

# Specialist Clinic Referral Guidelines

## BREAST, ENDOCRINE & GENERAL SURGERY

**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.**

### **To refer your patient to Specialist Outpatient breast, endocrine and general surgery clinics**

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to [op.referrals@alfred.org.au](mailto:op.referrals@alfred.org.au) whilst we transition our services to this secure platform.

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

Please note a 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. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

#### **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"](#)

# Specialist Clinic Referral Guidelines

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Please include in the referral:

<b>Demographic details:</b> <ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Patient's contact details including mobile phone number</li> <li>• Referring GP details</li> <li>• If an interpreter is required</li> <li>• Medicare number</li> </ul>	<b>Clinical information:</b> <ul style="list-style-type: none"> <li>• Reason for referral</li> <li>• Duration of symptoms</li> <li>• Relevant pathology and imaging reports</li> <li>• Past medical history</li> <li>• Current Medications</li> <li>• If BMI &gt;40</li> <li>• History of severe or poorly controlled obstructive sleep apnoea</li> <li>• History of significant drug or alcohol use</li> </ul>
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**Please note:** The times to assessment may vary depending on size and staffing of the hospital department. Elective surgery for these conditions may be redirected to the Acute General Surgery Unit at Sandringham Hospital to expedite treatment.

**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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### Abdominal wall and groin hernias

Victorian DH [Statewide Referral Criteria](#) apply for this condition.

#### Direct to the Emergency Department for:

- Suspected hernia with symptoms suggestive of strangulation or incarceration, including acute abdominal pain, pain on palpation, nausea, vomiting
- Symptoms suggestive of bowel obstruction including acute abdominal pain, abdominal distension, nausea, vomiting

#### Criteria for referral to public hospital service

- Abdominal wall or groin hernia felt on examination, or that is clinically evident, that is affecting the person's activities of daily living
- Femoral hernia
- Recurrence of a repaired hernia or previous hernia repair with new symptoms.

#### Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Findings on physical examination including position and size of the hernia
- Description of onset, nature, progression and duration of symptoms
- How symptoms are impacting activities of daily living, including impact on work, study, school or carer role
- Any relevant complications or comorbidities
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs).

#### Provide if available

- If referral relates to recurrence of a repaired hernia or previous hernia repair, details of previous hernia repair surgery including when and where procedures were performed
- If referral relates to incisional hernia, details of surgery including when and where the procedure was performed
- If referral relates to femoral hernia or a suspected symptomatic hernia that cannot be felt on examination, ultrasound report (including details of the diagnostic imaging practice).

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### Additional comments:

The [Summary and referral information](#) lists the information that should be included in a referral request.

**Note:** there are also general surgery statewide referral criteria for [hiatus hernia](#).

Where practicable patients with recurrence of a repaired hernia or new symptoms after a previous hernia repair should be directed to return to the surgeon, practice or health service where the surgery was performed.

Ultrasound imaging is not indicated for groin hernias with the exception of femoral hernias. MRI scans and CT imaging are not indicated.

Safer Care Victoria's Best care guidance for [Inguinal hernia repair for clinically unapparent groin hernia in adults](#) note that inguinal hernia repair is not recommended for patients with minimal symptoms or for asymptomatic inguinal hernias that are small or only detectable by ultrasound.

Rectus diastasis is excluded as an indication for abdominoplasty in Victorian public hospitals. Referrals should be directed to a plastic surgery service that offers this procedure.

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

Elective surgery for these conditions may be redirected to the Acute General Surgery Unit at Sandringham Hospital to expedite treatment.

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

### Referral to a public hospital is not appropriate for

- Referrals based on incidental findings found on imaging where the hernia is asymptomatic and not palpable
- Rectus diastasis as the only reason for referral.

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### Skin

**Skin lesions** and other **skin cancers**, and **suspected melanoma** should be referred to [Dermatology](#) or [Plastic Surgery](#).

**Histologically proven melanoma** should be referred urgently to the [Victorian Melanoma Service](#).

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

- **Malignancy suspected**

- Ganglia
- Lipomas
- Sebaceous cysts
- Minor skin lesions

### Information to be included in the referral

Information that **must** be provided in the referral:

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

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Elective surgery for these conditions may be redirected to the Acute General Surgery Unit at Sandringham Hospital to expedite treatment.

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### Venous

Refer to [Vascular Referral Guidelines](#):

**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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### Breast, Endocrine & General Surgery

#### Thyroid Masses

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

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

#### Information to be included in the referral

- 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](#)

#### 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.

#### 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 assessment**

#### Information to be included in the referral

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

#### Investigations

- PTH/Ca<sup>2+</sup>

#### 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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### Neck Masses

#### Neck Masses – Painless

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

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

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

#### Information to be included in the referral

Complete head and neck exam indicated for site of primary:

- TFTs
- **Open biopsy is contraindicated**
- CT or ultrasound

#### 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.

Elective surgery for any of the conditions above may be redirected to the Acute General Surgery Unit at Sandringham Hospital to expedite treatment.

