The Health Services Unit shall notify the inmate's unit team and the

ISM when such surgery has been completed. The ISM shall make appropriate notations in the inmate's record reflecting the fact that surgery altering the inmate's physical features has been performed.

6. **[INFORMED CONSENT] § 549.52. Approved plastic surgery procedures may not be performed without the informed consent of the inmate involved.]**

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Kathleen M. Hawk  
Director