



## **Referral Guidelines**

### **GP Information**

**For further information contact:**

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**Mr Stokes**

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**BreastHealth Co-ordinator**

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## Symptomatic Breast Services

### Conditions that require referral to a surgeon with a special interest in Breast Disease

#### Lump

- \* Any new discrete lump
- \* New lump in pre-existing nodularity
- \* Asymmetrical nodularity that persists at review after menstruation
- \* Abscess
- \* Cyst persistently refilling or recurrent cyst

#### Pain

- \* If associated with a lump
- \* Intractable pain not responding to reassurance, simple measures such as a well supported bra and common drugs
- \* Unilateral persistent pain in post-menopausal women

#### Nipple Discharge

- \* All women aged 50 and over
- \* Women under 50 with:
  - Bilateral discharge sufficient to stain clothes
  - Blood stained
  - Persistent single duct

#### Nipple Retraction or Distortion, Nipple Excema

#### Change in Skin Contour

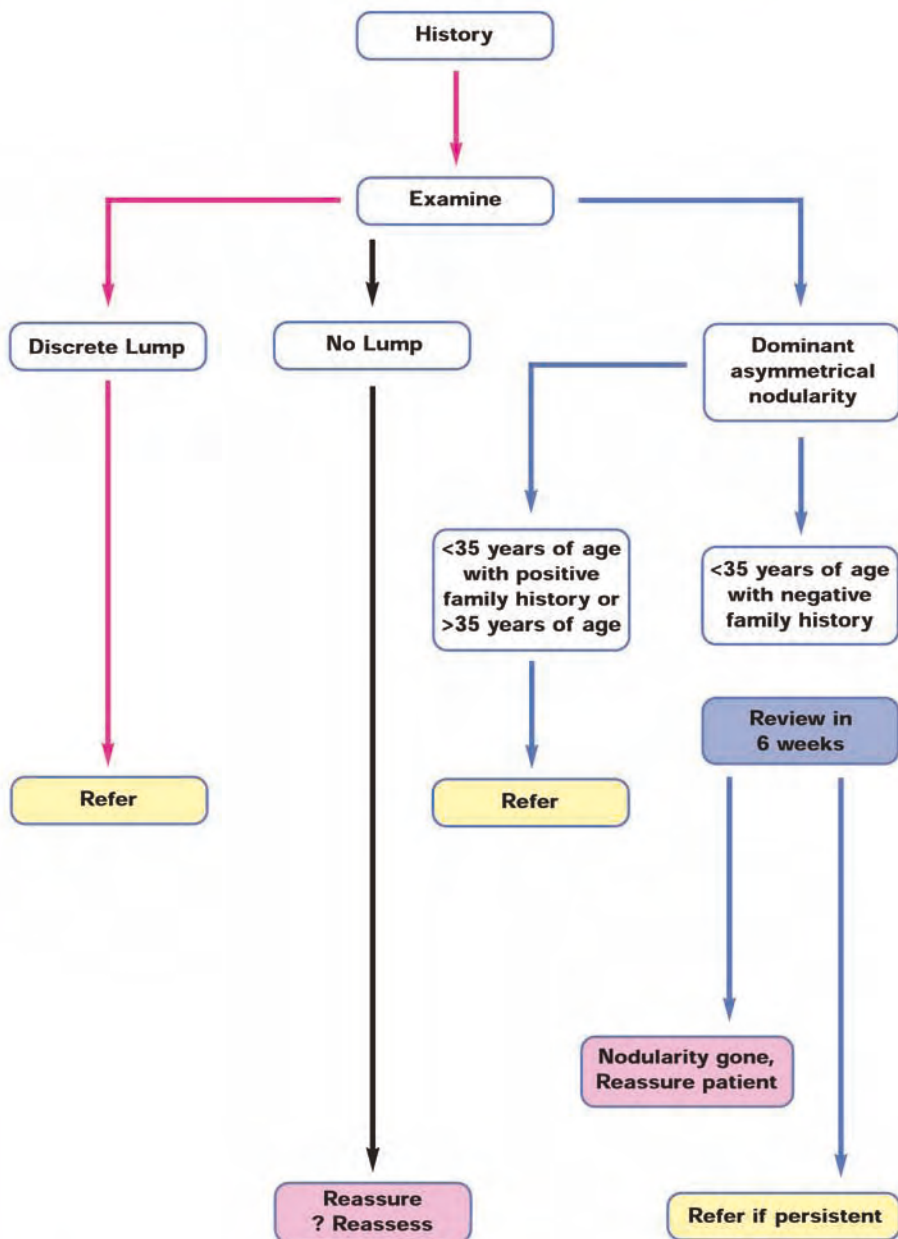
#### Family History

Request for assessment by a woman with a strong family history of breast cancer (referral to a family cancer genetics clinic where possible)