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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.

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

#### Information to be included in the referral

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)

#### 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.

#### Management

Appropriate antibiotic trial

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

Elective surgery for any of the conditions above may be redirected to the Acute General Surgery Unit at Sandringham Hospital to expedite treatment.

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### Adrenal Mass

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

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

Often incidentally found on CT.

May be associated with hypertension (Conn's syndrome or pheochromocytoma)

#### Information to be included in the referral

Information that **must** be provided in the referral:

- Fine cut CT
- Serum K+
- Urinary catecholamines

#### 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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### Breast Disease

\*Queries by phone to breast surgeons are welcome

[The investigation of a new breast symptom: a guide for General Practitioners \(2021\)](#) provides guidance to appropriate investigation for patient's presenting to their GP with a new breast symptom.

### Advice on inherited breast cancer (high risk patients)

Victorian DH [Statewide Referral Criteria](#) apply for this condition.

### Criteria for referral to public hospital service

- Person with high risk due to a family history of breast cancer or ovarian cancer occurring in two first-or second-degree relatives on the same side of the family, plus one or more of the following features:
  - additional relatives with breast cancer or ovarian cancer
  - a relative with both breast and ovarian cancer
  - breast cancer diagnosed before the age of 40
  - breast cancer affecting both breast
  - Ashkenazi Jewish ancestry
  - breast cancer in a male relative
  - a relative who has tested positive for a high-risk gene mutation e.g. mutation in genes such as BRCA1 or BRCA2.
- Findings from breast screening that includes advice that an assessment is recommended
- Referral from a Familial Cancer Centre.

### Information to be included in the referral

Information that **must** be provided

- Most recent mammography results including when and where imaging was performed
- Family history of breast cancer including:
  - the number of the patient's blood relatives who have had cancer
  - the ages of these family members when they developed cancer
  - any carrier of a known mutation or familial cancer syndrome
  - the pattern of cancer in the patient's family
  - if the patient's family has a particular geographical/ethnic background
- Patient age.

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### Provide if available

- A summary of the genetic testing and risks identified during assessment and counselling including characterisation of pathogenic gene variants
- If the person identifies as an Aboriginal and Torres Strait Islander.

### Additional comments:

The [Summary and referral information](#) lists the information that should be included in a referral request.

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

### Referral to a public hospital is not appropriate for

- At low or slightly above average risk where there is no family history of breast cancer
- Moderate risk due to family history of breast cancer
- Referrals for familial cancer services should be directed to publicly funded [familial cancer centres](#).
- Referrals for genetic testing should be directed to publicly funded [genetic testing clinics](#)

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### Assessment for breast reconstruction surgery

Victorian DH [Statewide Referral Criteria](#) apply for this condition

#### Criteria for referral to public hospital service

- Post mastectomy (immediate or delayed)
- Significant deformity and surgery is indicated due to disease, trauma or congenital conditions (e.g. extensive burns, chemotherapy, radiotherapy, large cell lymphoma, contralateral breast Poland syndrome).

#### Information to be included in the referral

Information that **must** be provided

- Expectation, or outcome, anticipated by the patient, and the referring clinician from the referral to the health service
- Reconstruction detail: side, timing (immediate or delayed)
- Details of previous medical management such as chemotherapy, radiotherapy or plans for treatment in breast cancer patients
- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Details of any previous breast surgery including when and where procedures were performed
- Relevant medical history and comorbidities
- BMI
- Smoking status
- Recent HbA1c results (if applicable)
- If > 40 years mammography results including when and where imaging was performed (unless contraindicated)
- Patient's age.

#### Provide if available

- Statement that the patient has indicated interest in having surgical treatment
- If the person identifies as an Aboriginal and Torres Strait Islander.

#### Additional comments:

The Summary and referral information lists the information that should be included in a referral request.

Note patients can only be referred for elective surgery at a public hospital if they meet the clinical threshold for that surgery at the time of referral for surgery. Health services can accept referrals to specialist clinics for patients who do not meet the clinical threshold for reconstructive surgery. These patients may require another referral when they do meet the clinical threshold for surgery (e.g. different BMI, smoking status or HbA1C (if diabetic)).

Some health services may accept referrals in limited circumstances for patients who are unable to return to the surgeon, practice or health service where the surgery was performed.

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Note the indications for breast reconstruction surgery in the [Aesthetic procedures and indications for surgery in Victorian public health services](#): breast augmentation (bilateral/unilateral):

- post mastectomy reconstruction
- with or without augmentation for contra lateral breast Poland syndrome
- patient had significant deformity and surgery is indicated due to disease, trauma or congenital conditions.

