

Nipple Discharge	Referral Guide: Page 1 of 1	Surgery
Diagnosis/Definition: Suspicious nipple discharge is defined as: -spontaneous, coming from a single duct, unilateral and any color -bloody discharge		
Initial Diagnosis and Management: Breast history: presence of mass, pain or nipple discharge, previous biopsies Personal history: date of research, age of first pregnancy, last menstrual period, estrogen use, family history of breast cancer Physical exam to include: cervical, supraclavicular and axillary lymph node exam, bilateral breast exam Imaging: Mammogram and ultrasound age >30 years Ultrasound only <30 years		
Ongoing Management and Objectives: If normal exam (with normal mammogram and ultrasound) and discharge is: -not spontaneous -multiple -bilateral -not bloody Recommend the following: close follow-up, physical exam and yearly mammogram		
Indications for Specialty Care Referral: Bloody discharge Single duct, spontaneous discharge Abnormal mammogram or ultrasound		
Test(s) to Prepare for Consult: Mammogram Ultrasound	Test(s) Consultant May Need To Do: Biopsy	
Criteria for Return to Primary Care: Benign biopsy Discharge resolved with negative exam and imaging		
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.