

# THE ALFRED REFERRAL GUIDELINES: BREAST, ENDOCRINE AND GENERAL SURGERY

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## THE ALFRED REFERRAL GUIDELINES BREAST, ENDOCRINE AND GENERAL SURGERY

### Referral priority guide

<b>Immediate</b> <ul style="list-style-type: none"> <li>• Threatened cervical airway obstruction</li> <li>• Diagnosed breast malignancy</li> </ul>	Phone the Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
<b>Urgent</b> <ul style="list-style-type: none"> <li>• Breast lumps</li> <li>• Pigmented skin lesions</li> <li>• Head and neck masses</li> <li>• Thyroid masses</li> <li>• Adrenal masses</li> <li>• Hernias that have required acute reduction</li> <li>• Acute painful leg ulcers</li> </ul>	Urgent cases must be discussed with the Surgical Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938.  Likely to receive an appointment within 1-2 weeks.
<b>Soon</b> <ul style="list-style-type: none"> <li>• Uncomplicated hernia</li> <li>• Benign lumps</li> <li>• Inguinal hernia (for exceptions refer to notes)</li> <li>• Parathyroid disease</li> <li>• Adrenal abnormalities</li> </ul>	Likely to receive an appointment within 2-6 weeks.
<b>Intermediate</b> <ul style="list-style-type: none"> <li>• Lipomas</li> <li>• Breast screening (unless significant family history and refer to guidelines)</li> </ul>	Likely to receive an appointment within 6-12 weeks.
<b>Non-urgent</b> <ul style="list-style-type: none"> <li>• Uncomplicated varicose veins see: <a href="#">Vascular Surgery Referral and Management Guidelines</a></li> </ul>	Appointment may be delayed.
<b>Not seen</b>	Children under 16 years of age are not seen at the Alfred.
<p><b>Please note:</b> The times to assessment may vary depending on size and staffing of the hospital department.                  If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Surgical Registrar on call on 9076 2000.</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>	

## THE ALFRED REFERRAL GUIDELINES BREAST, ENDOCRINE AND GENERAL SURGERY

### Miscellaneous General Surgery

Diagnosis	Evaluation	Referral Guidelines
<b>Hernia</b>		
<ul style="list-style-type: none"> <li>• Incisional hernia</li> <li>• Femoral hernia</li> <li>• Inguinal hernia</li> </ul>	<ul style="list-style-type: none"> <li>• Pain in groin sometimes precedes lump. Pain may be colicky and associated with vomiting (intestinal obstruction)</li> <li>• Lump in groin - may be intermittent/reducible but is usually most obvious when patient is standing</li> <li>• Diagnostic studies may include Ultrasound (only required if hernia can not be felt on examination <a href="#">The Alfred Radiology request form</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Refer for immediate admission via The Alfred Emergency &amp; Trauma Centre if incarcerated and symptoms of bowel obstruction, local tenderness or erythema</li> <li>• If uncomplicated, refer to any General Surgery clinic - PRIORITY 2-4</li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Skin</b>		
		Refer to appropriate unit guidelines: <a href="#">Dermatology Referral and Management Guidelines</a> <a href="#">Plastic Surgery Referral and Management Guidelines</a> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Venous</b>		
		Refer to Vascular Surgery Guidelines: <a href="#">Vascular Surgery Referral and Management Guidelines</a> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Neck masses</b>		
<b>Painful neck mass</b>		
Complete head and neck exam indicated for site of infection: <ul style="list-style-type: none"> <li>• FBE</li> <li>• Cultures, when indicated</li> <li>• Consider HIV/intradermal TB/Paul Bunnell (if indicated)</li> <li>• Consider possible cat scratch disease (toxoplasmosis titres)</li> </ul>	Appropriate antibiotic trial- see <a href="#">ENT Otolaryngology Referral and Management Guidelines</a>	Referral to BES Clinic indicated if mass persists for two weeks without improvement. Urgent referral if painless, progressive, enlargement or if suspicion of metastatic carcinoma - PRIORITY 1 <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Painless neck mass</b>		
Complete head and neck exam indicated for site of primary: <ul style="list-style-type: none"> <li>• TFTs</li> <li>• Open biopsy is contraindicated</li> <li>• CT or ultrasound</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer to BES (see above) <p style="text-align: right;"><a href="#">Return to contents page</a></p>

