

### Clinical Guide to Surgical Prioritisation in the recovery from the Coronavirus Pandemic

# The current versions of the Guide and the RPM (designed to help reprioritise patients in p2-6 at the time of specified clinical reviews) are available to down load at <a href="https://fssa.org.uk/covid-19">https://fssa.org.uk/covid-19</a> documents.aspx

Where local arrangements for prioritisation are in place and working well, they should continue and the Guide used for reference to changing national priorities and to assess when local arrangements, therefore, need to be revised.

The relative priorities between patients listed with the same priority must be decided locally in relation to local NHS conditions and facilities available, including patients suitable for treatment at Surgical Hubs.

Elective surgical patients should have been pre-assessed, pre-habilitated as required and, ideally, fully vaccinated at least 2 weeks before their planned procedure. General anaesthesia should be avoided for at least 7 weeks after any form of Covid infection.

All patients on waiting lists shall be regularly reviewed to assess the need for re-prioritising.

P5 patients shall be actively reviewed and re-prioritised as necessary during late 2021/early 2022 and any patient waiting more than 104 weeks shall be reviewed, clinically.

#### History of the Guide.

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

P5/6 were added by NHS England October 2020 as part of the national validation of waiting lists. They are not included in the Guide because they are administrative categories and not based on the patient's clinical condition.

The Guide began as a short term expedient to the pandemic and was not intended for long term use, however, work is ongoing on how it could make a foundation for future, national waiting list coordination as result of the magnitude of the ongoing issues with access to care.

# 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 & IrelandTheThe British Association of Oral & Maxillofacial SurgeonsTheENT -UKTheThe British Association of Plastic, Reconstructive & Aesthetic SurgeonsTheThe Society for Cardiothoracic Surgery in Great Britain & IrelandThe
  - The British Association of Paediatric Surgeons
  - The British Association of Urological Surgeons
  - The British Orthopaedic Association
  - The Society of British Neurological Surgeons
  - The Vascular Society of Great Britain & Ireland



