


# St Vincent's Hospital Breast Clinic Referral Guidelines

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

Condition / Symptom	Investigations	When to refer / Appointment information
<p><b>Breast Lump/Lumpiness</b></p> <p><i>*Initial GP Management :</i> Young women with tender, lumpy breasts and older women with symmetrical nodality - please review at day 7-10 in cycle to assess hormonal contribution.</p>	<ul style="list-style-type: none"> <li>Imaging – mammography if &gt;35 and/or ultrasound (not Breast Screen)</li> </ul> <p><b>DO NOT BIOPSY PRIOR TO CLINICAL REVIEW BY A SPECIALIST</b></p>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>New diagnosis of primary breast malignancy (biopsy or imaging suggestive )</li> <li>Clinically suspicious</li> <li>Abscess</li> </ul> <p><b>Semi Urgent</b></p> <ul style="list-style-type: none"> <li>Any new discrete lump without suspicious features</li> <li>Asymmetrical nodularity that persists at review after menstruation</li> <li>Cyst persistently refilling or recurrent cyst</li> <li>In determinant lesions seen on imaging</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>Patients requiring reassurance with benign clinical and imaging assessment</li> </ul>
<p><b>Breast Pain</b></p> <p><i>*Initial GP Management:</i> 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.</p>	<p><b>Unilateral persistent mastalgia:</b></p> <ul style="list-style-type: none"> <li>Bilateral mammography and breast ultrasound if over 35 years</li> </ul> <p><b>Localised areas of painful nodularity:</b></p> <ul style="list-style-type: none"> <li>Bilateral mammography and breast ultrasound if over 35 years</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>Abscess</li> </ul> <p><b>Semi Urgent</b></p> <ul style="list-style-type: none"> <li>If pain is associated with a lump</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>Intractable pain not responding to reassurance or simple measures</li> <li>Unilateral, persistent pain in postmenopausal women</li> </ul>
<p><b>Nipple Discharge</b></p>	<ul style="list-style-type: none"> <li>Mammography if over 35 years</li> <li>Ultrasound for all patients</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>Suspicious features</li> </ul>

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<p><u>*Initial GP Management:</u> Advice to stop expressing discharge</p>	<p><b>Examination:</b> <u>Suspicious features:</u></p> <ul style="list-style-type: none"> <li>• Unilateral</li> <li>• Spontaneous</li> <li>• Clear or blood stained</li> <li>• Associated nipple surface changes/inversion</li> <li>• Single duct</li> <li>• Associated lump</li> </ul> <p><u>Benign features:</u></p> <ul style="list-style-type: none"> <li>• Bilateral with expression</li> <li>• Creamy/green/brown in colour</li> <li>• Normal -appearing nipple</li> <li>• Multiple duct</li> </ul>	<p><b>Semi Urgent</b></p> <ul style="list-style-type: none"> <li>• Benign features with inflammation</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>• Benign features over 12 months in duration requiring reassurance</li> <li>• High volume bilateral discharge</li> </ul>
<p><b>Nipple Inversion or Retraction</b></p> <p><b>Benign features</b></p> 	<ul style="list-style-type: none"> <li>• Mammography</li> <li>• Ultrasound</li> </ul> <p><b>Examination:</b> <u>Suspicious features:</u></p> <ul style="list-style-type: none"> <li>• Short duration</li> <li>• Unilateral</li> <li>• 'Chesterfield Couch button' appearance</li> <li>• Associated nipple scaling or ulceration</li> </ul> <p><u>Benign features:</u></p> <ul style="list-style-type: none"> <li>• Long standing</li> <li>• Bilateral</li> <li>• Nipple stalk alone</li> <li>• History of inflammation</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>• Suspicious features</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>• Benign features requiring reassurance</li> <li>• Assessment regarding cosmetic correction/eversion surgery</li> </ul>
<p><b>Change in Breast Shape/Appearance and/or contour</b></p>	<ul style="list-style-type: none"> <li>• Mammography</li> <li>• Ultrasound</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>• New dimpling with mass</li> </ul>

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Condition / Symptom	Investigations	When to refer / Appointment information
		<p><b>Semi Urgent</b></p> <ul style="list-style-type: none"> <li>All others</li> </ul>
<p><b>Family History</b></p> <p>*Initial GP Management: Use <b>Cancer Australia risk assessment tool</b> to calculate risk. <a href="https://canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/familial-risk-assessment-fra-boc">https://canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/familial-risk-assessment-fra-boc</a></p>		<p><b>Routine</b></p> <ul style="list-style-type: none"> <li>Patients determined to have high or moderate risk</li> <li>Consider referral to a family cancer genetics clinic</li> <li>E.g. <a href="http://www.petermac.org/referrals">www.petermac.org/referrals</a></li> </ul>
<p><b>Pre-Existing Breast Cancer diagnosis</b></p>		<p><b>Urgent</b></p> <p>Patients with a new diagnosis or clinical suspicion of recurrent, loco-regional or metastatic disease</p>

# St Vincent's Hospital Breast Clinic Referral Guidelines

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## 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
- 2/ Download template at <https://svhm.org.au/home/health-professionals/referral-templates-and-pre-referral-guidelines>
- 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](mailto: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>**