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

### **Referral to a public hospital is not appropriate for**

Referrals that do not meet the criteria without specific medical indication and that would be considered a cosmetic procedure would not be accepted.

Patients who develop complications of cosmetic breast augmentation should be directed to return to the surgeon, practice or health service where the surgery was performed.

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### Breast cancer (suspected or confirmed)

\*Queries by phone to breast surgeons are welcome

[The investigation of a new breast symptom: a guide for General Practitioners \(2021\)](#) provides guidance to appropriate investigation for patient's presenting to their GP with a new breast symptom.

Victorian DH [Statewide Referral Criteria](#) apply for this condition

#### Direct to an emergency department for:

- **Metastatic breast disease with intractable pain**
- **Fungating mass with haemorrhage**
- **Post-surgical wound with dehiscence or sepsis**

### Criteria for referral to public hospital service

- Core biopsy with suspicious or equivocal findings or proven breast cancer (e.g. detected through BreastScreen Australia Program)
- Malignant, suspicious or equivocal findings on imaging
- Clinical findings suspicious of malignancy.

### Information to be included in the referral

#### Information that **must** be provided

- Provide core biopsy findings (location, size, type, histological grade and lymph node status). Where a core biopsy was not possible provide fine needle aspiration (FNA) cytology results
- Most recent mammography report (if > 35 years) or other breast imaging report(s) including when and where imaging was performed
- Findings on physical examination
- Relevant medical history and comorbidities (e.g. past history of breast disease or breast cancer, ductal carcinoma in situ)
- Details of any breast implant(s) including when and where procedure(s) was performed
- Any family history or genetic mutation linked to breast, ovarian or prostate cancer.

#### Provide if available

- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Comprehensive past medical history
- Details of any current issues that may impact on the person's ability to attend a specialist clinic appointment

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- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

### **Additional comments:**

The [Summary and referral information](#) lists the information that should be included in a referral request.

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

Biopsy is not required prior to referral for suspicious findings of malignancy or malignant findings on imaging.

Where a non-excisional biopsy is performed, core biopsy is preferable for the investigation of suspicious lesions. FNA cytology results may be used under limited circumstances where a core biopsy was not possible.

Vulnerable populations include:

- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with a disability
- People with mental illness
- People who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

### **Referral to a public hospital is not appropriate for**

- No significant abnormality detected
- Benign or indeterminate findings on imaging.

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### Breast lumps and other conditions

\*Queries by phone to breast surgeons are welcome

[The investigation of a new breast symptom: a guide for General Practitioners \(2021\)](#) provides guidance to appropriate investigation for patient's presenting to their GP with a new breast symptom.

Victorian DH [Statewide Referral Criteria](#) apply for these conditions

#### Direct to an emergency department for:

- Breast abscess failing drainage
- Lactational mastitis with systemic symptoms

### Criteria for referral to public hospital service

- New palpable and persistent cyst(s) with complex features on imaging
- Recurrent cyst(s) with complex features on imaging
- Palpable, symptomatic, or growing fibroadenoma
- Any one component of the triple test is positive (clinical examination, imaging or non-excisional biopsy)
- Incomplete cyst aspiration, bloody aspirate (not traumatic) or a lump that remains post-aspiration
- Spontaneous unilateral, bloody or serous discharge from a single duct, particularly if > 60 years
- Eczematoid changes of the nipple-areolar skin for longer than two weeks that fails to respond to topical treatment
- Inflammatory breast conditions not resolving after two weeks of antibiotic treatment.

### Information to be included in the referral

Information that **must** be provided

- Most recent mammography report or other breast imaging report(s) including when and where imaging was performed
- Findings on physical examination
- Details of previous medical management including the course of treatment and outcome of treatment
- Relevant medical history and comorbidities
- Any family history or genetic mutation linked to breast, ovarian or prostate cancer.

### Provide if available

- Core biopsy findings (location, size, type, histological grade and lymph node status) or fine needle aspiration (FNA) cytology results

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- Breast density
- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Comprehensive past medical history
- Details of any current issues that may impact on the person's ability to attend a specialist clinic appointment
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

### **Additional comments:**

The [Summary and referral information](#) lists the information that should be included in a referral request. Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Where a non-excisional biopsy is performed, core biopsy is preferable for the investigation of suspicious lesions. FNA cytology results may be used under limited circumstances where a core biopsy was not possible.

Vulnerable populations include:

- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with a disability
- People with mental illness
- People who are, or have been, incarcerated.

Vulnerable patient groups also include terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

### **Referral to a public hospital is not appropriate for**

- Single or multiple simple cysts
- Fibrocystic breasts
- Breast pain with normal imaging and clinical examination
- No significant abnormality or benign findings on biopsy or imaging or both.

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