

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

This Guide was first produced at the request of NHS England at the start of the pandemic. It is written by specialists in the procedures listed and is updated every month. It sets out what clinicians view as the relative priorities of conditions at the time it is posted.

The Guide is a short term expedient to the pandemic and not for long term use.

Where local arrangements for prioritisation are in place and are working well, they should continue and the Guide used for reference to check if national priorities have changed and local arrangements need to be revised.

It is essential that all patients listed in any category are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising.

Whenever possible, elective surgical patients should have been vaccinated at least 2 weeks before their planned procedure to reduce peri-operative Covid related risks.

The 'RPM' form, included in the footer of the guide, is designed to help review and reprioritise cases in p2-4.

The relative priorities between cases listed in the same time frame must be decided locally in relation to facilities available and local Covid conditions.

P5 and 6 have been added (October 2020) by the NHS as part of the national validation of waiting lists. These are NOT included in the guide because they are administrative categories and not based on the patient's clinical condition. Patient in P5/6 must also be regularly reviewed clinically to asses if they need to be re-prioritised.

Both the Guide and the RPM are available to down load at https://fssa.org.uk/covid-19_documents.aspx

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSG, RCSEd, RCSEng and RCSI

The Association of Surgeons of Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

ENT -UK

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

The Society of British Neurological Surgeons

The Vascular Society of Great Britain & Ireland

Priority 1a - Emerge	ency procedures to b	e performed in <24 h	ours										
		nd not by whom' during Appendicectomy -		- see notes below). Drainage of localised	Benign Perforated	Acute airway	Solid organ						
(including oesophago-gastric, HPB,	laparotomy -	complicated/ unresponsive to conservative Rx		sepsis/necrosis - not responding to conservative Rx	oesophagus/ stomach - with survivable	obstruction - thyroid	transplants - Follow NHSBT						
coloproctology, breast, endocrine, solid organ				(antibiotics/ Interventional radiology)	mediastinitis/ peritonitis		guidance but if local conditions require;						
transplant, bariatric)	Ischaemia Necrotising fasciitis						i) Cadaveric donorii) Deteriorating						
	Small and large bowel obstruction with concerning features of incipient						recipient and living donor.						
	ischaemia/ perforation Post-operative complications (e.g.												
	anastomotic leaks) Bleeding - not suitable for/ responding to												
	endoscopic/control/ interventional radiology												
OMFS	maxillary/mandibular trauma not responsive to conservative Rx	Dental Sepsis - not responding to conservative Rx and threat to life/airway/ sight/brain.	Orbital Compartment Syndrome/Muscle Entrapment - threat to sight	Jaw Dislocation - not responding to conservative Rx									
Reconstructive plastic surgery	(reduction + IR) Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially		Washout open wound/fractures/	Removal of prosthesis/expander						
including burns and hands	management/ resuscitation/ escharotomies/ amputations/Toxic Shock	Hydrofluoric acid >2%		closed compartments/ joints/prostheses) not responding to conservative Rx	failing free flap - any site	infected/grossly contaminated (human/animal/ contaminated) wounds - any site	for fulminant infection						
Urology	Renal obstruction with infection - not responding to conservative Rx	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ testicular torsion/ amputation/priapism (>24hrs)	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to	Insertion of catheter under GA						
Trauma and orthopaedics (including spinal	Fractures - Open	Infection - Septic arthritis - (natural or prosthetic	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and or neurological dysfunction	Acute spinal cord compression - with neurological dysfunction -	Cauda Equina Syndrome - Clinically and radiologically						
surgery)	Neurovascular +/- Skin compromise Hip/femoral shaft Long bone/Pelvic +/-	joint) Other metalwork (including spine)			dysiunction	including MSCC	confirmed.						
ENT	Spinal fixation in polytrauma Airway obstruction -		Nasal/ear button	Life threatening	Orbital cellulitis	Uncontrolled	Sinus surgery for						
	Cancer/Foreign body/Sepsis (including adeno- tonsillectomy for cardiopulmonary compromise/	vascular/visceral/ airway injury	battery removal Removal of sharp foreign body from throat	middle ear conditions	Conunts	epistaxis	impending catastrophe/failure to respond to medical Rx						