n.b. This prioritisatio	ion is about 'when an	e performed in <24 ho nd not by whom' durin	ng the Covid19 Crisis	-	Banian Deuto	Acuto cimur-	Solid organ					
ncluding esophago-gastric,	Emergency laparotomy -	Appendicectomy - complicated/ unresponsive to	Intra-abdominal trauma - unsuitable for/not responding	Drainage of localised sepsis/necrosis - not responding to		Acute airway obstruction - thyroid	Solid organ transplants (including islets) -					
PB, oloproctology,	Peritonitis	conservative Rx	to conservative Rx	conservative Rx (antibiotics/	survivable mediastinitis/		Follow NHSBT					
olid organ	Perforation Ischaemia			Interventional radiology)	peritonitis		guidance but if local MDT directed;					
ariatric)	Necrotising fasciitis						i) Deceased donor ii) Deteriorating					
	Small and large bowel obstruction						recipient with living donor.					
	with concerning features of incipient ischaemia/											
	perforation											
	Post-operative complications (e.g. anastomotic leaks)											
	<i>Bleeding</i> - not suitable for/											
	responding to endoscopic/control/											
	interventional radiology											
paediatric dental	Haemorrhage from maxillary/mandibular trauma (including		Orbital Compartment Syndrome/Muscle	Jaw Dislocation - not responding to conservative Rx	Oro-facial swelling requiring surgery associated with							
equiring GA)	dental) not responsive to conservative Rx	conservative Rx and threat to life/airway/ swallow/sight/brain.	Entrapment - threat		systemic infection unresponsive to conservative							
	(reduction + IR)				management							
plastic surgery ncluding burns	Major burns - Airway management/	Chemical burns - especially Eye/ Hydrofluoric acid	- any site		Revascularisation/ re-implantation/ failing free flap - any		Removal of prosthesis/expander for fulminant					
	resuscitation/ escharotomies/ amputations/Toxic	>2%		compartments/ joints/prostheses) not responding to	site	contaminated (human/animal/ contaminated)	infection					
	Shock			conservative Rx		wounds - any site						
	Renal obstruction with infection - not responding to	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ testicular torsion/ amputation/priapism	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage -	Insertion of catheter under GA					
	conservative Rx	open surgery	Surgery	(>24hrs)		causing haemodynamic						
						instability and unresponsive to conservative Rx						
Frauma and orthopaedics	Fractures -	Infection -	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and/or	Acute spinal cord compression - with	Cauda Equina Syndrome -					
including spinal surgery)	Open	Septic arthritis - (natural or prosthetic		Syndiome	neurological dysfunction	neurological dysfunction -	Clinically and radiologically					
	Neurovascular +/- Skin compromise	joint) Other metalwork				including MSCC	confirmed.					
	Hip/femoral shaft (incl. fragility)	(including spine) Epidural abscess/										
	Long bone/Pelvic +/- Spinal fixation in											
INT		Neck trauma with			Orbital cellulitis		Sinus surgery for					
	Cancer/Foreign body/Sepsis (including adeno-	vascular/visceral/ airway injury	battery removal Removal of sharp	middle ear conditions		epistaxis	impending catastrophe/failure to respond to					
	tonsillectomy for cardiopulmonary compromise/		foreign body from throat				medical Rx					
Neurosurgery	inability to intubate.) Traumatic Brain	Intra-cranial	Acute raised Intra	Cauda Equina	Myelomeningocoele							
including spinal	injury - unsuitable for conservative RX	haemorrhage - not responding to conservative RX	cranial pressure/ Hydrocephalus (recoverable stroke/	Syndrome - Clinically and radiologically								
			tumour) - not suitable for conservative Rx	confirmed.								
	Ruptured bronchus		Empyema with	Aortic dissection		Acute mitral valve	Chest Trauma					
surgery		imminent death	sepsis		of ventricular septal defect	disease						
/ascular surgery	Vascular injury/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for							
	occlusion - i) Limb (incl.	external haemorrhage - any site/source			acute ischaemia.							
	compartment syndrome)											
	ii) mesenteric											
	iii) AV fistula (incl. dialysis) Neonatal	Emergency	Emergency	Appendicectomy -	Thoracotomy/Chest	Strangulated	Acute Scrotal	Trauma	Trauma Laparotomy Removal of Infected	Renal Obstruction	Bladder outlet or	Urosepsis - not
