

Musculoskeletal & Specialist Surgery	Standard Procedure No.:	
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	Issue Date: 02.09.22	
Standard Operating Procedure (SOP) LRI, GH, LGH	Revision date: 02.09.24	

## STANDARD OPERATING PROCEDURE (SOP)

**TITLE: Breast surgery out-of-hours cover arrangements, emergency admissions & abscess protocol**

<b>Change Description</b> <ul style="list-style-type: none"> <li>New SOP</li> </ul>	<b>Reason for Change</b> <ul style="list-style-type: none"> <li>Existing arrangements rendered obsolete by UHL reconfiguration</li> </ul>
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### References to other standards and procedures:

Standard Operating Procedure for: HPB Elective and Emergency Services

APPROVERS	POSITION
Person Responsible for Procedure:	Simon Pilgrim, Head of Service, Breast Surgery
SOP Author:	Simon Pilgrim, Head of Service, Breast Surgery

### COPIES OF THIS SOP ARE STORED IN (✓ relevant box)

All SOPs can be accessed through the UHL SharePoint System on InSite

<input checked="" type="checkbox"/>	Intranet Document Management System
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#### Paper copies can be found in these areas only:

*Please tick the boxes below if paper copies are relevant for the area*

LRI	LGH	GH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Trials Area	Clinical Trials Area	Clinical Trials Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic Unit		

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## 1. INTRODUCTION AND BACKGROUND

Due to UHL reconfiguration, arrangements for breast surgery out-of-hours cover arrangements and emergency admissions have had to be reviewed and changed. This also impacts on the breast abscess protocol (intended for admission avoidance) hence its inclusion in the same SOP.

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## 2. SCOPE

This SOP applies to emergency referrals to breast surgery for assessment and/or admission. It includes referrals for management of breast abscesses but excludes referrals for suspected breast cancer.

## 3. PROCEDURE

### Out-of-hours cover arrangements

Breast surgery is based on Ward 34 (W34) at the Glenfield Hospital (GH). Elective admissions come directly to W34 Monday-Friday and are managed by the ward-based medical and nursing teams. The ward nursing staff is present from 0700 Monday to 1600 Friday. W34 closes to new admissions at 1200 Friday and any remaining in-patients are discharged home or transferred to another GH ward. W34 closes completely when the final patient leaves the ward on a Friday afternoon, or 1600 Friday at the latest. W34 is closed on Bank Holidays.

Depending on bed availability, any remaining breast in-patients will usually be transferred to GH ward 26 to be cared for over the weekend by the ward 26 nursing team with junior medical cover from the junior general surgical on-call team (ie HPB junior doctors) supported by the on-call breast consultant. Any remaining breast in-patients should then be repatriated to W34 when it re-opens after the weekend.

The breast team provides junior medical cover on W34 from 0800-1700 Monday – Friday. After 1700 Monday-Thursday, junior medical cover for breast in-patients is provided by the junior general surgical on-call team (ie HPB junior doctors) supported by the on-call breast consultant.

### Emergency referrals to breast surgery

Emergency referrals to breast surgery arise primarily from ED or primary care.

In working hours (Mon-Thurs 0800-1700, Fri 0800-1200) emergency breast surgery patients can be referred to breast surgery for assessment on Ward 34 GH. This should be done via the breast surgery junior medical team via 07790825574 or to ext.12490 or the breast consultant on-call via switchboard.

Out of hours (after 1700 Mon-Thurs or from 1200 Friday until 0800 Monday), referrals should be made to the General Surgical middle grade at GH via pager, HPB “hot phone”, Bed Bureau or the on-call breast consultant via switchboard.

### Breast surgery emergency admissions

In normal working hours:

Following referral to and assessment by the junior medical team as above, breast emergencies that require admission should be discussed with the admitting breast consultant and the nurse in charge of W34, and will normally be admitted to W34 to be managed by the W34 medical and nursing teams.

Out of hours:

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Following referral to and assessment by the junior medical team as above, breast emergencies that require admission should be discussed with the on-call breast consultant. If the admission occurs after 1700 Monday-Thursday, the junior general surgical on-call team (ie HPB junior doctors) will assess, clerk and admit the patient to W34.

If breast surgical emergency patients require admission when W34 is closed to admissions (1200 Friday – 0700 Monday) they will be admitted to the HPB wards at the GH under the care of the on call breast surgeon, supported by HPB teams (as stated in HPB reconfiguration SOP). If there are no beds on the HPB wards, the duty manager should be informed in order to identify an outlier bed at GH. The patient should be transferred to W34 when the ward re-opens.

HPB triage can be contacted on ext 13664 before 1800 Monday – Friday. After 1800 the HPB emergency ward can be contacted on 14643.

### **Breast abscesses not requiring admission**

Breast abscesses not requiring admission can be managed via the breast abscess protocol.

