

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

The current versions of the Guide and the RPM are available to down load at https://fssa.org.uk/covid-19 documents.aspx

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.

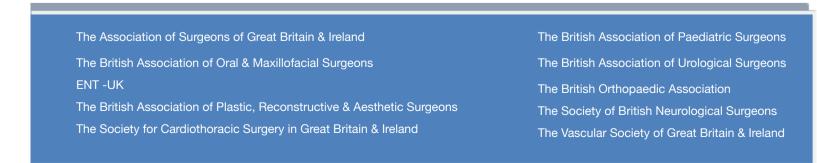
Whenever possible, elective surgical patients should have been vaccinated at least 2 weeks before their planned procedure to reduce peri-operative Covid related risks.

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.

The revised 'RPM' form, included in the footer, is available for download at https://fssa.org.uk/covid-19 documents.aspx and is designed to help reprioritise patients in p2-4 when they have their specified clinical reviews. 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.

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



General surgery	tion is about 'when an Emergency	Appendicectomy -	Intra-abdominal	Drainage of localised		Acute airway	Solid organ						
aeneral surgery including besophago-gastric IPB,	laparotomy -	complicated/ unresponsive to conservative Rx	trauma - unsuitable for/not responding	sepsis/necrosis - not responding to conservative Rx		obstruction - thyroid							
PB, oloproctology, reast, endocrine,	Peritonitis Perforation	conservative Rx	to conservative Rx	(antibiotics/ Interventional	survivable mediastinitis/ peritonitis		Follow NHSBT guidance but if local						
olid organ ansplant,	Ischaemia			radiology)			MDT directed;						
ariatric)	Necrotising fasciitis						i) Deceased donor ii) Deteriorating						
	Small and large bowel obstruction with concerning						recipient with living donor.						
	features of incipient ischaemia/												
	perforation Post-operative												
	<i>complications</i> (e.g. anastomotic leaks)												
	<i>Bleeding</i> - not suitable for/												
	responding to endoscopic/control/ interventional												
OMES	radiology	Dontal Sonaia not	Orbital	law Dialogation									
OMFS	Haemorrhage from maxillary/mandibular trauma not	conservative Rx and		Jaw Dislocation - not responding to conservative Rx									
	responsive to conservative Rx (reduction + IR)	threat to life/airway/ sight/brain.	Entrapment - threat to sight										
Reconstructive	Major burns -	Chemical burns -		Soft tissue infection		Washout open	Removal of						
plastic surgery including burns and hands	Airway management/ resuscitation/	especially Eye/ Hydrofluoric acid >2%	- any site	- any site (especially closed compartments/	failing free flap - any site	wound/fractures/ infected/grossly contaminated	prosthesis/expander for fulminant infection						
	escharotomies/ amputations/Toxic Shock			joints/prostheses) not responding to conservative Rx		(human/animal/ contaminated) wounds - any site							
Urology	Renal obstruction	Renal/ureteric	Bladder trauma	Genital trauma/	Fournier's gangrene	Haematuria/	Insertion of catheter						
	with infection - not responding to conservative Rx	trauma requiring open surgery	requiring open surgery	testicular torsion/ amputation/priapism (>24hrs)		uncontrolled haemorrhage - causing	under GA						
				(,		haemodynamic instability and							
						unresponsive to conservative Rx							
Trauma and orthopaedics (including spinal	Fractures - Open	Infection - Septic arthritis -	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and or neurological	Acute spinal cord compression - with neurological	Cauda Equina Syndrome - Clinically and						
surgery)	Neurovascular +/-	(natural or prosthetic joint)			dysfunction	dysfunction - including MSCC	radiologically confirmed.						
	Skin compromise Hip/femoral shaft	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in												
ENT	polytrauma	Neck traume will	Nasal/oar hutte	l ife threaten's -		Incontrolled							
ENT	Airway obstruction - Cancer/Foreign body/Sepsis	Neck trauma with vascular/visceral/ airway injury	Nasal/ear button battery removal	Life threatening middle ear conditions	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending catastrophe/failure						
	(including adeno- tonsillectomy for cardiopulmonary		Removal of sharp foreign body from throat				to respond to medical Rx						
	compromise/ inability to intubate.)												
Neurosurgery (including spinal surgery)	Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to	Acute raised Intra cranial pressure/ Hydrocephalus	Cauda Equina Syndrome - Clinically and	Myelomeningocoele								
		conservative RX	(recoverable stroke/ tumour) - not	radiologically confirmed.									
			suitable for conservative Rx										
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal defect	Acute mitral valve disease	Chest Trauma						
lascular surgery	Vascular injury/ occlusion -	Uncontrolled external	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
	i) Limb (incl. compartment	haemorrhage - any site/source											
	syndrome) ii) mesenteric												
	iii) AV fistula (incl.												
Paediatric general and urological	dialysis) Neonatal Malformations -	Emergency Laparotomy -	Emergency laparotomy - (Infant/	Appendicectomy - Complicated or	Thoracotomy/Chest Drain Insertion/Video		Acute Scrotal Exploration	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction -	Bladder outlet or urethral obstruction	Urosepsis - not responding to
Surgery (see also urology)	Oesophageal	(Neonatal) -	child)	unresponsive to conservative Rx	Assisted Thorascopic Surgery		(suspected Testicular Torsion)	moracotomy			i) Infection/pain - not responding to		conservative Rx.
