### St Vincent’s Hospital Breast Clinic Referral Guidelines

**Triage Categories**

| Emergency/After Hours: Call the Emergency Department (ED) on 9231 4356 to access an ED Consultant | Urgent: Will be seen at the next clinic, i.e. within one week | Semi Urgent: Will be seen within 4-6 weeks | Routine: Next available |

#### Condition / Symptom

<table>
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<tr>
<th>Investigations</th>
<th>When to refer / Appointment information</th>
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<tr>
<td><strong>Breast Lump/Lumpiness</strong></td>
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*Initial GP Management : Young women with tender, lumpy breasts and older women with symmetrical nodality - please review at day 7-10 in cycle to assess hormonal contribution.

- Imaging – mammography if >35 and/or ultrasound (not Breast Screen)
- **DO NOT BIOPSY PRIOR TO CLINICAL REVIEW BY A SPECIALIST**

**Urgent**
- New diagnosis of primary breast malignancy (biopsy or imaging suggestive)
- Clinically suspicious
- Abscess

**Semi Urgent**
- Any new discrete lump without suspicious features
- Asymmetrical nodularity that persists at review after menstruation
- Cyst persistently refilling or recurrent cyst
- In determinat lesions seen on imaging

**Routine**
- Patients requiring reassurance with benign clinical and imaging assessment

| **Breast Pain** |  |

*Initial GP Management: Women with minor/moderate degrees of breast pain who do not have a discrete palpable lesion - provide mastalgia advice: well fitted bra, elimination of caffeine, evening primrose oil, vitamin B1/B6.

- **Unilateral persistent mastalgia:**
  - Bilateral mammography and breast ultrasound if over 35 years

**Urgent**
- Abscess

**Semi Urgent**
- If pain is associated with a lump

**Routine**
- Intractable pain not responding to reassurance or simple measures
  - Unilateral, persistent pain in postmenopausal women

| **Nipple Discharge** |  |

- Mammography if over 35 years
- Ultrasound for all patients

**Urgent**
- Suspicious features
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| *Initial GP Management:* Advice to stop expressing discharge | Examination:  
Suspicious features:  
- Unilateral  
- Spontaneous  
- Clear or blood stained  
- Associated nipple surface changes/inversion  
- Single duct  
- Associated lump  
Benign features:  
- Bilateral with expression  
- Creamy/green/brown in colour  
- Normal -appearing nipple  
- Multiple duct | Semi Urgent  
- Benign features with inflammation  
Routine  
- Benign features over 12 months in duration requiring reassurance  
- High volume bilateral discharge |
| Nipple Inversion or Retraction              | Mammography  
Ultrasound | Urgent  
- Suspicious features  
Routine  
- Benign features requiring reassurance  
- Assessment regarding cosmetic correction/eversion surgery |
| Benign features                             | Examination:  
Suspicious features:  
- Short duration  
- Unilateral  
- ‘Chesterfield Couch button’ appearance  
- Associated nipple scaling or ulceration  
Benign features:  
- Long standing  
- Bilateral  
- Nipple stalk alone  
- History of inflammation | Routine  
- Benign features requiring reassurance  
- Assessment regarding cosmetic correction/eversion surgery |
| Change in Breast Shape/Appearance and/or contour | Mammography  
Ultrasound | Urgent  
- New dimpling with mass |
# St Vincent’s Hospital Breast Clinic Referral Guidelines

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<td><strong>Family History</strong></td>
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<td><strong>Semi Urgent</strong></td>
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<td><strong>Pre-Existing Breast Cancer diagnosis</strong></td>
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<td><strong>Routine</strong></td>
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<td>• Patients determined to have high or moderate risk</td>
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<td>• Consider referral to a family cancer genetics clinic</td>
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<td>• E.g. <a href="http://www.petermac.org/referrals">www.petermac.org/referrals</a>*</td>
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St Vincent’s Hospital Breast Clinic Referral Guidelines

Conditions not seen routinely at St Vincent’s Public Hospital Breast Clinic

- Patients being treated for the same condition at another Victorian public hospital
- Patients desiring cosmetic breast surgery, although breast reconstruction is offered to those with current or previous breast cancer

Referral Process

1/ Check Breast Clinic Referral Guidelines for appropriateness


3/ Fax completed referral to 9231 2017

4/ You will be notified when your referral is received and additional/incomplete information may be requested

5/ The referral is triaged according to clinical urgency and appointments issued based on this. Both you and the patient will be notified. Please ensure patients bring actual films/CDs and reports to their appointment

6/ If you are concerned about the delay or if there is a change in your patient’s condition please contact the Breast Care Nurse on 92314743 or on BreastNurseCoOrdinator@svha.org.au

NB: The Breast Unit holds weekly multidisciplinary cancer meetings to discuss and plan the treatment of patients with breast cancers. Further information about this meeting can be found at https://svhm.org.au/home/health-professionals/cancer-services