and urological surgery (see also	Malformations -	Laparotomy - (Neonatal) -	laparotomy - (Infant/ child)	Complicated or unresponsive to	Drain Insertion/Video Assisted	inguinal hernia	Exploration (suspected	Thoracotomy	Central Line	i) Infection/pain - not	urethral obstruction	responding to conservative Rx.
	Oesophageal Atresia,	Necrotising Entero- Colitis (NEC),	Peritonitis	conservative Rx	Thorascopic Surgery (VATS) for Empyema		Testicular Torsion)			responding to conservative Rx		
	Gastroschisis, Anorectal	Perforation,	Perforation Intussusception							ii) Impaired renal function		
	Malformations	Malrotation	Ischaemia							iii) Single kidney		
			Necrotising fasciitis									
			Bleeding (not responding to									
			conservative Rx) Post-operative									
			<i>complications</i> (e.g. anastomotic leaks/ bleeding)									
	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome	Slipped Upper Femoral Epiphysis							
Surgery (including Spinal surgery)		Open		- ,	ວເຜເ ຼັບເປັນເມີນຊີເຊີ							
		Neurovascular compromise +/-Skin compromise										
	Neonate - Left heart obstructive lesions -	Neonate - Right heart obstructive	Neonate - Mixing lesions -	Neonate - Shunt/ stent -	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -		Child - Regurgitant lesions -			
	HLHS (restrictive/ intact atrial septum)	lesions - PA-IVS	TGA (hypoxaemia for BAS/Intact IVS	Profound hypoxaemia/	CHB not responding to medical Rx.		Aortic (haemodynamically	MV prosthesis	Aortic (haemodynamically			
	Critical aortic	PA-IVS PA-VSD	for ASO)	hypoxaemia/ occlusion/ thrombosis)		(cyanotic spells unresponsive to medical Rx)	(haemodynamically unstable)		(haemodynamically unstable)			
	stenosis/coarctation (unresponsive to medical Rx)	Tetralogy of Fallot	TAPVD (clinically obstructed)			Shunt/stent dependent						
		Critical pulmonary stenosis	Common arterial trunk (excess			<i>pulmonary blood</i> flow (pre BCPC/pre						
		(not responding to medical Rx)	pulmonary blood flow, truncal regurgitation not			biV repair with profound hypoxaemia/						
			responding to medical Rx)			thrombosis/ occlusion)						
Gynaecology including	Laparotomy/ Laparoscopy	Emergency	Early pregnancy and abortion care -	medicine -	Paediatric/ adolescent							
urogynaecology, pregnancy,	Miscarriage with bleeding requiring surgical control and	Caesarean	<i>Miscarriage -</i> bleeding and unstable	a) <i>Males -</i> sperm storage before acute sterilisation	Imperforate hymen - incision and drainage							
eproductive nedicine)	unstable	Instrumental delivery Perineal repair	Maternal	b) Females - before	ar annayt							
	Torted/ruptured ovary/pelvic mass	Manual removal of placenta	<i>compromise</i> (e.g., sepsis, chorioamnionitis,	<i>acute sterilisation -</i> <i>i) Oocyte collection</i> (n.b. must be 36hrs								
	Pelvic/genital tract sepsis	Cervical cerclage	severe pre- eclampsia, etc.)	after the trigger) ii) Ovarian tissue storage								
	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		[Scotland] for medical abortion at									
	haematoma) Ectopic pregnancy		home)/ 12-14 weeks where procedure not provided by local									
	Complications of TOP		NHS beyond this) Cases where cervical									
	Molar pregnancy -		preparation has been administered									
	(heavy bleeding requiring evacuation/ hysterectomy)	,	(misoprostol/osmotic dilators/mifepristone)									
			Feticide (approaching legal limit)									
Dphthalmology	Acute risk to sight/	Oncology -	<i>limit)</i> Vitreoretinal									
	life (e.g. penetrating injuries/globe	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection -									
	rupture/orbital haemorrhage/burns	removal.	antibiotic injection - suspected endophthalmitis									
	infection/fractures/ lid lacerations)											
Nore detailed	a) This Prioritisation is	treatment,	c) Safeguarding issues must be	d) Other specialist surgery in								
specialty specific	about 'WHEN and not BY Whom'.		considered in all those attending	paediatric patients is included in the guidance above.								
vebsite <u>https://</u>	allow every procedure to be	conditions, may lead to adverse	acute surgical problems (e.g. NAI/									
	listed under every specialty	outcomes.	domestic violence/ abuse of the vulnerable)									
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		d not by whom' durin	g the Covid19 Crisis	-	Breast sensio	Upper Glandage	Bariatric surgers					
including pesophago-gastric,		responding to	Urgent nutrition compromise.	Failed conservative management of localised intra-	Breast sepsis - without necrosis unresponsive to	Upper GI endoscopy for foreign body removal	Acute gastric band					
