

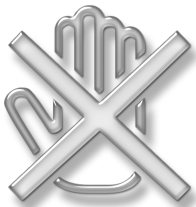
**REFERRAL GUIDELINES: BREAST, ENDOCRINE & GENERAL SURGERY**



**Essential Referral Content**

Demographic	Clinical
<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Contact details (including mobile phone)</li> <li>• Referring GP details</li> <li>• Interpreter requirements</li> <li>• Medicare number</li> </ul>	<ul style="list-style-type: none"> <li>• Reason for referral</li> <li>• Duration of symptoms</li> <li>• Relevant pathology &amp; imaging reports</li> <li>• Past medical history</li> <li>• Current medications</li> </ul>

**The Alfred Outpatient Referral Form** is available to print and fax to the Outpatient Department on 9076 6938



**Exclusion Criteria**

**The following conditions are not routinely seen at the Alfred:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred
- Cosmetic breast surgery is not offered at The Alfred - see: [“Guidelines for Aesthetic Surgery on the Public Hospital Waiting List”](#)

**REFERRAL PROCESS: BREAST, ENDOCRINE & GENERAL SURGERY**



**STEP 1**

You will be notified when your referral is received by outpatients. Essential referral content will be checked and you may be contacted for further information if required.



**STEP 2**

The referral is triaged by the specialist unit according to clinical urgency. This determines how long the patient will have to wait for an appointment.



**STEP 3**

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need. Both the referrer and patient are notified.

**Please note:** 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.

## REFERRAL PRIORITY: BREAST, ENDOCRINE & GENERAL SURGERY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p><b>IMMEDIATE</b></p> <p><b>Direct to the Emergency &amp; Trauma Centre</b></p>	<p><b>URGENT</b></p> <p><b>Appointment timeframe within 30 days</b></p>	<p><b>ROUTINE</b></p> <p><b>Appointment timeframe greater than 30 days depending on clinical need</b></p>
<ul style="list-style-type: none"> <li>• Threatened cervical airway obstruction</li> <li>• Incarcerated hernia and/or symptoms of bowel obstruction, local tenderness or erythema.</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed breast malignancy - will be seen within 1 week of referral. Please contact Surgical Registrar on 9076 2000.</li> <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> <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>	<ul style="list-style-type: none"> <li>• Lipomas</li> <li>• Breast screening (unless significant family history and refer to guidelines)</li> <li>• Carpal tunnel</li> </ul>
<p>Phone the Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency &amp; Trauma Centre.</p>	<p>Urgent cases must be discussed with the Surgical Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.</p>	<p>Fax referral to 9076 6938</p>

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.

## Referral Guideline Contents

### Miscellaneous General Surgery

Hernia

Skin (See Plastic Surgery Guidelines)

Venous (See Vascular Surgery Guidelines)

### Breast, Endocrine & General Surgery (BES)

Thyroid masses

Parathyroid disease

Neck masses

-Painless masses

- Painful masses

Adrenal mass

### Breast Disease

Family history of breast disease

Breast lump

Breast pain

Nipple discharge

Nipple retraction

Change in skin contour

Guide for investigation of a breast lump

## Miscellaneous General Surgery

### HERNIA

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• Incisional hernia</li> <li>• Femoral hernia</li> <li>• Inguinal hernia</li> <li>• Umbilical hernia</li> </ul>	<p>Pain in groin sometimes precedes lump. Pain may be colicky and associated with vomiting (intestinal obstruction)</p> <p>Lump in groin - may be intermittent / reducible but is usually most obvious when patient is standing</p> <p>Diagnostic studies may include Ultra-sound (only required if hernia can not be felt on examination.)</p>	<p>Refer for IMMEDIATE admission via The Alfred Emergency &amp; Trauma Centre if incarcerated and symptoms of bowel obstruction, local tenderness or erythema.</p> <p>If uncomplicated, refer to any General Surgery clinic - urgent or routine according to clinical indication.</p>

### SKIN

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• Ganglia</li> <li>• Lipomas</li> <li>• Sebaceous cysts</li> <li>• Minor skin lesions</li> </ul>	<p>USS of lesion +/- CT scan if malignancy suspected</p> <p>Include details of functional impairment in referral.</p>	<p>Refer urgently if malignancy suspected, otherwise routine, depending on functional difficulties.</p>

### VENOUS

Evaluation	Management	Referral Guidelines
		<p>Refer to Vascular Surgery, see: <a href="#">Vascular Surgery Referral and Management Guidelines</a></p>

## Breast, Endocrine & General Surgery

### THYROID MASSES

Evaluation	Management	Referral Guidelines
<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 urgently to Breast and Endocrine clinic any suspicious lesions, disease refractory to medical management or causing compression symptoms</p>

