

BREAST AND ENDOCRINE

NALHN Outpatient Service Information, Triage & Referral Guidelines

Description of Service:

Tertiary Level Breast and Endocrine Services are provided at both Lyell McEwin Hospital (LMH) and Modbury Hospital. [One Stop Breast Clinic](#) is provided at Modbury Hospital. The LMH will provide the **Central Referral Point for the One Stop Breast Clinic fax number 8182 9499**. Surgical services in the North of Adelaide are coordinated across the Lyell McEwin Hospital and Modbury Hospital with complex multiday stay procedures managed at the LMH. Day surgery procedures are coordinated across Modbury Hospital and LMH with a focus towards Modbury Hospital.

Scope of Service:

- > Benign and Malignant Breast Disorders
- > Thyroid Disease
- > Parathyroid
- > Adrenal Adenoma
- > Parotid/Salivary Glands
- > Cosmetic Breast Surgery

Conditions Seen Include:

- > Benign and Malignant breast conditions
(Please refer to the [“One Stop Breast Clinic”](#) Fax Number **8182 9499** for above symptoms)
- > [Head and Neck Masses](#)
- > [Thyroid / Parathyroid Disease](#)
- > [Adrenal Adenoma](#)
- > [Neuroendocrine Tumours](#)
- > Splenomegaly (Haematology)
- > Infusaport insertion for long term vascular access
- > Breast Reduction (must meet BMI criteria equal to or less than 30) Must be experiencing symptoms because of their mammary hypertrophy and be a non-smoker.

Exclusions:

- > N/A

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1.0	July 2015	July 2016	Original
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Referral Criteria:

- > Please include copies of all reports and results
- > Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.

NALHN prefers all referrals to be named to a clinician providing the service (see list below)

URGENT Target < 1month	SEMI-URGENT Target <3months	NON-URGENT/ROUTINE
<ul style="list-style-type: none"> > Breast symptoms > Thyroid malignancy 	<ul style="list-style-type: none"> > Thyroid/parathyroid symptoms 	<ul style="list-style-type: none"> > N/A

Consultants

Lyell McEwin Hospital

- > Dr S Prasannan (Head of Unit)
- > Dr G Otto
- > Dr S Singh
- > Dr S Rice
- > Dr A Gupta
- > Dr M Whitlaw
- > Dr A Nathan

Modbury Hospital

- > Dr B Fosh
- > Dr J Roberts

For More Information or to Make a Referral

Lyell McEwin Hospital OPD
 Location: Ground floor
 Referral Fax Number: 8182 9499
 Phone Number: 8282 0255
 Phone Number: via LMH Switchboard 8182 9000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

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One Stop Breast Clinic

- **Definition:** An assessment appointment for patients with new breast symptoms. This clinic will provide a basis for definitive diagnosis in the majority of patients.
 - > Patients will be seen by a breast surgeon.
 - > Attend the medical imaging department to have additional x-rays, ultrasound and or biopsies if required.
 - > Return to the breast surgeon post diagnostics to receive the results, depending on the tests ordered and have a treatment plan developed where possible.

Information Required

- Past history
- Presenting Issue
- Previous test results

Investigations

- Mammogram and ultrasounds can be organised at the OSBC

Suggested GP Management

- Please include relevant information to enable accurate triage by the consultant and refer the patient to the NALHN "One Stop Breast Clinic".

Clinical Resources

- > [National Breast Cancer Foundation](#)
- > [Cancer Council Australia](#)
- > [Breast Cancer Network Australia](#)
- > [Australian Government \(Breast Cancer\)](#)

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Head and Neck Masses

- **Definition:** Understanding the basic evaluation of the neck mass is essential in determining when a mass is significant, or potentially malignant. Most neck masses are secondary to enlargement of lymph nodes. Palpable masses of the thyroid are relatively common.

Information Required

- Patient history
- Smoking and alcohol intake
- Features of neck lumps
 - > Smooth or lobulated
 - > Hard or fluctuant
 - > Size, whether it involves skin or attached to deeper structures
 - > Tender or non-tender, or pulsatile

Suggested Investigations

- Ultrasound
- Chest X-ray
- TFT's

Clinical Presentations

- Rapidly enlarging mass
- Past history of lymphadenopathy
- Dysphagia

Suggested GP Management

- Please include relevant information to enable accurate triage by the consultant.

Clinical Resources

- > [Australian Government \(Head & Neck Cancer\)](#)

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Thyroid / Parathyroid Disease

- **Definition:** Common thyroid disorders may include multinodular goitre, solitary thyroid nodules or thyroiditis. Parathyroid disease may be primarily secondary and tertiary.

Information Required

- Patient history
- Family history of thyroid disease or thyroid cancer

Suggested Investigations

- TFT's/Antibodies
- Parathyroid (PTH/Ca blood tests)
- Vitamin D levels
- Ultrasound
- FNA biopsy
- CT Scan

Clinical Presentations

- **Stridor associated with a thyroid mass – Refer urgently to the Emergency Department**

Suggested GP Management

- Please include relevant information to enable accurate triage by the consultant
- Refer urgently to Breast and Endocrine clinic any suspicious lesions or compressive symptoms.

Clinical Resources

- > [Australian Government \(Thyroid Cancer\)](#)

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Adrenal Adenoma

- **Definition:** This is a type of non-cancerous tumour on the adrenal gland that may affect various organs. Most do not cause any signs and symptoms and rarely require treatment. However some may become active or functioning.

Information Required

- Patient history
- Results of earlier medical tests
- Blood pressure results

Suggested Investigations

- Blood tests Serum K+
- Urinary catecholamine tests
 - > 24 hour urine sample
- Serum cortisol

Clinical Presentations

- Hypertensive crisis
- Hypokalaemia

Suggested GP Management

- Please include relevant information to enable accurate triage by the consultant
- Refer urgently all functioning lesions to Breast and Endocrine clinic.
- Refer urgently all adrenal masses \geq 2cms for workup.
- Refer non-functioning adenomas to the Breast and Endocrine clinic for ongoing surveillance

Clinical Resources

- > [Australian & New Zealand Endocrine Surgeons/Adrenal Glands](#)

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Neuroendocrine Tumours

- **Definition:** A neuroendocrine tumour begins in the hormone producing cells of the body's neuroendocrine system. An endocrine tumour is a mass that begins in the parts of the body that produce and release hormones. An endocrine tumour develops from cells that produce hormones; the tumour itself can produce hormones and cause serious illness. There are many types of neuroendocrine tumours. There are three specific types:

- > Pheochromocytoma
- > Merkel cell cancer
- > Neuroendocrine carcinoma

Information Required

- Age and medical condition
- Type of tumour suspected
- Signs and symptoms
- Previous tests results

Suggested Investigations

- Blood and 24 urine test
- Xray

Clinical Presentations

- Hypertension
- Hyperglycemia
- Hypoglycemia
- Persistent pain in a specific area
- Loss of appetite or weight loss
- Persistent cough or hoarseness

Suggested GP Management

- Please include relevant information to enable accurate triage by the consultant.

Clinical Resources

- > [Australian & New Zealand Endocrine Surgeons/Neuroendocrine-glands](#)

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