

Breast Disease - General Surgery

Indications

- ❑ **Breast Mass** on clinical breast exam (regardless of mammographic findings)
- ❑ **Suspicious Mammograms**
- ❑ **Nipple Discharge** that is unilateral or bloody
- ❑ **High risk patient** first degree relative with: bilateral breast cancer, pre-menopausal breast cancer, or multiple first degree relatives with breast cancer

All patients referred to the surgery clinic who are over the age of 35 should have a mammogram prior to referral

Call the surgeon on call for referrals for indications other than listed above

Patient information

- **Breast masses and suspicious mammograms**
 - Patients may be scheduled for a mammogram and/or ultrasound unless already completed
 - Information/preps will be given to the patient by the surgery case manager
 - Pending the results of the mammogram and/or ultrasound the radiologist will schedule/perform a needle biopsy if indicated
 - The patient will be given a follow-up appointment in the surgery clinic to discuss the results
- **Nipple discharge unilateral or bloody**
 - The patient will be scheduled for a surgery consult. Depending on the patient's examination the patient may be scheduled for other studies or a open biopsy
- **High risk patients**
 - The patient's risk will be assessed and the options for risk reduction (estrogen antagonists, prophylactic surgery) will be discussed along with a screening schedule

Provider information

- Breast pain without mass is not an indication for referral Consider:
 - NSAID
 - Vitamin E (400U/day),
 - Primrose oil 3 gm/day
 - Oral contraceptives for cyclic pain in patients <35 YO
 - Acupuncture
- Bilateral nipple discharge is rarely caused by malignancy
 - Consider decreased breast stimulation, or prolactin level
 - Check for meds that cause nipple discharge (phenothiazine, metheldopa)

Breast Disease Surgery Case Manager

- ❑ **Breast Mass** on clinical breast exam (regardless of mammographic findings)
 - The patient should be scheduled for a mammogram and ultrasound if > 35 YO or an ultrasound only if < 35 YO by primary care prior to referral
 - The surgery case manager will insure that a US Bx is performed if indicated prior to surgery clinic visit
 - The surgery case manager will make a follow up appointment in surgery clinic to discuss the results or future plan if no biopsy was performed

- ❑ **Suspicious Mammograms (ASU Patients)**
 - Patients should be scheduled for an ultrasound by primary care prior to referral
 - The surgery case manager will insure that a US Bx is performed if the US shows a mass prior to surgery clinic visit
 - If no biopsy is performed after the Ultrasound the patient's mammogram should be sent to Providence Hospital for evaluation, a pre-Bx surgery clinic evaluation and a SCNBx scheduled by the surgery case manager
 - The surgery case manager will give the patient a follow-up appointment in the surgery clinic to discuss the results or future plan if no biopsy was performed

- ❑ **Suspicious Mammograms (Bush Patients)**
 - The patient's mammogram should be sent to Providence Hospital for evaluation, a pre-Bx surgery clinic evaluation and a SCNBx scheduled
 - The patient will be given a follow-up appointment in the surgery clinic to discuss the results or future plan if no biopsy was performed

- ❑ **Nipple Discharge** that is unilateral or bloody
 - > 35 YO a mammogram and ultrasound or < 35 YO an ultrasound by primary care prior to referral and then given an appointment in surgery clinic
 - Depending on the patient's examination the patient may be scheduled for other studies or a open biopsy

- ❑ **High risk patient** first degree relative with bilateral breast cancer, pre-menopausal breast cancer, or multiple first degree relatives with breast cancer
 - The patient should be scheduled for a clinic appointment

All patients referred to the surgery clinic who are over the age of 35 should have a mammogram prior to referral

Referrals that do not meet these guidelines require the PCP to contact the surgeon on call