HPB, coloproctology,	obstruction - not responding to conservative Rx.	conservative Rx.	Enteral nutrition access	peritoneal infection	conservative Rx		slippage/erosion. Acutely symptomatic					
solid organ transplant,	iColectomy for acute		Revision Bariatric Surgery				internal hernia.					
	severe ulcerative colitis - not responding to conservative Rx											
	Bowel obstruction not suitable for stenting. Facial fractures - not	Complex trauma to	Severe dental pain									
paediatric dental treatments	suitable for conservative Rx	the primary and permanent dentition	(primary and permanent dentition)									
requiring GA)		unsuitable for treatment under local anaesthesia	1) Unresponsive to conservative Rx									
			2) Patients with special needs									
			(including metabolic)									
	Burns - requiring resuscitation.	Burns - full thickness/deep dermal requiring	Burns - mid/deep dermal with exposure of deep	Soft tissue infection - all sites (especially closed		Primary tendon/ nerve repair - all sites.	Unstable closed fractures or joint injuries - unsuitable	Secondary closure of washed out open wound/ fracture -	Finger tip/nail bed repair/terminalisation	Major limb trauma reconstruction unsuitable for	Brachial plexus/ major peripheral nerve injury -	
and hands		debridement and closure	structures likely/ infection	compartments/ joints/prostheses) not responding to conservative Rx	site		for conservative Rx	any site		conservative Rx	Associated with major vessel injury	
	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)	Fractures -	Spinal Trauma requiring	Definitive amputation following	Debridement/ Antibiotics/Implant	Orthoplastic repair							
	i) Unsuitable for conservative/failed conservative Rx	stabilisation without neurological involvement	severe injury.	Retention (DAIR) for acute infected prosthesis without	Delayed primary closure							
	ii) Pathological			systemic sepsis.	Exposed metal work							
	iii) Peri-prosthetic											
	iv) Pelvic ring v) Rib											
	vi) Displaced long bone/intra-articular											
	vii) lower limb											
	fragility fractures requiring fixation to mobilise patient Other foreign body	Orbital	Acute mastoiditis	Traumatic injury to	Traumatic injury to	Lymph node biopsy	Head and neck	MDT directed cancer	Vocal Cord	Compound/complex	Choanotomy for	Cholesteatoma with
	in nose/Airway	decompression Traumatic brain	and other middle ear conditions not responding to conservative Rx Intracranial	facial nerve palsy.	the pinna Battery change for	- lymphoma where core biopsy inadequate.	sepsis - not	debulking/biopsy - Microlaryngoscopy +/- laser	medialisation for severe aspiration	fractures of the nose and sinuses	bilateral atresia	complications
	fracture	injury - not responding to conservative Rx -	haemorrhage - no longer responding to conservative Rx	cranial pressure/ hydrocephalus (recoverable stroke/	spinal/deep brain/ epilepsy stimulators/pumps	paediatric brain tumour surgery						
		neurological compromise		tumour) - no longer responding to conservative Rx								
	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 conservative Rx	Symptoms / Haemodynamically unstable	Symptoms / Haemodynamically unstable	unstable							
	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or end organ failure	Symptomatic AAA	Aortic dissection - Type B	Vascular Access - Revision of AV fistula					
				(Renal/Hepatic)			(dialysis)					
							Central Venous Line insertion for Oncology/Enteral					
							nutrition/Access for antibiotics/Dialysis					
	Neonatal	Laparotomy - small	Laparotomy -	Soft tissue infection			Pyloromyotomy	Peritoneal Dialysis	Resection of	Exstrophy -	Hydronephrosis -	
surgery (see also	Malformations - Duodenal Atresia,	bowel obstruction not responding to conservative Rx	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not	- any site not responding to conservative Rx	insertion for Oncology/Enteral nutrition/Access for	Lymph node biopsy		Catheter Insertion	Posterior Urethral Valves	Primary bladder closure	Rapid progression	
	Small bowel obstruction		responding to conservative Rx		antibiotics/Dialysis							
	Large bowel											
	obstruction Congenital											
	Diaphragmatic Hernia											
	Congenital Pulmonary Airway											
	Malformations (CPAMS) -											
	respiratory											
