Breast, Endocrine & General Surgery Specialist Clinic Referral Guidelines

AlfredHealth

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax referrals to The Alfred Specialist Clinics on 9076 6938. **The Alfred Specialist Clinics Referral Form** is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Breast, Endocrine & General Surgery Service can be found here.

Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

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

The following conditions are not routinely seen at Alfred Health:

- 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"

Please include in the referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number	**Clinical information:** • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current Medications

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.

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Miscellaneous General Surgery

Hernia

Direct to the Emergency Department for:

- Incarcerated and symptoms of bowel obstruction, local tenderness or erythema.

Please call the amitting officer on 1800 ALFRED **(1800 253 733)**

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.)

If uncomplicated, refer to any General Surgery clinic - urgent or routine according to clinical indication.

Additional comments:
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Skin

Immediately contact the BES registrar to arrange an urgent BES assessment if:

- Malignancy suspected

Evaluation

- Ganglia
- Lipomas
- Sebaceous cysts
- Minor skin lesions

Management

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

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Venous

Refer to Vascular Surgery:

https://www.alfredhealth.org.au/contents/resources/referral-guidelines/Vascular-Referral-Guidelines.pdf

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Breast, Endocrine & General Surgery

Thyroid Masses

Immediately contact the BES registrar to arrange an urgent BES assessment for:

- Suspicious lesions, disease refractory to medical management or causing compression symptoms

Evaluation

- Solitary vs multi-nodular
- Euthyroid vs hypo/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

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Parathyroid disease

Immediately contact the BES registrar to arrange an urgent BES assessment

Evaluation

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

Investigations

- PTH/Ca2+

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Neck Masses

Neck Masses – Painless

Immediately contact the BES registrar to arrange an urgent BES assessment for:

- Painless, progressive enlargement or if suspicion of metastatic carcinoma.

Evaluation

Complete head and neck exam indicated for site of primary:

- TFTs
- Open biopsy is contraindicated
- CT or ultrasound

Management

Referral to BES Clinic indicated if mass persists for two weeks without improvement.

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Neck Masses – Painful

Immediately contact the BES registrar to arrange an urgent BES assessment for:

- Painless, progressive enlargement or if suspicion of metastatic carcinoma.

Evaluation

Complete head and neck exam indicated for site of infection:

- FBE
- Cultures, when indicated
- Consider HIV/intradermal TB/Paul Bunnell (if indicated)
- Consider possible cat scratch disease (toxoplasmosis titres)

Management

Appropriate antibiotic trial
- see ENT/Otolaryngology Referral Guidelines

Referral to BES Clinic indicated if mass persists for two weeks without improvement.

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Adrenal Mass

Immediately contact the BES registrar to arrange an urgent BES assessment for:

- All functioning lesions to BES
- Non-functioning adenomas for review by BES for ongoing surveillance
- All adrenal masses >2cm

Evaluation

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

Investigations

- Fine cut CT
- Serum K+
- Urinary catecholamines

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Breast Disease

*Queries by phone to breast surgeons are welcome

Family History

Evaluation

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

Management

- 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

Immediately contact the surgical registrar to arrange an urgent assessment for:

- 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

Evaluation

Triple assessment:

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

Management

- General practitioner management initially for 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.

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Breast Pain

Evaluation

Unilateral persistent mastalgia:

- Mammography or breast USS

Localised areas of painful nodality:

- Mammography or breast USS

Focal lesions:

- Fine needle aspiration cytology

Management

GP management initially for 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

Evaluation

- Clinical examination
- Mammography
- Ultrasound

Management

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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Nipple Retraction