### PARATHYROID DISEASE

Evaluation	Management	Referral Guidelines
<p>May be in conjunction with renal disease or part of a familial syndrome such as MEN-1 (Multiple Endocrine Neoplasia type 1)</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>PTH/Ca<sup>2+</sup></li> </ul>		<p>Refer urgently to Breast and Endocrine clinic for management</p>

### NECK MASSES - PAINLESS

Evaluation	Management	Referral Guidelines
<p>Complete head and neck exam indicated for site of primary:</p> <ul style="list-style-type: none"> <li>TFTs</li> <li>Open biopsy is contraindicated</li> <li>CT or ultrasound</li> </ul>		<p>Referral to BES Clinic indicated if mass persists for two weeks without improvement.</p> <p>Urgent referral if painless, progressive enlargement or if suspicion of metastatic carcinoma.</p>

## NECK MASSES - PAINFUL

Evaluation	Management	Referral Guidelines
<p>Complete head and neck exam indicated for site of infection:</p> <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>	<p>Appropriate antibiotic trial - see <a href="#">ENT/Otolaryngology Referral Guidelines</a></p>	<p>Referral to BES Clinic indicated if mass persists for two weeks without improvement.</p> <p>Urgent referral if painless, progressive enlargement or if suspicion of metastatic carcinoma.</p>

## ADRENAL MASS

Evaluation	Management	Referral Guidelines
<p>Often incidentally found on CT. May be associated with hypertension (Conn's syndrome or phaeochromocytoma)</p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>Fine cut CT</li> <li>Serum K+</li> <li>Urinary catecholamines</li> </ul>		<ul style="list-style-type: none"> <li>Refer urgently all functioning lesions to BES</li> <li>Refer urgently non-functioning adenomas for review by BES for ongoing surveillance</li> <li>Refer urgently all adrenal masses &gt;2cm</li> </ul>

## Breast Disease

\*Queries by phone to breast surgeons are welcome

### FAMILY HISTORY

Evaluation	Management	Referral Guidelines
Request for assessment by a woman with a strong family history of breast cancer.	<ul style="list-style-type: none"> <li>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.</li> <li>Women who have a high risk, eg family or past history will require more active management.</li> </ul>	Referral to a family cancer genetics clinic where possible.

### BREAST LUMP

Evaluation	Management	Referral Guidelines
<p>Triple assessment:</p> <ul style="list-style-type: none"> <li>Clinical examination</li> <li>Imaging (mammography and/or ultrasound)</li> <li>Fine needle aspiration cytology (<math>\pm</math> core biopsy)</li> </ul> <p>NB: If any of the investigations are inconclusive or don't correlate with the other results, then a benign result should not be accepted.</p> <ul style="list-style-type: none"> <li>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 <b>after</b> the radiological investigation to reduce the discomfort for the patient.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>General practitioner management initially for young women with tender, lumpy breasts and older women with symmetrical nodality, provided that they have no localised abnormality</li> <li>Any lump that increases in size should be reviewed/referred</li> <li>The BreastScreen program - 50 to 65 years - is funded to investigate asymptomatic patients only to the point of clear diagnosis.</li> </ul>	<p>Conditions that require referral to BES clinic – contact Surgical registrar and refer urgently:</p> <ul style="list-style-type: none"> <li>Any new discrete lump</li> <li>New lump in pre-existing nodality</li> <li>Asymmetrically nodality that persists at review after menstruation</li> <li>Abscess</li> <li>Cyst persistently refilling or recurrent cyst</li> </ul>

### BREAST PAIN

Evaluation	Management	Referral Guidelines
<p>Unilateral persistent mastalgia:</p> <ul style="list-style-type: none"> <li>Mammography or breast USS</li> </ul> <p>Localised areas of painful nodality:</p> <ul style="list-style-type: none"> <li>Mammography or breast USS</li> </ul> <p>Focal lesions:</p> <ul style="list-style-type: none"> <li>Fine needle aspiration cytology</li> </ul>	GP management initially for women with minor/ moderate degrees of breast pain who do not have a discrete palpable lesion.	<p>Refer to BES clinic:</p> <ul style="list-style-type: none"> <li>If associated with a lump</li> <li>Intractable pain not responding to reassurance, simple measures such as wearing a well -supporting bra, and common drugs</li> <li>Unilateral, persistent pain in post-menopausal women</li> </ul>