	Atresia, Gastroschisis,	Necrotising Entero- Colitis (NEC),	Peritonitis Perforation		(VATS) for Empyema						conservative Rx ii) Impaired renal		
	Anorectal Malformations	Perforation,	Intussusception								function		
	Manormations	Malrotation	Ischaemia								iii) Single kidney		
			Necrotising fasciitis Bleeding (not										
			responding to conservative Rx)										
			Post-operative complications (e.g.										
			anastomotic leaks/ bleeding)										
Paediatric orthopaedic surgery (including	Septic arthritis/ osteomyelitis	Fractures - Open	Dislocated joints	Compartment syndrome									
spinal surgery)		Neurovascular compromise +/-Skin											
		compromise											
Paediatric cardiac surgery	Neonate - Left heart 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 -	Child - Regurgitant lesions -				
	HLHS (restrictive/ intact atrial septum)		TGA (hypoxaemia for BAS/Intact IVS	Profound hypoxaemia/	CHB not responding to medical Rx.	(cyanotic spells	<i>Aortic</i> (haemodynamically	<i>MV prosthesis</i> (Thrombosed)	Aortic (haemodynamically				
	Critical aortic stenosis/coarctation	PA-VSD	for ASO) <i>TAPVD</i> (clinically	occlusion/ thrombosis)		unresponsive to medical Rx)	unstable)		unstable)				
	(unresponsive to medical Rx)	Tetralogy of Fallot Critical pulmonary	obstructed)			Shunt/stent dependent pulmonary blood							
		stenosis	<i>trunk</i> (excess pulmonary blood			flow (pre BCPC/pre biV repair with							
		(not responding to	flow, truncal			profound hypoxaemia/							
Obstati		medical Rx)	regurgitation not responding to			thrombosis/							
UDSTETrics and	Laparotomy/	medical Rx)	regurgitation not responding to medical Rx)	Reproductive	Paediatric/	thrombosis/ occlusion)							
Gynaecology (including	Laparotomy/ Laparoscopy	medical Rx) Pregnancy/Delivery Emergency	regurgitation not responding to medical Rx) Early pregnancy and abortion care -	medicine -	adolescent								
Gynaecology (including urogynaecology, pregnancy,	Laparoscopy Miscarriage with bleeding requiring surgical control and	medical Rx) Pregnancy/Delivery Emergency Caesarean	regurgitation not responding to medical Rx) Early pregnancy and abortion care - <i>Miscarriage</i> - bleeding and		adolescent Imperforate hymen -								
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• •	1	d not by whom' durir Perianal abscess/	ng the Covid19 Crisis	- see notes below) Failed conservative	Breast sensis	Upper GLendosson	Bariatric surgery				
General surgery including pesophago-gastric,	Laparotomy -	Perianal abscess/ other infection - not responding to	Urgent nutrition compromise.	Failed conservative management of localised intra-	Breast sepsis - without necrosis unresponsive to	Upper GI endoscopy for foreign body removal	Bariatric surgery -				
	Small bowel obstruction - not responding to	conservative Rx.	Enteral nutrition access	peritoneal infection	unresponsive to conservative Rx	TGHIUVAI	Acute gastric band slippage/erosion.				
reast, endocrine, olid organ	conservative Rx.		Revision Bariatric				Acutely symptomatic internal hernia.				
ransplant, pariatric)	iColectomy for acute severe ulcerative		Surgery								
	colitis - not responding to conservative Rx										
	Bowel obstruction										
	not suitable for stenting.										
