

<b>Pathway:</b>	Nipple Distortion or Retraction
<b>Referral Criteria/Commissioning position:</b>	
<p><i>Refer to secondary care if:</i></p> <ul style="list-style-type: none"> <li>• any red flag present (via fast track route)</li> <li>• long standing slit like inversion which is correctable and has no associated symptoms or signs reassure</li> </ul> <p><i>Red flag' symptoms:</i></p> <ul style="list-style-type: none"> <li>• Recent onset (usually &lt;3months)</li> <li>• Associated lump, ulceration or unilateral blood stained discharge</li> </ul> <p><b>Investigations prior to referral</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Information to include in referral letter:</b>	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> <li>• Outline problem and duration</li> <li>• Family history of breast cancer</li> <li>• A clinical photograph may be useful for diagnosis and monitoring</li> <li>• Details of treatments and measures tried including outcomes</li> <li>• Relevant past medical/surgical history such as breast or ovarian cancer</li> <li>• Drug history (prescribed and non-prescribed)</li> <li>• Current regular medication</li> <li>• BMI</li> <li>• Smoking status</li> <li>• Alcohol consumption</li> </ul>	
<b>References &amp; Additional information:</b>	
<p><b>References:</b>  CRUK Guidelines For Referral of Patients With Breast Problems  SIGN Guideline 84: Management of Breast Cancer in Women</p>	
<b>CCG GP sign off:</b>	SRCCG Business Committee (Delegated to Dr Greg Black)
<b>Review date:</b>	2017