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”

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines. They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.
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.

<table>
<thead>
<tr>
<th>IMMEDIATE</th>
<th>URGENT</th>
<th>ROUTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct to the Emergency &amp; Trauma Centre</td>
<td>Appointment timeframe within 30 days</td>
<td>Appointment timeframe greater than 30 days depending on clinical need</td>
</tr>
</tbody>
</table>

- Threatened cervical airway obstruction
- Incarcerated hernia and/or symptoms of bowel obstruction, local tenderness or erythema.
- Diagnosed breast malignancy - will be seen within 1 week of referral. Please contact Surgical Registrar on 9076 2000.
- Breast lumps
- Pigmented skin lesions
- Head and neck masses
- Thyroid masses
- Adrenal masses
- Hernias that have required acute reduction
- Acute painful leg ulcers
- Uncomplicated hernia
- Benign lumps
- Inguinal hernia (for exceptions refer to notes)
- Parathyroid disease
- Adrenal abnormalities
- Lipomas
- Breast screening (unless significant family history and refer to guidelines)
- Carpal tunnel

Phone the Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.

Urgent cases must be discussed with the Surgical Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.

Fax referral to 9076 6938

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.
## Hernia

### Evaluation
- Incisional hernia
- Femoral hernia
- Inguinal hernia
- Umbilical hernia

### Management
- Pain in groin sometimes precedes lump.
- Pain may be colicky and associated with vomiting (intestinal obstruction).
- Lump in groin - may be intermittent / reducible but is usually most obvious when patient is standing.
- Diagnostic studies may include Ultrasound (only required if hernia cannot be felt on examination).

### Referral Guidelines
- Refer for IMMEDIATE admission via The Alfred Emergency & Trauma Centre if incarcerated and symptoms of bowel obstruction, local tenderness or erythema.
- If uncomplicated, refer to any General Surgery clinic - urgent or routine according to clinical indication.

## Skin

### Evaluation
- Ganglia
- Lipomas
- Sebaceous cysts
- Minor skin lesions

### Management
- USS of lesion +/- CT scan if malignancy suspected
- Include details of functional impairment in referral.

### Referral Guidelines
- Refer urgently if malignancy suspected, otherwise routine, depending on functional difficulties.

## Venous

### Evaluation

### Management

### Referral Guidelines
- Refer to Vascular Surgery, see: Vascular Surgery Referral and Management Guidelines
### THYROID MASSES

**Evaluation**
- Solitary vs multi-nodular
- Euthyroid vs hypothyroid/hyper thyroid
- Compression symptoms
- Risk factors
- Current medical treatment

**Investigations**
- FBE
- TFTs/Antibodies
- Ultrasound or CT thyroid
- FNA solitary nodule after imaging
- Nuclear Scan *(Hyperthyroid only)*

*The Alfred Radiology request form*

**Management**
- Hyper- or hypo-thyroid patients should be treated to render euthyroid
- Steroids for subacute thyroiditis

**Referral Guidelines**
Refer urgently to Breast and Endocrine clinic any suspicious lesions, disease refractory to medical management or causing compression symptoms

### PARATHYROID DISEASE

**Evaluation**
May be in conjunction with renal disease or part of a familial syndrome such as MEN-1 (Multiple Endocrine Neoplasia type 1)

**Investigations**
- PTH/Ca$^{2+}$

**Management**

**Referral Guidelines**
Refer urgently to Breast and Endocrine clinic for management

### NECK MASSES - PAINLESS

**Evaluation**
Complete head and neck exam indicated for site of primary:
- TFTs
- Open biopsy is contraindicated
- CT or ultrasound

**Management**

**Referral Guidelines**
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.
### NECK MASSES - PAINFUL

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete head and neck exam indicated for site of infection:</td>
</tr>
<tr>
<td>- FBE</td>
</tr>
<tr>
<td>- Cultures, when indicated</td>
</tr>
<tr>
<td>- Consider HIV/intradermal TB/Paul Bunnell (if indicated)</td>
</tr>
<tr>
<td>- Consider possible cat scratch disease (toxoplasmosis titres)</td>
</tr>
</tbody>
</table>

**Management**

Appropriate antibiotic trial - see [ENT/Otolaryngology Referral Guidelines](#)

**Referral Guidelines**

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.