Evaluation

- Clinical examination
- Mammography
- Ultrasound

Management

Refer to BES clinic - nipple retraction or distortion, nipple eczema

Change of skin contour

Evaluation

- Clinical examination
- Mammography
- Ultrasound

Management

Refer to BES clinic if change in skin contour

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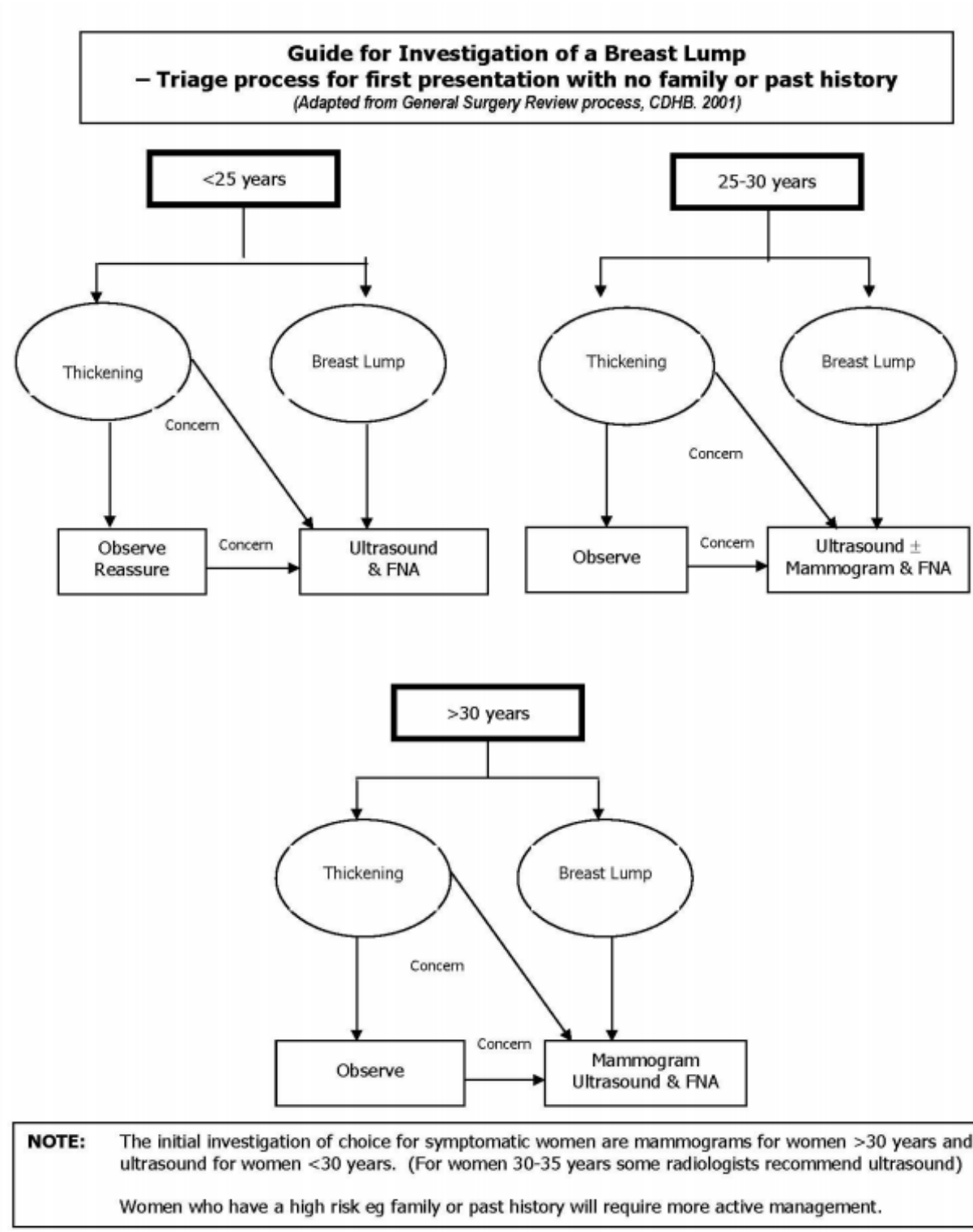

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