OMFS	Facial fractures - not suitable for conservative Rx										
Reconstructive	Burns - requiring	Burns - full	Burns - mid/deep			Primary tendon/	Unstable closed	Secondary closure	Finger tip/nail bed	Major limb trauma	Brachial plexus/
plastic surgery including burns and hands	resuscitation.	thickness/deep dermal requiring debridement and	dermal with exposure of deep structures likely/	closed	closure of open wound/fracture - any site	nerve repair - all sites.	fractures or joint injuries - unsuitable for conservative Rx	of washed out open wound/ fracture -	repair/terminalisation	reconstruction unsuitable for conservative Rx	major peripheral nerve injury -
		closure	infection	compartments/ joints/prostheses) not responding to	Sile			any site		Conservative HX	Associated with major vessel injur
Urology	Upper urinary tract	Renal stones - pain/	Penile fracture	conservative Rx Infected prosthesis -	Peritoneal Dialysis						
	obstruction	impairment not responsive to conservative Rx		penile/testicular/ ureteric stent	Catheter Insertion						
T & O (including	Tibial fracture - high	Fractures -	Unstable articular	Non-hip lower limb	Spinal Trauma						
spinal surgery)	energy/displaced, unstable shaft/	pathological and peri-prosthetic	fractures that will result in severe	frailty fractures requiring fixation to	requiring stabilisation without						
			disability without operative fixation	mobilise patient	neurological involvement						
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear conditions not	Traumatic/ cholesteatoma related facial nerve	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy	Head and neck sepsis - not responding to	MDT directed cancer debulking/biopsy - Microlaryngoscopy	Vocal Cord medialisation for severe aspiration	Compound/complex fractures of the nose and sinuses	Choanotomy for bilateral atresia
			responding to conservative Rx	palsy/labyrinthine fistula		inadequate.	conservative Rx.	+/- laser		Sinuses	
Neurosurgery (including spinal	Depressed skull fracture	Traumatic brain injury - not	Intracranial haemorrhage - no	Acute raised Intra cranial pressure/	Battery change for spinal/deep brain/	MDT directed paediatric brain					
surgery)		responding to conservative Rx - neurological	longer responding to conservative Rx	hydrocephalus (recoverable stroke/ tumour) - no longer	epilepsy stimulators/pumps	tumour surgery					
		compromise		responding to conservative Rx							
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/	Aortic Valve Disease - Deteriorating	Mitral Valve Disease - Deteriorating	Myxoma - Emboli/ Haemodynamically	Chest Trauma					
		Rest ECG changes and not reposing to	Symptoms / Haemodynamically	Symptoms / Haemodynamically	unstable						
Vascular surgery	Acute on chronic	conservative Rx	unstable Amputation for limb	unstable DVT thromobolysis	Symptomatic AAA	Aortic dissection -	Vascular Access -				
asoular surgery	Acute on chronic limb ischaemia	disease	Amputation for limb ischaemia	for phlegmasia or end organ failure	Symptomatic AAA	Aortic dissection - Type B	Revision of AV fistula				
				(Renal/Hepatic)			(dialysis)				
							Central Venous Line insertion for Oncology/Enteral				
							nutrition/Access for antibiotics/Dialysis				
Paediatric general	Neonatal	Laparotomy - small	Laparotomy -	Soft tissue infection	Central Venous Line	Malignant tumour/	Pyloromyotomy	Peritoneal Dialysis	Resection of	Exstrophy -	Hydronephrosis -
and urological surgery (see also	Malformations -	bowel obstruction not responding to	Colectomy for colitis (Ulcerative Colitis/	 any site not responding to 	insertion for Oncology/Enteral	Lymph node biopsy		Catheter Insertion	Posterior Urethral Valves	Primary bladder	Rapid progressio
irology)	Duodenal Atresia,	conservative Rx	Hirschsprung's) not responding to	conservative Rx	nutrition/Access for antibiotics/Dialysis					closure	
	Small bowel obstruction		conservative Rx								
	Large bowel obstruction										
	Congenital										
	Diaphragmatic Hernia										
	Congenital Pulmonary Airway										
	Malformations (CPAMS) - respiratory										
	compromise	-	-								
Paediatric orthopaedic surgery (including	Slipped Upper Femoral Epiphysis	Fractures - Displaced articular/	Exposed metalwork								
spinal surgery)		peri-articular									
		Forearm									
Paediatric cardiac		Femoral									
surgery Obstetrics and	Laparotomy/	Incision + drainage/	Miscarriage -	Abortion -	Fistula repair -	MDT Directed EUA	Hysteroscopy -				
Gynaecology (including urogynaecology,	Laparoscopy Pelvic collection/	marsupialisation - Bartholin's abscess	Patient stable - case selection	All cases -NOS	Recto-vaginal/ Bladder-vagina	and insertion of fiducial markers -	PMB with thickened endometrium + not				
oregnancy, delivery, and	tubo-ovarian abscess (not	- 20 COULT S ADSCESS		(From NICE 2019: ensure minimum	vayına	Cervical cancer staging and planning	amenable to outpatient sampling				
reproductive medicine)	responding to conservative			delay and provide within 1 week)							
	treatment, incl. interventional radiology)										
	Ectopic pregnancy										
	(stable patient) Evacuation of										
	haematoma/Repair wound dehiscence/										
	Evisceration/ Incisional hernia										
	Pelvic pain >48 hours										
	v) Bowel obstruction										
	- Cancer not responding to										
Dphthalmology	conservative Rx. Trauma -	Vitreoretinal -	Cornea -	Adnexal -	Glaucoma -	Paediatrics -	Medical -				
	Intraocular - foreign	Laser/cryotherapy -	Corneal transplant/	Orbital	Acute -	Retinopathy of	Retina -				
	body	retinal tear	glueing	decompression/ lesion debulking -	i) Laser PI ii) Unresponsive to	prematurity - retinal -laser/intravitreal	Periocular/intravitreal steroids for				
	Paediatric orbital floor fracture with muscle entrapment	Vitrectomy - i) Dropped lens nucleus after	iAmniotic membrane graft - threat to sight	threat to sight Drainage of orbital	medical Rx/laser Secondary -	injection Examination under	inflammatory eye disease				
		cataract surgery		abscess	Drainage/diode laser - imminent risk to	anaesthesia - potential threat to	Temporal artery biopsy				
		ii) Detachment - macular on/recently off		Eye removal - serious risk to health (e.g. sepsis)	sight	sight					
PLEASE NOTE:	a) THIS	off b) Any delay in	c) Patients in p1b	(e.g. sepsis) d) Safeguarding	e) Other specialist	(see also trauma)					
More detailed specialty specific	DOCUMENT WILL BE REVIEWED	treatment, especially of	MUST be regularly reviewed clinically	issues must be considered in all	surgery in paediatric patients						
uidance can be ound on the NHSE	MONTHLY	cancers, trauma and life threatening	and re-prioritised	those attending with trauma and	is included in the guidance above.						