Neurosurgery (including spinal surgery)	inability to intubate.) Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to conservative RX	Acute raised Intra cranial pressure/ Hydrocephalus (recoverable stroke/ tumour) - not suitable for	Cauda Equina Syndrome - Clinically and radiologically confirmed.	Myelomeningocoele								
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	conservative Rx Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal defect	Acute mitral valve disease	Chest Trauma						
Vascular surgery	Vascular injury/ occlusion - i) Limb (incl. compartment syndrome)	Uncontrolled external haemorrhage - any site/source	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
	ii) mesenteric iii) AV fistula												
Paediatric general and urological surgery (see also	Neonatal Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant/ child)	Appendicectomy - Complicated or unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted		Acute Scrotal Exploration (suspected	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction - i) Infection/pain - not	Bladder outlet or urethral obstruction	Urosepsis - not responding to conservative Rx.
urology)	Oesophageal Atresia, Gastroschisis,	Necrotising Entero- Colitis (NEC),	Peritonitis Perforation	conservative Rx	Thorascopic Surgery (VATS) for Empyema		Testicular Torsion)				responding to conservative Rx ii) Impaired renal		
	Anorectal Malformations	Perforation, Malrotation	Intussusception								function iii) Single kidney		
			Ischaemia Necrotising fasciitis Bleeding (not responding to										
			conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding)										
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome									
surgery (including spinal surgery)		Open Neurovascular compromise +/-Skin compromise											
Paediatric cardiac surgery	obstructive lesions -	Neonate - Right heart obstructive lesions -	Neonate - Mixing lesions -	Neonate - Shunt/ stent -	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -					
	HLHS (restrictive/intact atrial septum)		TGA (hypoxaemia for BAS/Intact IVS for ASO)	Profound hypoxaemia/ occlusion/	CHB not responding to medical Rx.	(cyanotic spells unresponsive to	Aortic (haemodynamically unstable)	MV prosthesis (Thrombosed)	Aortic (haemodynamically unstable)				
	Critical aortic stenosis/coarctation (unresponsive to medical Rx)	PA-VSD Tetralogy of Fallot	TAPVD (clinically obstructed)	thrombosis)		medical Rx) Shunt/stent dependent							
		Critical pulmonary stenosis (not responding to medical Rx)	Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not			pulmonary blood flow (pre BCPC/pre biV repair with profound hypoxaemia/							
Obstetrics and	Laparotomy/	Pregnancy/Delivery	responding to medical Rx) Early pregnancy and		Paediatric/	thrombosis/ occlusion)							
Gynaecology (including urogynaecology,	Laparoscopy Miscarriage with	Emergency Caesarean	abortion care - Miscarriage -	medicine - a) <i>Males</i> - sperm	adolescent Imperforate hymen -								
pregnancy, delivery, and reproductive medicine)	bleeding requiring surgical control and unstable	Instrumental delivery Perineal repair	bleeding and unstable Maternal	storage before acute sterilisation b) Females - before	incision and drainage								
,	Torted/ruptured ovary/pelvic mass Pelvic/genital tract sepsis	Manual removal of placenta Cervical cerclage	compromise (e.g., sepsis, chorioamnionitis, severe preeclampsia, etc.)	acute sterilisation - i) Oocyte collection (n.b. must be 36hrs after the trigger) ii) Ovarian tissue									
	Bleeding	Emergency laparotomy/	Approaching legal threshold (23+6	storage									
	Necrotising fasciitis Genital tract trauma	hysterectomy	weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks										
	- (e.g. vaginal tear/ pelvo-vaginal haematoma)		[Scotland] for medical abortion at home)/ 12-14 weeks where procedure not										
	Ectopic pregnancy Complications of		provided by local NHS beyond this)										
	TOP Molar pregnancy - (heavy bleeding		Cases where cervical preparation has been administered (misoprostol/osmotio										
	requiring evacuation, hysterectomy)		dilators/mifepristone, Feticide (approaching legal limit)										
Ophthalmology	Acute risk to sight/	Oncology -	Vitreoretinal										
	(e.g. penetrating injuries/globe rupture/orbital haemorrhage/burns infection/fractures/ lid lacerations)	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection - suspected endophthalmitis										
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE	I .	b) Any delay in treatment, especially of cancers, trauma and life threatening		d) Other specialist surgery in paediatric patients is included in the guidance above.									
www.england.nhs.uk/coronavirus/publication/	This Prioritisation is about 'WHEN and not BY Whom'. Space does not	conditions, may lead to adverse outcomes.	acute surgical problems (e.g. NAI/ domestic violence/ abuse of the										
specialty-guides/	allow every procedure to be listed under every		vulnerable)										
	specialty performing it and it DOES NOT indicate primacy of ANY	3											
	specialty legitimately performing any												
	procedure within their listed competencies.												