Paediatric	respiratory compromise Slipped Upper	Fractures -	Exposed metalwork									
orthopaedic surgery (including		Fractures - Displaced articular/	Exposed metalwork									
orthopaedic	compromise Slipped Upper		Exposed metalwork									
orthopaedic surgery (including spinal surgery)	compromise Slipped Upper	Displaced articular/ peri-articular	Exposed metalwork									
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery	<i>compromise</i> Slipped Upper Femoral Epiphysis	Displaced articular/ peri-articular Forearm/Elbow Femoral		Abouting								
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	Abortion - All cases -NOS	Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy,	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/	Miscarriage -	All cases -NOS (From NICE 2019:		and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	All cases -NOS	Recto-vaginal/	and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	All cases -NOS (From NICE 2019: ensure minimum delay and provide	Recto-vaginal/	and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	All cases -NOS (From NICE 2019: ensure minimum delay and provide	Recto-vaginal/	and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	All cases -NOS (From NICE 2019: ensure minimum delay and provide	Recto-vaginal/	and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
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orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis 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	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Miscarriage - Patient stable - case	All cases -NOS (From NICE 2019: ensure minimum delay and provide	Recto-vaginal/	and insertion of fiducial markers - Cervical cancer	PMB with thickened endometrium + not amenable to					
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orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis 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 v) Bowel obstruction - Cancer not responding to conservative Rx.	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess	Miscarriage - Patient stable - case selection	All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week)	Recto-vaginal/ Bladder-vagina	and insertion of fiducial markers - Cervical cancer staging and planning	PMB with thickened endometrium + not amenable to outpatient sampling					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis 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 v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess Bartholin's abscess Vitreoretinal - Laser/cryotherapy -	Miscarriage - Patient stable - case selection	All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital	Recto-vaginal/ Bladder-vagina Glaucoma - Acute -	and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of	PMB with thickened endometrium + not amenable to outpatient sampling					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis 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 v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess Bartholin's abscess Vitreoretinal - Laser/cryotherapy - retinal tear	Miscarriage - Patient stable - case selection	All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulking -	Recto-vaginal/ Bladder-vagina	and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of prematurity - retinal -laser/intravitreal	PMB with thickened endometrium + not amenable to outpatient sampling Medical - <i>Retina -</i> <i>Periocular/intravitreal</i> <i>steroids for</i>					
orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	compromise Slipped Upper Femoral Epiphysis 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 v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign	Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess Bartholin's abscess Vitreoretinal - Laser/cryotherapy - retinal tear Vitrectomy - i) Dropped lens nucleus after	Miscarriage - Patient stable - case selection	All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulking - threat to sight Drainage of orbital	Recto-vaginal/ Bladder-vagina Glaucoma - Acute - i) Laser Pl ii) Unresponsive to medical Rx/laser Secondary -	and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of prematurity - retinal -laser/intravitreal injection Examination under	PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steroids for inflammatory eye disease					
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## Priority 2 - procedures to be performed in < 1 month.