## THE ALFRED REFERRAL GUIDELINES BREAST, ENDOCRINE AND GENERAL SURGERY

Evaluation	Management	Referral Guidelines
<b>Thyroid masses</b>		
<ul style="list-style-type: none"> <li>• Solitary vs multi-nodular</li> <li>• Euthyroid vs hypo/hyper thyroid</li> <li>• Compression symptoms</li> <li>• Risk factors</li> <li>• Current medical treatment</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• FBE</li> <li>• TFTs/Antibodies</li> <li>• Ultrasound or CT thyroid</li> <li>• FNA solitary nodule after imaging</li> <li>• Nuclear Scan (<b>Hyperthyroid only</b>)</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>	<ul style="list-style-type: none"> <li>• Hyper or Hypo thyroid patients should be treated to render euthyroid</li> <li>• Steroids for subacute thyroiditis</li> </ul>	<p>Refer to Breast and Endocrine clinic any suspicious lesions, disease refractory to medical management or causing compression symptoms - PRIORITY 2</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Adrenal mass</b>		
<p>Often incidentally found on CT. May be associated with hypertension (Conn's syndrome or pheochromocytoma)</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• Fine cut CT</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p> <ul style="list-style-type: none"> <li>• Serum K+</li> <li>• Urinary catecholamines</li> </ul>		<ul style="list-style-type: none"> <li>• Refer all functioning lesions to BES - PRIORITY 1</li> <li>• Refer non-functioning adenomas for review by BES - PRIORITY 2 and for ongoing surveillance</li> <li>• Refer all adrenal masses &gt;2cm - PRIORITY 1</li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Parathyroid disease</b>		
<p>May be in conjunction with renal disease May be part of a familiar syndrome such as MEN1</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• PTH/Ca<sup>2+</sup></li> </ul>		<p>Refer to Breast and Endocrine clinic for management - PRIORITY 1-2</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

# THE ALFRED REFERRAL GUIDELINES

## BREAST, ENDOCRINE AND GENERAL SURGERY

### Breast disease

\*Queries by phone to breast surgeons are welcome

Evaluation

Evaluation

Evaluation

### Family history

Request for assessment by a woman with a strong family history of breast cancer

- For women with a positive family history, it is recommended that their baseline mammography is carried out 10 years before the age at which the mother was diagnosed
- Women who have a high risk, eg family or past history will require more active management

Referral to a family cancer genetics clinic where possible

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### Breast lump

Triple assessment:

- Clinical examination
- Imaging (mammography and/or ultrasound)

[The Alfred Radiology request form](#)

- Fine needle aspiration cytology (± core biopsy)

NB: If any of the investigations are inconclusive or don't correlate with the other results, then a benign result should not be accepted

- A fine needle aspiration (FNA) alone is an incomplete investigation. FNA may preclude effective mammography/clinical exam for up to 6 weeks. FNA should be after the radiological investigation to reduce the discomfort for the patient
- Surgeons prefer to see patient before FNA - especially if patient has a suspected small carcinoma, as it is difficult to assess a patient with bruising

General practitioner management initially:

- Young women with tender, lumpy breasts and older women with symmetrical nodality, provided that they have no localised abnormality
- Any lump that increases in size should be reviewed/referred
- The BreastScreen program - 50 to 65 years - is funded to investigate asymptomatic patients only to the point of clear diagnosis

Conditions that require referral to BES clinic – Contact Surgical registrar or PRIORITY 1:

- Any new discrete lump
- New lump in pre-existing nodality
- Asymmetrically nodality that persists at review after menstruation
- Abscess
- Cyst persistently refilling or recurrent cyst

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### Breast pain

Unilateral persistent mastalgia:

- Mammography or breast USS
- [The Alfred Radiology request form](#)

Localised areas of painful nodality:

- Mammography or breast USS
  - Focal lesions
  - Fine needle aspiration cytology
- [The Alfred Radiology request form](#)

Women with minor/ moderate degrees of breast pain who do not have a discrete palpable lesion

Refer to BES clinic:

- If associated with a lump
- Intractable pain not responding to reassurance, simple measures such as wearing a well-supporting bra, and common drugs
- Unilateral, persistent pain in post-menopausal women

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### Nipple discharge

- Clinical examination
- Mammography
- Ultrasound

[The Alfred Radiology request form](#)

Refer to BES clinic:

- All women aged 50 and over
- Women under 50 with:
  - Bilateral discharge sufficient to stain clothes
  - Blood stained
  - Persistent single duct