-	ures to be performed										
General surgery	on is about 'when an Laparotomy -	d not by whom' durin	Urgent nutrition	Failed conservative	Breast sepsis -	Upper GI endoscopy					
(including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Small bowel obstruction - not responding to conservative Rx. Colectomy for acute severe ulcerative colitis - not responding to conservative Rx Bowel obstruction not suitable for stenting.	other infection - not responding to conservative Rx.	compromise. Enteral nutrition access Revision Bariatric Surgery	management of localised intra-peritoneal infection	without necrosis unresponsive to conservative Rx	for foreign body removal	slippage/erosion. Acutely symptomatic internal hernia.				
OMFS	Facial fractures - not suitable for conservative Rx										
Reconstructive plastic surgery including burns and hands	Burns - requiring resuscitation.	Burns - full thickness/deep dermal requiring debridement and closure	Burns - mid/deep dermal with exposure of deep structures likely/ infection	Soft tissue infection - all sites (especially closed compartments/ joints/prostheses) not responding to conservative Rx	Delayed primary closure of open wound/fracture - any site	Primary tendon/ nerve repair - all sites.	Unstable closed fractures or joint injuries - unsuitable for conservative Rx	Secondary closure of washed out open wound/ fracture - any site	Finger tip/nail bed repair/terminalisation	Major limb trauma reconstruction unsuitable for conservative Rx	Brachial plexus/ major peripheral nerve injury - Associated with major vessel injury
Urology	Upper urinary tract obstruction	Renal stones - pain/ impairment not responsive to conservative Rx	Penile fracture	Infected prosthesis - penile/testicular/ ureteric stent	Peritoneal Dialysis Catheter Insertion						
T & O (including spinal surgery)	Tibial fracture - high energy/displaced, unstable shaft/	Fractures - pathological and peri-prosthetic	Unstable articular fractures that will result in severe disability without operative fixation	Non-hip lower limb frailty fractures requiring fixation to mobilise patient	Spinal Trauma requiring stabilisation without neurological involvement						
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to	Traumatic/ cholesteatoma related facial nerve palsy/labyrinthine	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.	MDT directed cancer debulking/biopsy - Microlaryngoscopy +/- laser	Vocal Cord medialisation for severe aspiration	Compound/complex fractures of the nose and sinuses	Choanotomy for bilateral atresia
Neurosurgery (including spinal surgery)	Depressed skull fracture	Traumatic brain injury - not responding to conservative Rx - neurological compromise	conservative Rx Intracranial haemorrhage - no longer responding to conservative Rx	fistula Acute raised Intra cranial pressure/ hydrocephalus (recoverable stroke/ tumour) - no longer responding to conservative Rx	Battery change for spinal/deep brain/epilepsy stimulators/pumps	MDT directed paediatric brain tumour surgery					
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/ Rest ECG changes and not reposing to conservative Rx	Aortic Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Mitral Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Myxoma - Emboli/ Haemodynamically unstable	Chest Trauma					
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or end organ failure (Renal/Hepatic)	Symptomatic AAA	Aortic dissection - Type B					
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - Duodenal Atresia, Small bowel obstruction	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Exstrophy - Primary bladder closure	Hydronephrosis - Rapid progression
	Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise										
Paediatric orthopaedic surgery (including spinal surgery)	Slipped Upper Femoral Epiphysis	Fractures - Displaced articular/ peri-articular Forearm Femoral	Exposed metalwork								
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours Bowel obstruction -	Incision + drainage/ marsupialisation - Bartholin's abscess	Miscarriage - Patient stable - case selection	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week)	Fistula repair - Recto-vaginal/ Bladder-vagina	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling				
Ophthalmology	Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment	Vitreoretinal - Laser/cryotherapy - retinal tear Vitrectomy - i) dropped lens nucleus after cataract surgery ii) Detachment - macular on/recently off	Cornea - Corneal transplant/ glueing Amniotic membrane graft - threat to sight	Adnexal - Orbital decompression/ lesion debulking - threat to sight Drainage of orbital abscess Eye removal - serious risk to health (e.g. sepsis)	Glaucoma - Acute - i) Laser PI ii) Unresponsive to medical Rx/laser Secondary - Drainage/diode laser - imminent risk to sight	-laser/intravitreal injection Examination under	Medical - Retina - Periocular/ intravitreal steroids for inflammatory eye disease Temporal artery biopsy				
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed		c) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to; i) p1a if their clinical condition deteriorates. ii) p2 If their clinical condition improves and stabilises.	d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	e) Other specialist surgery in paediatric patients is included in the guidance above.						

