

GP management of breast pathology

Take history (including FH) and perform clinical examination, including both breasts and LNs.

Refer to Nelson Radiology for diagnostic breast imaging as per GP referral guidelines (state DBI on request form).

Note this is not a screening service.

Recommendations for subsequent management:

In all cases be guided by the comments of the reporting radiologist.

Those women with indeterminate findings but a high level of suspicion should be referred for surgical assessment.

Simple cyst

If small, may follow-up clinically in 6/12

If palpable, or pain is troublesome, aspiration is required (black needle) either by GP or refer to surgeon.

Send fluid for cytology if bloodstained, lump remains after aspiration or cyst is a recurrence (these last two situations also warrant referral to surgeon).

Discrete lump (non-cystic)

Refer for surgical assessment (FNA or core biopsy)

Mastalgia

If DBI normal, referral is not indicated.

Bilateral pain is inevitably hormonal.

Pain and tenderness is rarely an indicator of breast cancer.

Nipple discharge

If bilateral and clear/green, especially in a smoker, this is inevitably benign and referral is not indicated.

Refer all cases of bloody discharge.