www.england.nhs.u		conditions, may lead to adverse	i) p1a if their	acute surgical problems (e.g. NAI/							
<u><pre>k/coronavirus/ publication/ specialty-guides/</pre></u>	and not BY Whom'. Space does not allow every	oucomes.	clinical condition deteriorates.	domestic violence/ abuse of the vulnerable)							
	procedure to be listed under every		ii) p2 If their clinical condition improves								
	specialty performing it and it		and stabilises.								
	DOES NOT indicate primacy of ANY specialty										
	legitimately performing any										

		-	ng the Covid19 Crisis												
ncluding esophago-gastric, PB, /	cancer surgery Hepatobiliary		surgery - Colon cancer - incl.	IBR, if appropriate according to local	stricture/fistula not responsive to endoscopic/medica		calcium >3.0mmol/l and/or not responding to	pathology not responding to medical Rx (e.g.	Goitre - mild moderate stridor	MDT directed bariatric surgery As part of cancer/	Solid organ transplants (including islets) -				
lid organ nsplant, (Pancreatic	(including diagnostic lobectomy) Adrenal	Rectal cancer - incl. high risk rectal		Rx	surgery for impendin sight loss)	especially pregnancy/post- transplant/repeated	Cushing's/ phaeochromocytoma	L	transplant treatment	guidance but if local MDT directed;				
	Neuroendocrine tumour		polyps; liver metastases Multi-visceral	Her2+ Pre-menopausal ER+ with higher risk			admission.				i) Living donor				
ļ	Metastases - NOS progressing on scan at 3/12.		resections for locally advanced colon cancer												
			Salvage surgery for recurrent anal cance	ər											
C	oropharyngeal/tonsil/		orthognathic surgery		complication/Raised	1									
r	tongue cancer resection +/- reconstruction.	occlusal problems	unresponsive to conservative Rx AND unsuitable for	e if unresponsive to conservative Rx (severe pain/ infection)	Intracranial Pressure	2									
econstructive	Burns - Mid/deep	Removal of	tracheostomy - adults and children Burns -	MDT Directed Major	Skin cancer -	Brachial plexus/majo	r Facial Palsy -	Neonate accessory	Primary cleft palate	Secondary cleft and	1				
astic surgery cluding burns and u ands	unhealed.	prosthesis - unresponsive to conservative Rx.	Reconstruction i) Eyelid closure problems	soft tissue tumour resection - All sites	Primary resection directed by appropriate skin	peripheral nerve injury - Closed injury - not	Eyelid closure/ ectropion/entropion	digit excision (narrow pedicle/vascular compromise/ infection/pain)	repair - child breaching 13 month of age	non-cleft speech s surgery - child breaching 5 yrs of age					
			ii) Severe microstomia		cancer specialist	suitable for observation. r									
			iii) Joint and neck contracture		i) Re-excision according to nationa	Exploration for paresis/pain/sensory impairment il									
					guidelines ii) SLNB and all completion										
					lymphadenectomies iii) Electro- chemotherapy										
		MDT directed penile	MDT directed	MDT Directed renal cancer surgery - not	<i>iv) ILP</i> MDT directed upper	MDT directed bladde Cancer surgery - higi		Acute Urinary Retention	Partial Nephrectomy - single kidney	 Visible haematuria - investigation 	Ureteroscopy for stones where stents	PD Catheter Insertion and hernia			
S	surgery - non-	cancer surgery including inguinal node surgery.	surgery - invading bladder muscle.	bleeding.	cancer surgery		sarcoma surgery	Bladder neck stenosis post RARP.		Investigation	in situ	repair, if necessary, pre-dialysis.			
								Catheter/Stent change							
pinal surgery)		Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g.		Knee extensor disruption (including fractured, displaced patella)	sites	 Locked joints - any site 	Peripheral Nerve Decompression - an site (pain/weakness/ muscle wasting - not	site where there is a	Spinal surgery - degenerative conditions with progressive					
			Giant cell tumour)	Osteochondral defect				responding to conservative Rx)	adverse consequences of delay, e.g. patient	neurological deficit					
				iAnkle/Foot Olecranon					going off their legs						
NT				Not Otherwise Specified	Pare to-	Omerica			Trootman	Musser	Complex	Doduction	Coobless	Ainuce	Chalassi
r	malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery fo malignancy	MDT directed oropharyngeal or surgery for malignancy	MDT directed otological cancer surgery.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary cancers.	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	fracture (NOS) - ideally inside 14 days according to	Cochlear implant - i) Children	Airway compromise - NOS (including tracheostomy for weaning)	Choleasteatoma wi complications e.g labyrinthine fistula
												local capacity	ii) Post- meningitis/ other obliterative disease		
													iii) Device failure - no hearing iv) Removal of		
													iv) Removal of infected implant not responding to conservative Rx.		