(including oesophago-gastric,		MDT Directed cancer surgery	MDT directed cancer surgery -	cancer surgery and IBR, if appropriate	stricture/fistula not responsive to	Thyrotoxicosis - Not responding to conservative Rx.	calcium >3.0mmol/l and/or not	pathology not responding to	Goitre - mild moderate stridor	MDT directed bariatric surgery				
HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Hepatobiliary Pancreatic Oesophagogastric Neuroendocrine tumour Metastases - NOS	Thyroid/parathyroid (including diagnostic lobectomy) Adrenal	Rectal cancer - incl. high risk rectal polyps; liver metastases	fitness criteria - ER negative Her2+ Pre-menopausal ER+ with higher risk	endoscopic/medical Rx	(including orbital surgery for impending sight loss)	conservative Rx,	medical Rx (e.g. Cushing's/phaeochromocytoma	a	As part of cancer/ transplant treatment				
01450	progressing on scan at 3/12.		advanced colon cancer Salvage surgery for recurrent anal cancer Pelvic exenteration	ER, node +ve)	Our info sink and an									
OMFS	MDT Directed oropharyngeal/tonsil tongue cancer resection +/- reconstruction.	occlusal problems	orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children	Adult and paediatric if unresponsive to conservative Rx (severe pain/ infection)	Craniofacial - ocular complication/Raised Intracranial Pressure									
Reconstructive plastic surgery including burns and hands		Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture	MDT Directed Major soft tissue tumour resection - All sites		MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy	major peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment	Facial Palsy - Eyelid closure/ ectropion/entropion	digit excision (narrow pedicle/	Primary cleft palate repair - child breaching 13 months of age	non-cleft speech			
Urology	MDT directed testicular cancer surgery - non- metastatic.	MDT directed penile cancer surgery including inguinal node surgery.				MDT directed bladder Cancer surgery - high risk carcinoma-in- situ.	inguinoscrotal sarcoma surgery	Acute Urinary Retention 1) Bladder neck stenosis post RARP. 2) Catheter/Stent	- single kidney	Visible haematuria - investigation	Ureteroscopy for stones where stents in situ			
T & O (including spinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	destructive bone	Fractures - Displaced, intra- articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise	Knee extensor disruption (including fractured, displaced patella)	Tendon rupture - any sites	site	Peripheral Nerve Decompression - any site (pain/weakness/ muscle wasting - not responding to conservative Rx)	site where there is a	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit				
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery for malignancy	MDT directed oropharyngeal r surgery for malignancy	MDT directed otological cancer surgery.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	1	MDT directed treatment of sinus cancers threatening sight	Treatment of pharyngeal/oesophageal/airway stricture	Mucocoele with recurrent infection/ visual disturbance	Complex nasal obstruction with severe sleep disordered breathing	Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity	Cochlear implant - i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to conservative Rx.	Airway compromise - NOS (including tracheostomy for weaning) Choleasteator complications labyrinthine fis
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx											
Cardiothoracic surgery	MDT directed treatment of resectable Non- Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to conservative Rx								
