**Lumps and Bumps; to scan or not to scan….**

The number of non-obstetric ultrasound requests continue to increase each year so Dr Carol Philips (Consultant Radiologist) and Anna Moir (Principal MSK Sonographer) from UH Bristol have kindly produced the following advice to help GPs know when to request a scan. This advice has been agreed with NBT and WAHT.

**Hernias:** If it is clinically a reducible hernia, there is no need for ultrasound confirmation.

**Lipomata and Epidermal Inclusion (Sebaceous) Cysts:** Soft tissue lesions that are clinically non-tender and soft with no red flags (rapid growth/pain) do not require ultrasound, however may need clinical review in GP service.

**Miscellaneous Lesions:** Ultrasound will not provide any further meaningful information for:-

* skin lesions, verrucae, corns or skin thickening
* perineal, penile, labial and vaginal lesions

***Ultrasound is justified if a new or known lesion presents with rapid/accelerated growth or pain. If the lesion is over 7 cm in size it may be more appropriate to perform MRI (unless contra-indicated).***

In all requests for ultrasound of lumps and bumps please provide details regarding the following areas:

* size of lesion
* time since the lesion was first noticed
* has the lesion grown slowly or has growth been rapid or recently accelerated?
* are overlying skin changes present?
* are pain symptoms related specifically to the lesion or due to nearby pathology for example rotator cuff disease, AC joint synovitis, spine OA etc.

This information will ensure requests are vetted appropriately and urgent cases are prioritised.