### ADRENAL MASS

**Evaluation**

Often incidentally found on CT. May be associated with hypertension (Conn’s syndrome or phaeochromocytoma)

**Investigations**

- Fine cut CT
- Serum K+
- Urinary catecholamines

**Management**

- Refer urgently all functioning lesions to BES
- Refer urgently non-functioning adenomas for review by BES for ongoing surveillance
- Refer urgently all adrenal masses >2cm
**BREAST LUMP**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Management</th>
<th>Referral Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple assessment:</td>
<td>• General practitioner management initially for young women with tender, lumpy breasts and older women with symmetrical nodality, provided that they have no localised abnormality</td>
<td>Conditions that require referral to BES clinic – contact Surgical registrar and refer urgently:</td>
</tr>
<tr>
<td>• Clinical examination</td>
<td>• Any new discrete lump</td>
<td>• Any new discrete lump</td>
</tr>
<tr>
<td>• Imaging (mammography and/or ultrasound)</td>
<td>• New lump in pre-existing nodality</td>
<td>• New lump in pre-existing nodality</td>
</tr>
<tr>
<td>• Fine needle aspiration cytology (± core biopsy)</td>
<td>• Asymmetrically nodality that persists at review after menstruation</td>
<td>• Asymmetrically nodality that persists at review after menstruation</td>
</tr>
<tr>
<td>NB: If any of the investigations are inconclusive or don’t correlate with the other results, then a benign result should not be accepted.</td>
<td>• Abscess</td>
<td>• Abscess</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Cyst persistently refilling or recurrent cyst</td>
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</tr>
<tr>
<td>• 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.</td>
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</tr>
</tbody>
</table>

**BREAST PAIN**

<table>
<thead>
<tr>
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<th>Management</th>
<th>Referral Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral persistent mastalgia:</td>
<td>GP management initially for women with minor/ moderate degrees of breast pain who do not have a discrete palpable lesion.</td>
<td>Refer to BES clinic:</td>
</tr>
<tr>
<td>• Mammography or breast USS</td>
<td></td>
<td>• If associated with a lump</td>
</tr>
<tr>
<td>Localised areas of painful nodality:</td>
<td></td>
<td>• Intractable pain not responding to reassurance, simple measures such as wearing a well -supporting bra, and common drugs</td>
</tr>
<tr>
<td>• Mammography or breast USS</td>
<td></td>
<td>• Unilateral, persistent pain in post-menopausal women</td>
</tr>
<tr>
<td>Focal lesions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fine needle aspiration cytology</td>
<td></td>
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</tr>
</tbody>
</table>
### Nipple Discharge

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Management</th>
<th>Referral Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical examination</td>
<td></td>
<td>Refer to BES clinic: All women aged 50 and over</td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
<td>Women under 50 with: Bilateral discharge sufficient to stain clothes</td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td>Blood stained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persistent single duct</td>
</tr>
</tbody>
</table>

### Nipple Retraction

<table>
<thead>
<tr>
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<th>Referral Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical examination</td>
<td></td>
<td>Refer to BES clinic - nipple retraction or distortion, nipple eczema</td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Change in Skin Contour

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Evaluation</th>
<th>Referral Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical examination</td>
<td></td>
<td>Refer to BES clinic if change in skin contour</td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

<25 years

- Thickening
  - Concern
  - Observe Reassure

- Breast Lump
  - Concern
  - Ultrasound & FNA

25-30 years

- Thickening
  - Concern
  - Observe

- Breast Lump
  - Concern
  - Ultrasound ± Mammogram & FNA

>30 years

- Thickening
  - Concern
  - Observe

- Breast Lump
  - Concern
  - Mammogram Ultrasound & FNA

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 e.g family or past history will require more active management.