Vascular surgery Paediatric general	Chronic severe limb ischaemia - no neurology Laparotomy or	AAA >7cms diameter Infant with Billary	Diabetic foot surgery - NOS Inguinal hernia under		Crohn's Disease -	Gastrostomy for	Fundoplication for	Renal Stent	Vesico-ureteric reflu	x Circumcision for	Recurrent UTIs -	Non-functioning	Neuropathic bladder	Renal Calculi - MDT directed
and urological surgery (see also urology) Paediatric orthopaedic	Stoma Closure to manage intestinal failure with liver disease / complications MDT Directed Suspected bone or	Atresia - bladder exstrophy MDT Directed	3/12 of age Meniscal repair	surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	stricture/fistula/ optimise medication/ nutrition	nutritional support.	GOR for previous life threatening complication/ repeated aspirations	Removal/Exchange	- case selection	severe BXO/meatal pathology	renal scarring/ hypertension	renal tract with infection – not responding to conservative Rx	- high risk of renal deterioration	recurrent symptoms/ renal impairment As part of can transplant trea
surgery Paediatric cardiac	soft tissue malignant tumours Neonate - Left heart	aggressive, benign bone tumour Neonate - Right	Neonate - Mixing	Neonate -	Neonate - ALCAPA -		Infant - Right heart		Infant - Regurgitant	Child - Left heart	Child - Right heart		Child - Fortan	
surgery	obstructive lesions - Aortic stenosis (valvuloplasty/ valvotomy) Coarctation (case selection of approach and timing) HLHS (Norwood/ Hybrid)	heart obstructive lesions - PA-IVS (case selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow)	lesions - TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Arrhythmia - CHB (decision for pacing)	(Optimise medical Rx)	obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired function)		VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR	lesions - Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/symptoms) MV prosthesis (increased gradient/raised RVP)	obstructive lesions - RV-RA conduit (impaired function/ >systemic RVP)	lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)	candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old	
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages ii) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours	Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer		r										
	Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity													
Ophthalmology	Oncology - MDT directed treatment for; Ocular/ocular surface tumours	Vitreoretinal - Re-do retinal detachment Vitrectomy -	Protect ocular surface MDT directed	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP	extraction Angle closure	Cornea - Amniotic membrane graft - non-healing ulcer (see also paediatrics)	Congenital cataract Keratoplasty for congenital corneal	Medical retina – Intravitreal injections for wet, age related macular degeneration >2/52	Strabismus – Sudden loss of binocularity					
	Enucleation - advanced melanoma/other malignancies/ tumours Intravitreal injections - radiation maculopathy +/- ocular tumours PDT/External beam Radiotherapy - ocular metastases - threat to sight	break/unknown iii) Dislocated lens implant with poor		ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	sight	- Soundinoo)	Superficial keratectomy - atopic plaque Drainage surgery - glaucoma (< 2 weeks)	Laser for active/ progressive neovascularisation Periocular and intravitreal steroid injection for macular oedema						
guidance can be found on the NHSE website https://	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.	conditions, may lead to adverse outcomes.	c) Patients in p2 who have not been treated MUST be reviewed clinically at most 1/12 from being listed and reprioritised as necessary. Patients Patie	considered in all those attending with trauma and	surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.	g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.							