#### Women who can be managed initially by their General Practitioner

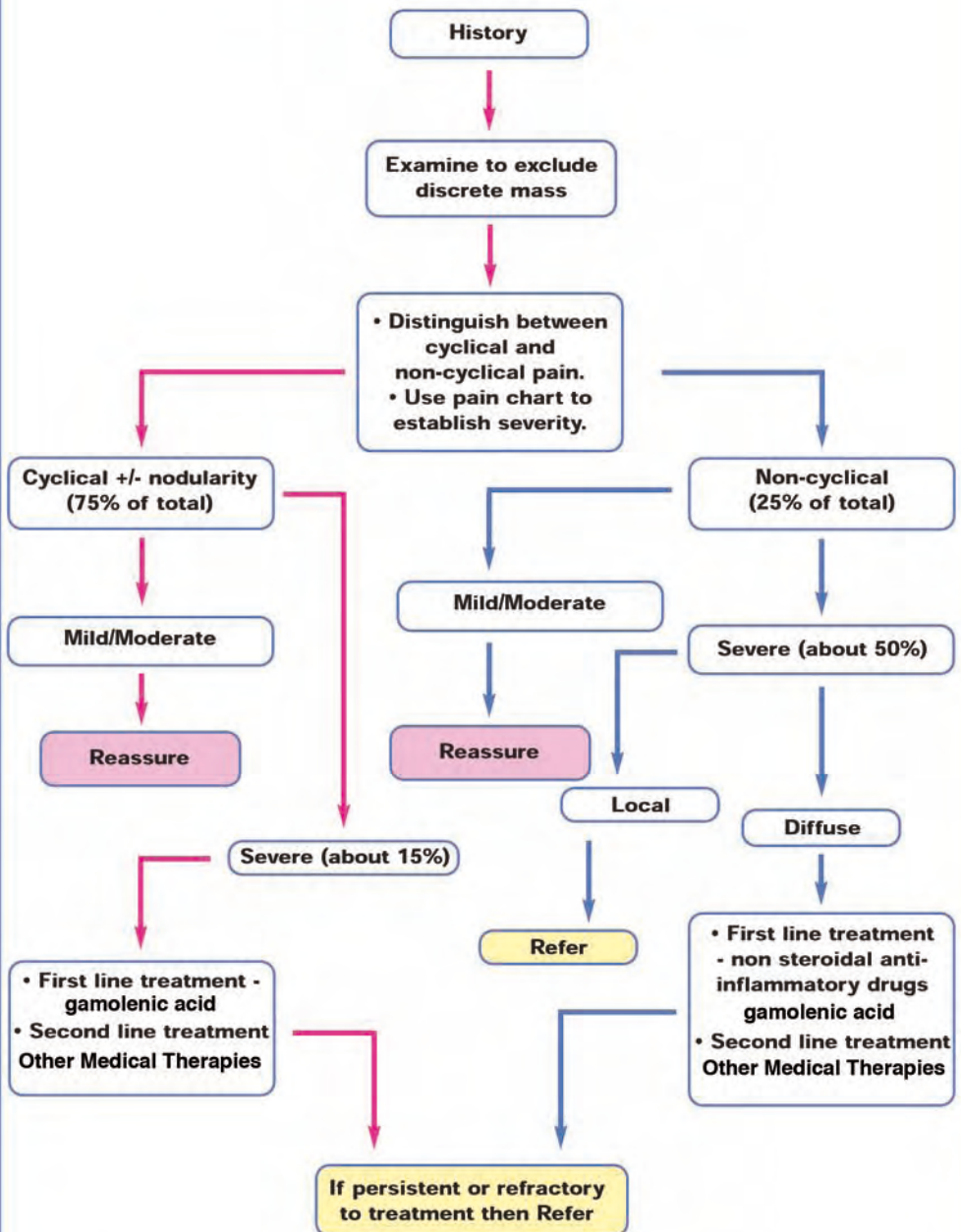
- \* Young women with tender, lumpy breasts and older women with symmetrical nodularity, provided that they have no localized abnormality.
- \* Women with minor and moderate degrees of breast pain who do not have a discrete palpable lesion.
- \* Women aged under 50 who have nipple discharge that is from more than one duct or is intermittent and is neither bloodstained or troublesome.

## Algorithm for Referral of patients with BREAST LUMPS



**Algorithm for Referral of patients with  
BREAST PAIN**

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Algorithm for Referral of patients with  
NIPPLE DISCHARGE