In Hours (0900-1600 Monday -Friday): Ring Breast Surgery Clinic Co-ordinator on 0116 256 3735 to arrange clinic review on next working day (will usually be 1045 in Breast Care Centre, Glenfield)

Out of Hours: Please discharge patient with instructions to call Breast Surgery Clinic Co-ordinator at 0900 next working day on 0116 256 3735 to arrange clinic review (will usually 1045 in Breast Care Centre, Glenfield)

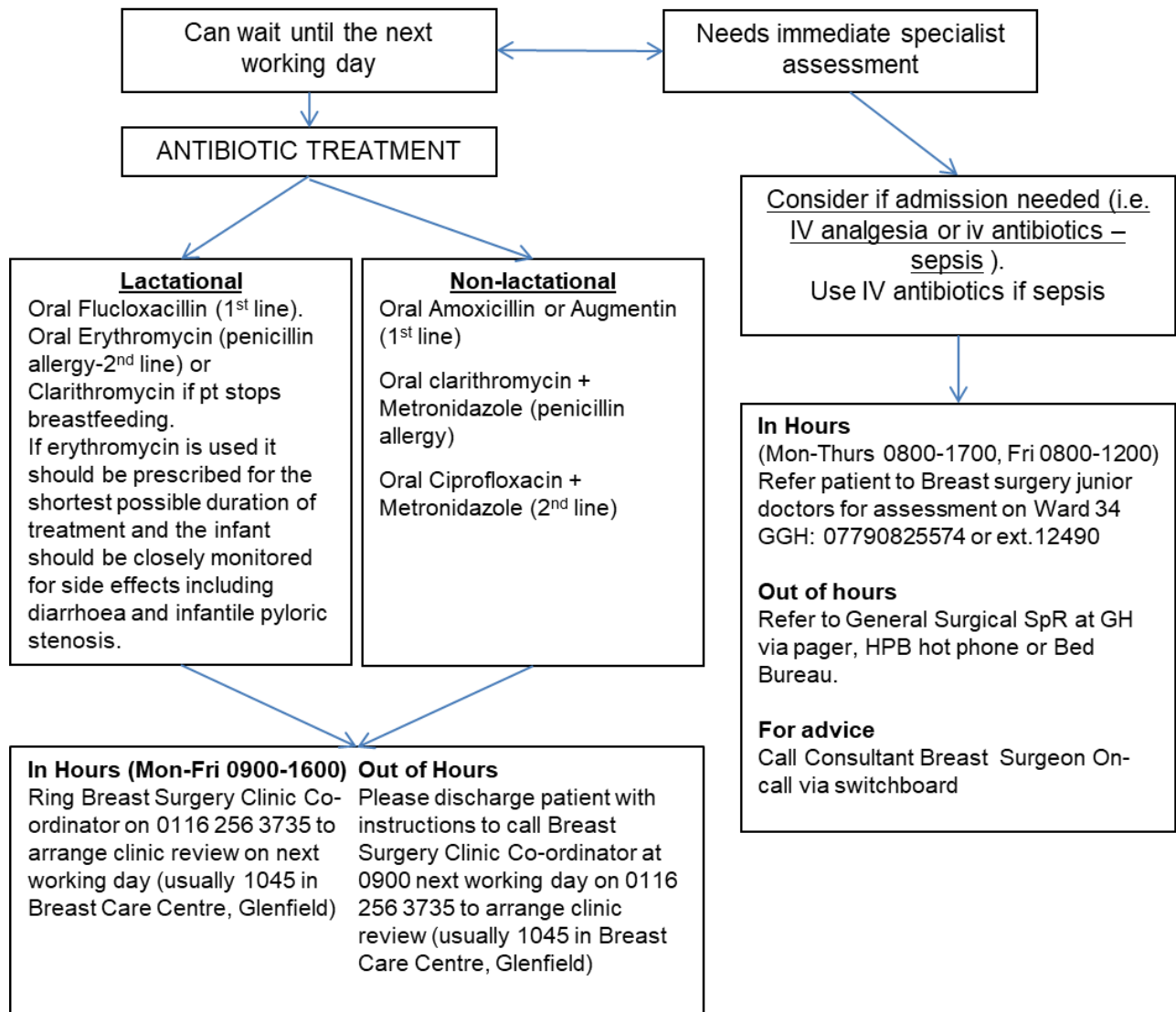
### **Telephone Advice**

For advice, the Consultant Breast Surgeon On-call can be contacted via switchboard.

### **Breast abscess protocol (flowchart)**

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## **Breast Abscess and Other Breast Emergencies presenting via ED** **(Excludes Breast Surgery Under Plastics at LRI)**



**Notes:**

Patients with suspected breast cancer should be referred for urgent 2ww cancer referral, either internally or via GP.

Patients with breast pain but no suspicious clinical findings should be assessed via their GP and can be referred to GP-led breast pain service

For all post-operative complications, contact relevant on-call surgical team (plastics team for plastic surgery breast patients and breast team for breast surgery patients)

Infected sebaceous cysts on breast should be referred to the currently existing emergency general surgery pathway. These will be managed by the General Surgical on-call team at the LRI.

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#### 4. APPROVAL PROCESS

This SOP has been submitted to MSS board for approval.

#### 5. DISSEMINATION AND IMPLEMENTATION

Approved SOPs will be placed on to SharePoint for access by all staff. It is the responsibility of the Sub-group Lead or SOP Author to disseminate the SOP changes to relevant staff groups.

#### 6. REVIEW AND MONITORING CRITERIA

All SOPs must be reviewed every two years. Any changes in practice which require amendments to SOPs must be forwarded in writing to the SOP Sub-group lead to authorise the review. Obsolete SOPs will be archived by the SOP Sub-group lead on SharePoint (where possible). Any sub-groups keeping paper files that require review or archiving must follow SOP 001.