including spinal t urgery) (tumour surgery (including for	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia)	•											
r	metastases)	Unstable Non ST	- unresponsive to conservative Rx Aortic stenosis	Unstable coronary	Any deteriorating	Pneumothorax not									
urgery t r	treatment of resectable Non- Small Cell Lung	elevated MI	Aonic stenosis	Unstable coronary	heart condition	responding to conservative Rx									
ascular surgery (i		AAA >7cms diameter	Diabetic foot surgery - NOS	-											
ľ	neurology			i) Arteriovenous graf (AVG)											
		Infant with Billary Atresia - bladder	Inguinal hernia unde 3/12 of age	er MDT Directed surgery for	Crohn's Disease - stricture/fistula/	Gastrostomy for nutritional support.	Fundoplication for	Renal Stent Removal/Exchange	Vesico-ureteric reflux	x Circumcision for severe BXO/meatal	Recurrent UTIs - renal scarring/	Non-functioning renal tract with	Neuropathic bladder - high risk of renal	Renal Calculi - recurrent symptoms/	MDT directed
urgery (see also rology) f		exstrophy	0/12 of age	Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcom	optimise medication nutrition		threatening complication/ repeated aspirations			pathology	hypertension	infection – not responding to conservative Rx		renal impairment	As part of cancer/ transplant treatmer
Paediatric I prthopaedic S	MDT Directed Suspected bone or	MDT Directed Suspected,	Meniscal repair												
t	soft tissue malignant tumours Neonate - Left heart	bone tumour	Neonate - Mixing	Neonate -	Neonate - ALCAPA	- Infant - Left heart	Infant - Right heart	Infant - Left-Right	Infant - Regurgitant	Child - Left heart	Child - Right heart	Child - Regurgitant	Child - Fortan		
urgery i	obstructive lesions - i) <i>Aortic stenosis</i>		lesions - TGA (Intact IVS for ASO/VSD with	Arrhythmia - CHB (decision for pacing)	(Optimise medical	obstructive lesions - LVOTO (impaired function/symptoms)	obstructive lesions - Tetralogy of Fallot (Cyanotic spells		lesions - Mitral (not responding to		obstructive lesions - RV-RA conduit (impaired function/		candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old		
i i	valvotomy) ii) Coarctation (case	selection RF perforation/ductal	mixing for ASO+VSD)			Aortic stenosis - (impaired function/	cyanosis <80%) Shunt/stent	medical Rx, >6 months of age)	medical Rx, raised RVP)	Aortic stenosis (impaired function/	>systemic RVP)	medical Rx/raised RVP)			
é		selection ductal	TAPVD (echo evidence of obstruction)			symptoms) Coarctation (Impaired function)		AVSD (FTT, not responding to medical Rx, / assessment of AVVR	Aortic (impaired function)	symptoms) MV prosthesis (increased gradient/		Aortic (impaired function/symptoms)			
ľ		Tetralogy of Fallot (Case selection ductal or RVOT	Common arterial trunk (excess pulmonary blood				shunt/stent stenosis >6 months of age) Shunt/stent	>6 months of age)		raised RVP)					
			flow, truncal				Ununit/Storit								
		shunt) Critical pulmonary	flow, truncal regurgitation not responding to medical Rx)				dependent pulmonary blood flow (biV repair -								
		Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly	regurgitation not responding to				dependent pulmonary blood								
	MDT redirected	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/-	regurgitation not responding to medical Rx) Paediatric and				dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis								
ynaecology ncluding rogynaecology, (MDT redirected cancer surgery – <i>Cervical -</i>	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow)	regurgitation not responding to medical Rx)				dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis								
iynaecology ncluding rogynaecology, (regnancy, delivery, <i>i</i> nd reproductive nedicine)	MDT redirected cancer surgery – <i>Cervical -</i> <i>i) Intrauterine</i> <i>brachytherapy - all</i> <i>stages</i>	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial	regurgitation not responding to medical Rx) Paediatric and adolescent – i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy	, .			dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis								
Aynaecology including irogynaecology, (iregnancy, delivery, <i>i</i> ind reproductive nedicine)	MDT redirected cancer surgery – <i>Cervical -</i> <i>i) Intrauterine</i> <i>brachytherapy - all</i>	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial	regurgitation not responding to medical Rx) Paediatric and adolescent – <i>i) Non-obstructive</i> vaginal septum/ septate hymen				dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis								
Aynaecology (including irogynaecology, (pregnancy, delivery, <i>i</i> ind reproductive <i>k</i> nedicine) <i>i</i>	MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine -	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial	regurgitation not responding to medical Rx) Paediatric and adolescent – <i>i) Non-obstructive</i> <i>vaginal septum/</i> <i>septate hymen</i> <i>ii) EUA/vaginoscopy</i> for suspected				dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis								