(n.b. This prioritisate General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Colectomy/ proctectomy for colitis refractory to medical Rx (excluding acute, severe colitis treated urgently)	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and		Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have previously settled with conservative Rx	Hernia - presenting with complications that have previously settled with conservative Rx	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery i) Significant/multiple end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight loss/comorbidities.	Solid organ transplants - Follow NHSBT guidance but if local conditions require; i) Living donor if recipient stable (both fully covid vaccinated at least 2/52 before)	
OMFS	MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	MDT directed salivary gland tumours (low grade).	Cleft lip - Alveolar bone grafting (Prior to canine eruption)								
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction Microstomia Joint contracture Neck contracture	Limb contractures	Primary cleft palate repair - child less than 12 months of age	Secondary cleft and non-cleft speech surgery - child less than 5 yrs of age	Brachial plexus/ major peripheral nerve injury - MDT Directed i) re-animation +/- joint stabilisation ii) Exploration for life altering pain not responding to conservative Rx. iii) Revision surgery for major functional impairment.	Facial Palsy - Dense facial palsy inside 12/12 from injury	Congenital hand anomaly where delay will compromise outcome.	MDT directed surgery for major upper limb functional impairment			
Urology	MDT directed prostate cancer surgery - high/ intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible (including paediatric)	MDT directed bladder cancer surgery (not invading muscle)	, , ,	Bladder outflow obstruction in catheterised males.					
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	Tendon reconstruction/ tenodesis - any site	Revision surgery Loosening without impending fracture. Recurrent joint instability	MDT Directed Benign bone/soft tissue lesion excision biopsy - not otherwise specified	MDT Directed primary sarcoma plus metastases surgery	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked Knee - ACL/ other reconstruction	Removal of metalwork e.g. across joints.	Spinal Surgery – Injection/ decompressive surgery for intractable radiculopathy.	Arthroplasty/ Arthrodesis - any site where an extended wait will prejudice outcome
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - Adults - NOS.	Cholesteatoma - NOS	Micro-Laryngoscopy Airway compromise - NOS (including papilloma/RRP/ Subglottic stenosis)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Sinus surgery with complication of infection	Adeno-tonsillectomy - OSA (NOS)	EUA middle ear - CSOM unresponsive to medical Rx		
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery Vascular surgery	Stable Non ST Elevation MI AAA >5.5cm (within 8/52, if appropriate according to local fitness criteria and facilities)	Vascular access surgery									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholesystectomy	Fundoplication for GOR - failure to thrive	Orchidopexy for undescended testis	Daytime urinary incontinence - obstructive cause suspected.	Penile anomalies - (e.g., mega prepuce but not hypospadias.)	Varicocoele/ Hydrocoele - large + symptomatic.	MDT Directed bariatric surgery i) Significant/multiple end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotmies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity							loss/comorbidities.
Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - Suprapubic catheter change Prolapse - bleeding/ ulceration/proci dentia/vault	MDT Directed cancer treatment - Cervical Low volume cervical cancer completely excised at loop excision.	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx)	BSO/salpingectomy - Risk reducing for BRCA1/2 + recent, normal CA125 and USS	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/	Paediatric and adolescent – MDT directed Laparoscopic excision of obstructed uterine horn				
	inversion Genitourinary fistula	Uterine Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)	Complex ovarian cyst - low risk of malignancy		Adhesions) Couples/individuals where the woman has low ovarian reserve >40 years old.	Vaginal reconstruction for agenesis with menstrual obstruction				
Ophthalmology	Vitreoretinal - Some Macular holes Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal - Large mucocele Entropion/Ectropion - ocular surface damage Eye removal - Non- malignant/low threat to health Botulism injections for disabling blepharospasm	Glaucoma - Drainage - not otherwise specified Selected laser trabeculoplasty	Cataract - Surgery/YAG laser i) Binocular vision <6/60/severely disabled (e.g. cannot work) ii) limiting management of other conditions - threat to sight	Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions Capsulotomy - visual axis opacity following congenital cataract surgery Removal of loose corneal sutures in children	i.Intravitreal injections ii.Macular laser Photodynamic laser for central serous chorioretinopathy	Strabismus – Development binocularity in infantile squint Surgery or botulinum injection for severe diplopia (e.g. cannot work)			
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	This Prioritisation	b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	treated MUST be reviewed clinically at most 3/12 from	d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	e) Other specialist surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.	g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.				