## NIPPLE DISCHARGE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Clinical examination</li> <li>Mammography</li> <li>Ultrasound</li> </ul>		Refer to BES clinic: All women aged 50 and over Women under 50 with: <ul style="list-style-type: none"> <li>Bilateral discharge sufficient to stain clothes</li> <li>Blood stained</li> <li>Persistent single duct</li> </ul>

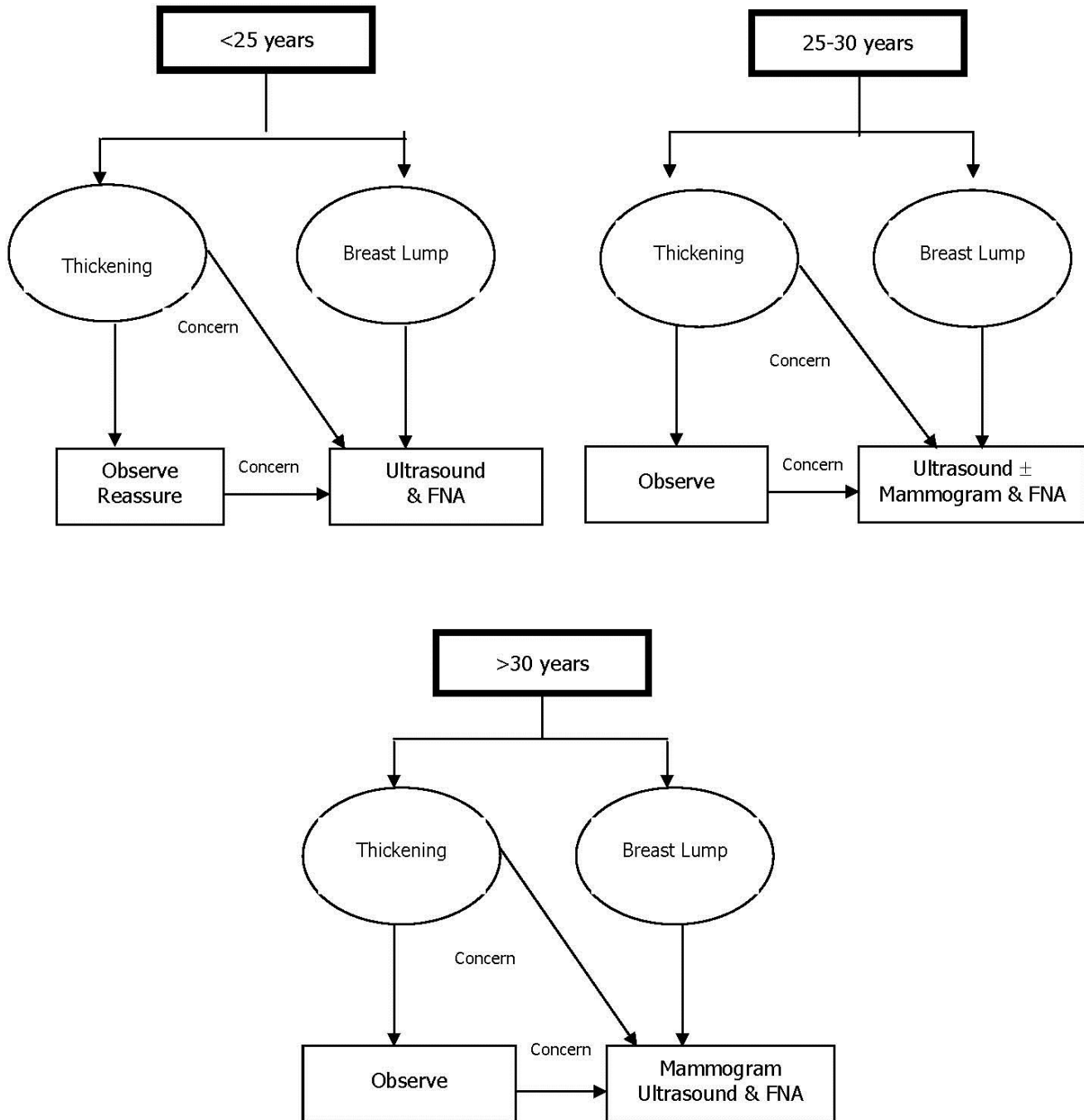
## NIPPLE RETRACTION

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Clinical examination</li> <li>Mammography</li> <li>Ultrasound</li> </ul>		Refer to BES clinic - nipple retraction or distortion, nipple eczema

## CHANGE IN SKIN CONTOUR

Diagnosis	Evaluation	Referral Guidelines
<ul style="list-style-type: none"> <li>Clinical examination</li> <li>Mammography</li> <li>Ultrasound</li> </ul>		Refer to BES clinic if change in skin contour

**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.