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Aynaecology ncluding rogynaecology, regnancy, delivery, nd reproductive hedicine)	MDT redirected cancer surgery – <i>Cervical -</i> <i>i) Intrauterine</i> <i>brachytherapy - all</i> <i>stages</i> <i>i) Early stage surgery</i> <i>Uterine -</i> <i>High grade/High risk</i> <i>Ovarian -</i> <i>i) Suspicious pelvic</i> <i>mass</i> <i>ii) Debulking of</i> <i>advanced ovarian</i> <i>cancers dependent</i> <i>on chemo regimen,</i> <i>local fitness criteria</i> <i>and HDU/ITU</i> <i>capacity</i> <i>Vulval/vaginal -</i> <i>primary resection</i> <i>Suspected germ cell</i> <i>tumours</i> <i>Recurrent</i> <i>gynaecological</i> <i>cancers - according</i> <i>to local fitness</i> <i>criteria and HDU/ITU</i> <i>capacity</i> Oncology - MDT directed treatment for; <i>Occular/ocular</i> <i>surface tumours</i> <i>Enucleation -</i> <i>advanced</i> <i>melanoma/other</i> <i>malignancies/</i> <i>tumours</i> <i>Intravitreal injections</i> <i>- radiation</i> <i>maculopathy +/-</i> <i>ocular tumours</i> <i>PDT/External beam</i> <i>Radiotherapy -</i> <i>ocular metastases -</i> <i>threat to sight</i> a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial Bx for endometrial As for endometrial A	 regurgitation not responding to medical Rx) Paediatric and adolescent – Non-obstructive vaginal septum/ septate hymen EUA/vaginoscopy for suspected vaginal abnormality EUA/vaginoscopy for suspected vaginal abnormality Adnexal - Protect ocular surface MDT directed treatment for eyelid orbital tumours C) Patients in p2 who have not been treated MUST bears prioritised and re- prioritised as necessary. 	 Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis d) Safeguarding issues must be considered in all those attending with trauma and acrobsers (e.g. NAL domestic violence/abuse of the 	 i) Intumescent extraction ii) Angle closure glaucoma - threat to sight e) Other specialist surgery in paediatric patients is included in the guidance above. 	Amniotic membrane graft - non-healing ulcer (see also paediatrics) 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	 dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis >9 months of age)) A state of age) Paediatrics - Nongenital catarace Keratoplasty for congenital corneal opacity Superficial keratectomy - atopic plaucoma (< 2 weeks) Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Keratoplasty for congenital corneal opacity Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Surgery/plaque -retinoblastoma Keratoplasty for congenital corneal opacity Surgery/plaque -retinoblastoma 	 t i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/ progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular oedema 	Sudden loss of						
Aynaecology ncluding rogynaecology, regnancy, delivery, nd reproductive nedicine)	MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages i) 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 Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity Oncology - MDT directed treatment for; Occular/ocular surface tumours Enucleation - advanced melanoma/other malignancies/ tumours Intravitreal injections - radiation maculopathy +/- ocular tumours PDT/External beam Radiotherapy - ocular metastases - threat to sight 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	Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial Bx for endometrial As for endometrial A	regurgitation not responding to medical Rx) Paediatric and adolescent i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality ii) EUA/vaginoscopy for suspected vaginal abnormality ii) Protect ocular surface ii) MDT directed treatment for eyelid orbital tumours abing listed as necessary. iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	 Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis d) Safeguarding issues must be considered in all those attending with trauma and acrobsers (e.g. NAL domestic violence/abuse of the 	 i) Intumescent extraction ii) Angle closure glaucoma - threat to sight e) Other specialist surgery in paediatric patients is included in the guidance above. 	Amniotic membrane graft - non-healing ulcer (see also paediatrics) 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	 dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis >9 months of age)) Paediatrics - i) Congenital catarac ii) Keratoplasty for congenital corneal opacity iii) Superficial keratectomy - atopic plaque iv) Drainage surgery - glaucoma (< 2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of developing amblyopia g) Additional weighting may be given to a patient within their existing 'P' group to allow the distortion of clinical priorities within that 'P' group. 	 t i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/ progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular oedema 	Sudden loss of						
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General surgery	Colectomy/	d not by whom' durin Seton insertion -	MDT directed breast	MDT directed	Cholecystectomy -	Hernia - presenting	Hernia - presenting	MDT directed full	MDT Directed	Solid organ	
including	proctectomy for colitis refractory to medical Rx (excluding acute, severe colitis treated urgently)	symptomatic anal fistulae (incl. perianal Crohn's)	cancer surgery and IBR, if appropriate according to local fitness criteria. <i>Pre-menopausal</i>		post acute	with complications that have previously settled with conservative Rx	with complications that have previously settled with conservative Rx	thickness rectal prolapse surgery	bariatric surgery i) Significant/multiple end organ failure. ii) To facilitate MSK	transplants (including islets) -	
ariatric)			ER+ (Grade 1-2) Post-menopausal ER+ High grade DCIS Risk reducing surgery in gene carriers.	Metastases - progressing on scan at 3/12.					 iii) Overdue balloon iv) Revision to stop excessive weight loss/comorbidities. 	i) Stable recipient with living donor	
MFS	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 ncluding burns and hands	Burns - Reconstruction <i>i) Microstomia</i> <i>ii) Joint contracture</i> <i>iii) Neck contracture</i>	Limb contractures	Primary cleft palate repair - child less than 12 months of age	non-cleft speech surgery - child less than 5 yrs of age	Brachial plexus/ major peripheral nerve injury - MDT Directed <i>i) re-animation +/-</i> <i>joint stabilisation</i> <i>ii) Exploration for life</i> <i>altering pain not</i> <i>responding to</i> <i>conservative Rx.</i> <i>iii) Revision surgery</i> <i>for major functional</i> <i>impairment.</i>	Facial Palsy - i) 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			
Jrology	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	MDT Directed penile cancer surgery (low	Bladder outflow obstruction in catheterised males.					