	Priority 4 - Procedu	res to be performed	in >3 months.													
Canaral arres	1		nd not by whom' durin		•	Powered of	Non uracet	Transport	Ronian hassat	Chalograta	Other hander	Occaphage	Other haris	Othor advar-	Abdominate	MDT Dive -t - !
General surgery [including pesophago-gastric	Breast surgery DCIS (intermediate	Colonic resection - Benign colonic poly	lleoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's procedure	Non-urgent proctology procedures	Transanal/rectal resection of benign rectal polyps.	Benign breast disease	Cholecystectomy - after biliary colic/ cholecystitis.	Other benign upper UGI conditions (e.g., gallstones/other		Other benign thyroid/parathyroid disease -	Other adrenal disease - uncomplicated	Abdominal wall reconstruction	MDT Directed bariatric surgery
oesopnago-gastric HPB, coloproctology,	and low risk)	Benigh colonic poly				procedure	procedures	ισσιαι μοιγμδ.	Delayed breast reconstruction, if	อกอเธองุรแนร.	Benign disease).		uncomplicated	uncomplicated		Lesser degrees o end organ failure.
oreast, endocrine, solid organ	Benign breast disease	proctocolectomy for IBD	•						appropriate according to local							g and o.
ransplant, pariatric)	Delayed and revision	1							fitness criteria.							
	breast reconstruction, if appropriate								Revision of breast reconstruction,							
	according to local fitness criteria															
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,															
OMFS	All orthognathic Surgery	Dental extractions - adult and paediatric	MDT Directed Salivary Gland	Facial deformity - Post-traumatic/	Benign dental lesions - mandible/	Temporo-mandibular joint surgery	r									
	Surgery	addit and paediatine	Tumours - benign.	Cancer treatment	maxilla	Joint Surgery										
Reconstructive olastic surgery	Burns - other contractures/scars	Limb trauma sequelae/scarring -	Breast reconstruction -	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site	Excision of benign lesions	NHS Cosmetic Surgery									
ncluding burns and hands		other reconstruction	NOS		not compromising vital structures											
Urology	Female urology for	Andrology/GU	Endourology -	MDT directed	MDT directed	Uncomplicated	Uncomplicated	Bladder outflow	Benign penoscrotal		Uncomplicated					
	benign conditions (e.g. incontinence/	Surgery Erectile dysfunction	Uncomplicated stones/	prostate cancer surgery (low risk)	bladder cancer surgery - superficial transitional cell	small/intermediate renal lesions	small/intermediate testicular lesions	surgery	surgery	asymptomatic	small/intermediate renal lesions					
	prolapse/Sacral Nerve Stimulator/	Male fertility surgery			cancer											
	fistula/urethral diverticulum)	Urethral stricture	nephrolithotomy/													
		Gender	Pelviureteric obstruction													
4		reassignment.														
Γ & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified	Hand and Upper limb surgery - Not otherwise specified	Metalwork removal	Degenerative spinal disease - no	Adult spinal deformity surgery with progression											
	outer wise specified,	outlet wise specified		neurological compromise/ refractory pain	with progression											
ENT	All other Rhinology	Chronic suppurative	All Ossicular	Tympanopasty/	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign	Micro Larvngoscopy	/ Laryngeal frameworl	k Routine neck	Uncomplicated	Adeno-tonsillectomy	<u> </u>		
	(septoplasty/	otitis media -	Surgery/Middle ear implants	Myringoplasty	Gremmete	Modropidoty	rectibular cangery	body (except button batteries/shaprp		surgery (thyroplasty) (unless significant		nasal fracture	- recurrent tonsillitis			
	septorhinoplasty/ turbinate surgery/	mastoidectomy (NOS)						FBs)	(e.g. polyp/cyst/ectasia/paralysis)	aspiration)	Pharyngeal pouch		as per EBI criteria			
	sinus surgery [NOS])										Benign and congenital					
Neurosurgery (including spinal	Congenital spinal deformity - no	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no	tumours - no	arteriovenous	craniofacial surgery	-							
surgery)	neurological compromise/				neurological compromise	neurological compromise	malformations/ tumours) - no	not compromising vision/neurology/								
	refractory pain						neurological compromise	raised ICP								
Cardiothoracic surgery	Stable coronary disease															
Vascular surgery	Vein surgery	Thoracic outlet	Claudication	Uncomplicated												
Paediatric general	Anoplasty/Posterior	syndrome Inguinal hernia (> 12	Splenectomy for	AVMs Cholecystectomy -	Stoma Closure	Benign lesion	Hypospadias repair	Cosmetic foreskin	Epispadias	Gender dysphoria	Daytime urinary	Asymptomatic	MDT Directed			
and urological surgery (see also	Sagittal Ano- Rectoplasty (PSARP	mths of age)		after biliary colic/ cholecystitis		excision	(around 12 mths of age)		, , ,	and ay opnoriu	incontinence - all children >7yrs	hyrocoele	bariatric surgery			
