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Breast Pain	Referral Guide: Page 1 of 1	Surgery
Diagnosis/Definition:		
Breast pain is a common condition. It can be constant or cyclical associated with menstrual cycles. It is often related to caffeine, stress or hormones. It may also be of chest wall origin, such as costochondritis.		
Initial Diagnosis and Management:		
History of the mass: length of time present, growth, pain Breast history: pain, nipple discharge, previous biopsies Personal history: date of menarche, age at first child, history of estrogen use, family history of breast cancer, last menstrual period/past menopausal. Physical exam to include: cervical, supraclavicular, axillary lymph nodes, and bilateral breast exam. Imaging: Mammogram and ultrasound age >30 years Ultrasound if pain located in single, specific location and <30 years		
Ongoing Management and Objectives:		
If physical exam and mammogram are negative, no surgical consult needed Recommendations: caffeine cessation, Vitamin E 400 mg QD, Oil of Evening Primrose – drops per day. If persistent, consider topical Aspercreme. If related to stress, treat appropriately.		
Indications for Specialty Care Referral: If palpable mass present or abnormal mammogram, refer to clinic. Referral for breast pain alone is not indicated.		
Test(s) to Prepare for Consult:	Tes	st(s) Consultant May Need To Do:
Mammogram Ultrasound		opsy mass or area of abnormality on mammogram
Criteria for Return to Primary Care:		
No mass or normal mammogram		

Revision History: Created Revised

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.