Γ & Ο (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	i) Loosening without impending fracture.	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.	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	Vascular access -									
	8/52, if appropriate according to local fitness criteria and facilities)	i) AVF (2-3/12 before starting dialysis)									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - <i>Hirschsprung's</i> <i>Disease initially</i> <i>managed with</i> <i>washouts.</i>	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/multi end organ failure. ii) To facilitate MSI surgery/Hernia Surgery listed in p iii) Overdue balloo removal.
Paediatric orthopaedic surgery (including spinal surgery) Paediatric cardiac	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							iv) Revision to stop excessive weight loss/comorbidities
surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - <i>i) Suprapubic</i> <i>catheter change</i> <i>ii) Prolapse -</i> <i>bleeding/ulceration/</i> <i>proci dentia/vault</i> <i>inversion</i> <i>iii) Genitourinary</i> <i>fistula</i>	MDT Directed cancer treatment - <i>Cervical</i> <i>Low volume cervical</i> <i>cancer completely</i> <i>excised at loop</i> <i>excision.</i> <i>Uterine</i> <i>Low grade uterine</i> <i>cancer managed</i> <i>conservatively with</i> <i>LNG-IUS and/or oral</i> <i>progestogens.</i>	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx) <i>i) Fibroids/Heavy</i> <i>menstrual bleeding</i> (significant anaemia + unresponsive to conservative Rx) <i>ii) Endometriosis -</i> <i>a) Severe symptoms</i> <i>unresponsive to</i> <i>medical Rx</i> <i>b) Bowel/ureteric</i> <i>obstruction - failed/</i>	i) Risk reducing for	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - i) Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.	Paediatric and adolescent – MDT directed <i>i) Laparoscopic</i> <i>excision of</i> <i>obstructed uterine</i> <i>horn</i> <i>ii) Vaginal</i> <i>reconstruction for</i> <i>agenesis with</i> <i>menstrual</i> <i>obstruction</i>				
Ophthalmology	Vitreoretinal - Some Macular holes Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal - i) Large mucocele ii) Entropion/ Ectropion - ocular surface damage iii) Eye removal - Non-malignant/low threat to health iv) Botulism injections for disabling blepharospasm	unsuitable for stenting) Glaucoma - i) Drainage - not otherwise specified ii) Selected laser trabeculoplasty	i) Binocular vision	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - <i>i)</i> Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions <i>ii)</i> Capsulotomy - visual axis opacity following congenital cataract surgery <i>iii)</i> Removal of loose corneal sutures in children (see also strabismus)	Medical – Diabetic macula/ retinal vein/branch vein occlusion i. Intravitreal injections ii. Macular laser Photodynamic laser for central serous chorioretinopathy	Strabismus – i) Development binocularity in infantile squint ii) 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 <u>https://</u> 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 competencies.		c) Patients in p3 who have not been treated MUST be reviewed clinically at most 3/12 from being listed and re- prioritised as necessary.	issues must be considered in all those attending	e) Other specialist surgery in paediatric patients is included in the guidance above.	(see also strabismus) 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.				

General surgery (including	Breast surgery	ion is about 'when ar Colonic resection -	lleoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's	Non-urgent proctology	Transanal/rectal resection of benign	Benign breast disease	Cholecystectomy - after biliary colic/	UGI conditions (e.g.	, Oesophagogastric , reflux surgery	Other benign thyroid/parathyroid	Other adrenal disease -	Abdominal wall reconstruction	MDT Directed bariatric surgery
IPB,	, DCIS (intermediate and low risk)	Benign colonic polyp)			procedure	procedures	rectal polyps.	Delayed breast	cholecystitis.	gallstones/other Benign disease).		disease - uncomplicated	uncomplicated		Lesser degrees
oloproctology, preast, endocrine, olid organ ransplant, pariatric)	Benign breast disease Delayed and revision	Completion proctocolectomy for IBD							reconstruction, if appropriate according to local fitness criteria.							end organ failı
	breast reconstruction, if appropriate according to local fitness criteria								Revision of breast reconstruction,							
DMFS	All orthognathic Surgery	Dental extractions - adult and paediatric		Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibula joint surgery	ır									
Reconstructive blastic surgery ncluding burns and hands	Burns - other contractures/scars	Limb trauma sequelae/scarring - other reconstruction	Breast reconstruction - NOS	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site not compromising vital structures	Excision of benign lesions	NHS Cosmetic Surgery									
Urology		Andrology/GU Surgery <i>Erectile dysfunction</i>	Endourology - Uncomplicated stones/	MDT directed prostate cancer surgery (low risk)	MDT directed bladder cancer surgery - superficial transitional cell cancer	Renal - i) Uncomplicated small/intermediate renal lesions	Uncomplicated small/intermediate testicular lesions	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic						