urology)	- after obstruction relieved	Other hernias - uncomplicated											Lesser degrees of end organ failure.			
		hernias (e.g., umbilical, epigastric))													
Paediatric orthopaedic	Developmental Dislocation of the	Congenital Talipes Equino Varus	Spasticity management	Corrective surgery for established	Reconstruction for established joint	Metalwork removal										
surgery (including spinal surgery)	Hip (DDH) - Secondary joint	(CTEV) - Late presenting/relapsed		deformity	instability (e.g. ACL/ Lateral ligament)											
Paediatric cardiac	reconstruction															
Surgery Obstetrics and	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open		1			Fertility -	Paediatric and						
Gynaecology (including	Incontinence surgery		Investigation of	myomectomy -	or Vaginal hysterectomy -	cystectomy/ Oophorectomy -	genital tract lesions (e.g. uninfected		Pelvic pathology	adolescent – MDT directed						
urogynaecology, oregnancy, delivery, and	Prolapse surgery	bleeding/ Reproductive failure (e.g. Levonorgestero		Fibroids not causing anaemia	Abnormal uterine bleeding	Ovarian cysts > 5 cm	Bartholin's cyst)		effecting fertility (e.g., Fibroids/ Hydrosalpinx/	Vaginal reconstruction						
reproductive medicine)			Tubal factor infertility		Pain	with a benign nivil)			Endometriosis/ Uterine septum/	(NOS)						
-,		resection/second generation	tubal disease		Symptomatic				Adhesions)	Clitoral reduction for differences in sex	r					
		endometrial ablation	Superficial +/- deep		fibroids +/- endometrial				Couples/individuals where the woman							
		Uterine structural disorders (Polypectomy/	(without bowel/ ureteric obstruction/ ovarian		hyperplasia				has normal ovarian reserve <40 years							
		Myomectomy/ Septoplasty/	endometrioma)						J.G							
		Adhesiolysis/ Cervical niche)														
Ophthalmology	Vitreoretinal -	Adnexal -	Cataract -	Cornea -	Oncology -	Paediatrics -	Medical retina -	Glaucoma – PI laser for								
	Vitrectomy - i) Macular epiretinal	Dacrocystorhinosto my	YAG laser capsulotomy	Cross-linking - progressive	Reconstruction/ Debulking - Benign	Strabismus surgery - restoration of visual	pre-proliferative	PI laser for narrow angles								
	membrane	Other surgery - NOS	Significant binocular	keratoconus	tumours	function/NOS	diabetic retinopathy									
	ii) Silicone oil removal - not		visual reduction	Corneal graft - significant binocular	Other oncology surgery - NOS	Other Surgery - NOS										
	otherwise specified (NOS)		Other surgery - NOS	visual reduction												
	iii) Other surgery - NOS			Other Surgery - NOS												
PLEASE NOTE:	a) THIS	b) Any delay in	c) Patients in p4	d) Safeguarding	e) Other specialist	f) Private sector	g) Additional									
More detailed specific	DOCUMENT WILL BE REVIEWED	treatment, especially of	who have not been treated MUST be	issues must be considered in all	surgery in paediatric patients	aesthetic surgery procedures should	weighting may be given to a patient									
guidance can be found on the NHSE	MONTHLY	cancers, trauma and life threatening	reviewed clinically at most 6/12 from	those attending with trauma and	is included in the guidance above.	be considered on merit and on a	within their existing 'P' group to allow									
website <u>https://www.england.nhs.u</u>		conditions, may lead to adverse	being listed and re- prioritised as	problems (e.g. NAI/		case-by-case basis.	them to enter into an approved, time									
k/coronavirus/ oublication/ specialty-guides/	and not BY Whom'. Space does not allow every	outcomes.	necessary. New york and a finite field of the might up and the blast dated parties for a finite field of the finite field of the field	domestic violence/ abuse of the vulnerable)			dependent RCT providing that this does not lead to									
<u>-pooranty-guild65/</u>	procedure to be listed under every		March Marc	- amorablej		benefit should be prioritised where	the distortion of clinical priorities									
	specialty performing it and it		Complex or long and comple			possible.	within that 'P'									
			Column Value TOTAL SCORE			A detailed risk										
	DOES NOT indicate primacy of ANY		d Alde verlagery if and in Measurement of an international problem. The control of the control o			analysis should be							1			1
	primacy of ANY specialty legitimately		Comment of the commen			undertaken and consideration giver										
	primacy of ANY specialty legitimately performing any procedure within		The state of the s			undertaken and consideration giver to any potential effect on local NHS	ו									
	primacy of ANY specialty legitimately performing any		The RPM matrix is to be used ONLY to assess patients in			undertaken and consideration giver to any potential	ו									