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| **SOP :**  **MDT OUTCOME FOR LARGE VOLUME EXCISIONS FOR BREAST SCREENING PATIENTS (B3)** | SOP | BS 3 |
| Issue No | 3.0 |
| Issue Date | 26/05/2022 |
| Review Date | Review if SBSS rules change |
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* B3 Lesions – Breast Screening patients discussed at MDT who require LVEx, this outcome is recorded on the SBSS MDT screen as “Refer to Secondary Care”.
* Patients do not attend for results, unless they specifically request to. Consultant Radiologist performing procedures to phone patient on afternoon of MDT discussion and will follow up with letter. Breast Screening Medical Secretary to type letter. If patient wishes to attend for results, to be seen by Consultant Radiographer performing procedures. If Consultant Radiographer performing procedures is on leave, Specialty Doctor to phone and write letter / see at results clinic.
* Radiologist at MDT completes referral for LVEx to Radiology.
* Consultant Radiologist performing procedures to vet referrals.
* Radiology Secretary books procedure. *\*Radiologist can perform U/S or stereo, Advanced Practitioner can perform stereo only.\**
* If procedure to be done by Advanced Practitioner, the AP **must** discuss technicalities, e.g. approach, site, extent etc with Consultant Radiologist. Consultant Radiologist to discuss procedure with patient and obtain consent.
* Radiology Secretary to advise MDT Co-ordinators of procedure date for post procedure discussion at MDT. Radiology Secretary to update MDT Co-ordinator with any changes to booking.
* Performing Radiologist to complete follow up imaging request chit at time of procedure and pass to Radiology Secretary. Advanced Practitioner to discuss post procedure imaging with Consultant Radiologist to agree on completeness of procedure. *\*Imaging request chit only if Radiologist unsure of completeness\**
* Performing Radiologist to give consent form to Radiology Secretary. Radiology Secretary to pass to MDT Co-ordinators to scan in to Trak.
* MDT Co-ordinator will create yellow radiology form.

Post procedure the case is discussed at MDT at the end of the Post section with imaging to be discussed. At this point they have not been assigned a Consultant. Record of the outcome on the Post MDT Proforma. MDT Co-ordinator to pass Proforma to Radiology Secretary.

There are 3 OUTCOME options: MDT Co-ordinator to advise Radiology Secretaries of MDT outcome.

1. Discharged – No further follow-up

Radiology Secretary to inform performing Radiologist of outcome. Performing Radiologist to phone patient with results and follow up with letter to patient. Radiology Secretary to type.

1. Surveillance Mammography (5 years)

Patient assigned to MDT chair. Surgeon completes mammogram chit. Patient to be added to Admission sheet to inform Medical Secretary. Performing Radiologist phones patient with results and follows up with letter to patient, cc’d to GP and Surgeon. Radiology Secretary to type.

1. Surgical excision

Patient assigned to MDT chair of post procedure discussion. Patient to be added to Admission sheet to inform Medical Secretary. Performing Radiologist to phone patient advising surgical excision required and follows up with letter to Surgeon, cc’d to GP. Medical Secretary to book Clinic E Results appointment.