	Nerve Stimulator/ fistula/urethral diverticulum)	Male fertility surgery Urethral stricture Gender reassignment.	Percutaneous nephrolithotomy/ Pelviureteric obstruction			ii) Polycystic nephrectomy										
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	Hand and Upper limb surgery - Not otherwise specified	Metalwork removal	Degenerative spinal disease - no neurological compromise/ refractory pain	Adult spinal deformity surgery with progression											
ENT	All other Rhinology (septoplasty/ septorhinoplasty/ turbinate surgery/ sinus surgery [NOS])	Chronic suppurative otitis media - including mastoidectomy (NOS)	All Ossicular Surgery/Middle ear implants	Tympanopasty/ Myringoplasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign body (except button batteries/shaprp FBs)		 Laryngeal frameworl surgery (thyroplasty) (unless significant aspiration)) surgery procedures Pharyngeal pouch Benign and	Uncomplicated nasal fracture	Adeno-tonsillectom	/		
Neurosurgery (including spinal surgery)	Congenital spinal deformity - no neurological compromise/ refractory pain	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no neurological compromise	Slow growing spinal tumours - no neurological compromise	Benign intracranial arteriovenous malformations/ tumours) - no neurological compromise	Paediatric craniofacial surgery not compromising vision/neurology/ raised ICP	-		congenital					
Cardiothoracic surgery	Stable coronary disease															
/ascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs	Vascular access - AV fistula ligation/ removal with well functioning renal											
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano- Rectoplasty (PSARP) - after obstruction relieved	mths of age)	haemoglobinopathy		allograft Stoma Closure	Benign lesion excision	Hypospadias repair (around 12 mths of age)	Cosmetic foreskin issues/ritual circumcision.	Epispadias	Gender dysphoria	Daytime urinary incontinence - all children >7yrs	Asymptomatic hyrocoele	MDT Directed bariatric surgery Lesser degrees of end organ failure.			
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Secondary joint reconstruction	Congenital Talipes Equino Varus (CTEV) - Late presenting/relapsed	Spasticity management	Corrective surgery for established deformity	Reconstruction for established joint instability (e.g. ACL/ Lateral ligament)	Metalwork removal										
Paediatric cardiac surgery																
Obstetrics and Gynaecology (including	Urogynaecology Incontinence surgery	Hysteroscopy - Abnormal uterine	Laparoscopy -	Laparoscopic/Open myomectomy -	Laparoscopic/Open or Vaginal hysterectomy -	Laparoscopic/Open cystectomy/ Oophorectomy -	Symptomatic lower genital tract lesions (e.g. uninfected		Fertility - Pelvic pathology	Paediatric and adolescent – MDT directed						
urogynaecology, pregnancy, delivery, and reproductive medicine)	Prolapse surgery	bleeding/ Reproductive failure (e.g. Levonorgestero releasing intrauterine	pelvic pain/ subfertility Tubal factor infertility +/- symptomatic tubal disease	Fibroids not causing anaemia	Abnormal uterine bleeding Pain Symptomatic fibroids +/- endometrial hyperplasia	Ovarian cysts > 5 cn with a benign RMI)	Bartholin's cyst)		effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) Couples/individuals where the woman has normal ovarian reserve <40 years old	Vaginal reconstruction (NOS) Clitoral reduction for differences in sex	r					
		Myomectomy/ Septoplasty/ Adhesiolysis/ Cervical niche)	endometrioma)	2		Provint Inc.	Medical retina -	Glaucoma								
Ophthalmology	Vitreoretinal - Vitrectomy - <i>i) Macular epiretinal</i> <i>membrane</i>	Adnexal - Dacrocystorhinosto my	Cataract - YAG laser capsulotomy	Cornea - Cross-linking - progressive keratoconus	Oncology - Reconstruction/ Debulking - Benign tumours	Paediatrics - Strabismus surgery - restoration of visual function/NOS	Laser for severe pre-proliferative diabetic	Glaucoma – PI laser for narrow angles								
	ii) Silicone oil removal - not otherwise specified (NOS)	Other surgery - NOS	Significant binocular visual reduction Other surgery - NOS	Corneal graft - significant binocular	Other oncology	Other Surgery - NOS	retinopathy									
	iii) Other surgery - NOS			Other Surgery - NOS												
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website <u>https://</u> www.england.nhs.u <td>DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation</td> <td>conditions, may lead to adverse</td> <td></td> <td>considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/</td> <td>e) Other specialist surgery in paediatric patients is included in the guidance above.</td> <td>aesthetic surgery</td> <td>within their existing 'P' group to allow them to enter into an approved, time dependent RCT</td> <td>g</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation	conditions, may lead to adverse		considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/	e) Other specialist surgery in paediatric patients is included in the guidance above.	aesthetic surgery	within their existing 'P' group to allow them to enter into an approved, time dependent RCT	g								
publication/ specialty-guides/	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			abuse of the vulnerable)		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	providing that this does not lead to the distortion of clinical priorities within that 'P' group.									