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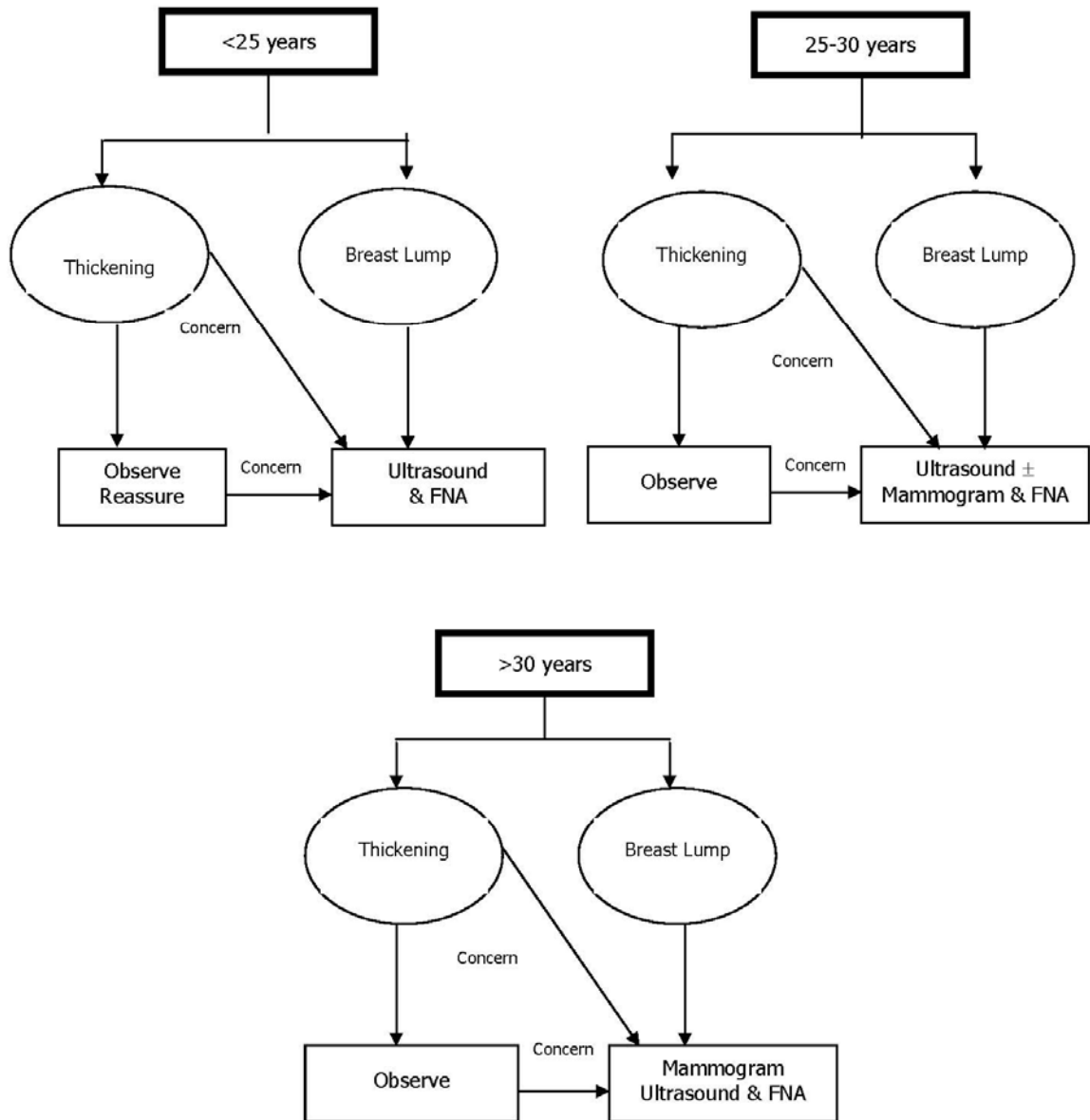
**THE ALFRED REFERRAL GUIDELINES  
BREAST, ENDOCRINE AND GENERAL SURGERY**

**Breast disease**

\*Queries by phone to breast surgeons are welcome

Evaluation	Management	Referral Guidelines
<b>Nipple retraction</b>		
<ul style="list-style-type: none"> <li>• Clinical examination</li> <li>• Mammography</li> <li>• Ultrasound</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer to BES clinic - nipple retraction or distortion, nipple eczema  <a href="#">Return to contents page</a>
<b>Change in skin contour</b>		
<ul style="list-style-type: none"> <li>• Clinical examination</li> <li>• Mammography</li> <li>• Ultrasound</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer to BES clinic - change in skin contour  <a href="#">Return to contents page</a>

**Guide for Investigation of a Breast Lump**  
**– Triage process for first presentation with no family or past history**  
*(Adapted from General Surgery Review process, CDHB. 2001)*



**NOTE:** The initial investigation of choice for symptomatic women are mammograms for women >30 years and ultrasound for women <30 years. (For women 30-35 years some radiologists recommend ultrasound)  
 Women who have a high risk eg family or past history will require more active management.