(n.b. This prioritisat		nd not by whom' dur	ing the Covid19 Crisis				_								
General surgery (including oesophago-gastric, HPB,	MDT Directed cancer surgery , Hepatobiliary	MDT Directed cancer surgery <i>Thyroid/parathyroid</i>		cancer surgery and IBR, if appropriate according to local	stricture/fistula not responsive to endoscopic/medical	responding to conservative Rx. (including orbital	Parathyroidectomy - 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) -				
coloproctology, breast, endocrine, solid organ transplant,	Pancreatic Oesophagogastric	cancer pathway patients (including diagnostic lobectomy)	high risk rectal	fitness criteria - ER negative	Rx	surgery for impendin sight loss)	especially pregnancy/post- transplant/repeated	Cushing's/ phaeochromocytom	a	transplant treatment.	guidance but if local MDT directed;				
bariatric)	Neuroendocrine tumour	Adrenal cancer including adrenal metastases	polyps; liver metastases Multi-visceral	Her2+ Pre-menopausal ER+ with higher risk			admission.				i) Living donor				
	Metastases - NOS progressing on scan at 3/12.	1	resections for locally advanced colon cancer	(I.e., Grade 3, Low ER, node +ve)											
			Salvage surgery for recurrent anal cancer Pelvic exenteration												
OMFS (including paediatric dental treatments requiring GA)	MDT Directed oropharyngeal/tonsi tongue cancer resection +/-	Facial fractures/ il/ trauma - 1) Causing diplopia/	Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to	treatment - Adult/	Craniofacial - ocular complication/Raised Intracranial Pressure										
	reconstruction.	occlusal problems 2) Delay will serious	conservative Rx AND unsuitable for ly tracheostomy -	1) Severe pain/ infection unresponsive to		metabolic disorders, cardiac, diabetes, epilepsy, oncology,									
		worsen prognosis. 3) Primary dentition likely to effect		conservative Rx 2) Under 3yrs of age		bisphosphonate treatment etc.)									
		permanent dentition requiring GA	1	<ul><li>3) 3 episodes of acute infection</li><li>4) Social/</li></ul>											
				safeguarding needs.											
Reconstructive plastic surgery including burns and hands	Burns - Mid/deep dermal/otherwise <b>d</b> unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction i) <i>Eyelid closure</i>	MDT Directed Major soft tissue tumour resection - All sites	Skin cancer - Primary resection directed by	Brachial plexus/majc peripheral nerve injury -	r Facial Palsy - Eyelid closure/ ectropion/entropion	Neonate accessory digit excision (narrow pedicle/vascular compromise/		Secondary cleft and non-cleft speech surgery - child breaching 5 yrs of					
			problems ii) Severe microstomia		appropriate skin cancer specialist MDT Directed furthe	Closed injury - not suitable for observation.		infection/pain)		age					
			iii) Joint and neck contracture		resection i) Re-excision according to nationa	Exploration for paresis/pain/sensory impairment									
					ii) SLNB and all completion	и 									
					lymphadenectomies iii) Electro-										
Urology	MDT directed	MDT directed penile				MDT directed bladde		Acute Urinary	Partial Nephrectomy			PD Catheter			
	testicular cancer surgery - non- metastatic.	cancer surgery including inguinal node surgery.	bladder cancer surgery - invading bladder muscle.	cancer surgery - not bleeding.	tract transitional cell cancer surgery	Cancer surgery - hig risk carcinoma-in- situ.	h inguinoscrotal sarcoma surgery	Retention Bladder neck stenosis post RARP.	- single kidney	investigation	stones	Insertion and hernia repair, if necessary, pre-dialysis.			
T&O (molection		Solitary materia	MDT Director	Fractures	Клее	Tendon runtum	I ocked iniste	Catheter/Stent change Peripheral Nerve	Arthroplact	Spinal surgers	Infection				
T & O (including spinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g.	Fractures - i) Displaced, intra- articular	Knee i) Extensor disruptior (including fractured, displaced patella)	sites - NOS	<ul> <li>Locked joints - any site - NOS</li> </ul>	Peripheral Nerve Decompression - an site (pain/weakness, muscle wasting - no		Spinal surgery - progressive neurology/ neurological deficit	i) 1st stage revision acutely infected				
			Giant cell tumour)	ii) Osteochondral defect iii) Apkle/Feet	displaced patella) ii) Meniscal repair			responding to conservative Rx)	ii) Recurrent dislocations iii) Any aita whom		prosthesis ii) Osteomyelitis without systemic				
				iii) Ankle/Foot iv) Olecranon					iii) Any site where risk of serious consequences of delay (e.g. loss of		sepsis				
				v) Removal of temporary metalwork vi) salvage	k				patient independence/loss of bone stock/risk of peri-prosthetic						
				amputation vii) Acute fixation failure					fracture).						
				vii) lower limb non- union affecting mobility											
ENT	EUA/biopsy for malignancy - hypopharynx/larynx			MDT directed otological cancer surgery.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary	MDT directed treatment of sinus cancers	Treatment of pharyngeal/ oesophageal/airway	Mucocoele/sinus disease	Complex nasal obstruction with severe sleep	fracture (NOS) - ideally inside 14	i) Children	- NOS (including tracheostomy for	Cholesteatoma with impending complications/loss
		malignancy	malignancy				cancers.	threatening sight	stricture	ii) Visual disturbance	disordered breathing	days according to local capacity		weaning)	of function.
										iii) Rapidly deterioration (incl. benign disease)			iii) Device failure - no hearing		
													iv) Removal of infected implant not responding to conservative Rx.		
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for	MDT directed spina tumour surgery	<ul> <li>Acute/chronic pain syndromes - (e.g. trigeminal neuralgia)</li> </ul>												
Cardiothoracic	metastases) MDT directed	Unstable Non ST	- unresponsive to conservative Rx Aortic stenosis	Unstable coronary	Any deteriorating	Pneumothorax not									
surgery	treatment of resectable Non- Small Cell Lung Cancer	elevated MI		,	heart condition	responding to conservative Rx									
Vascular surgery	Chronic severe limb ischaemia - no neurology	i) > 5.5cm	Diabetic foot surgery - NOS	Vascular access - i) Arteriovenous graft (AVG)											
Paediatric general and urological surgery (see also	Laparotomy or Stoma Closure to manage intestinal	Infant with Billary Atresia - bladder exstrophy	Inguinal hernia under 3/12 of age	MDT Directed surgery for Nephroblastoma/	Crohn's Disease - stricture/fistula/ optimise medication	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life threatening		Vesico-ureteric reflux - case selection	Circumcision for severe BXO/meatal pathology	Recurrent UTIs - renal scarring/ hypertension	renal tract with		Renal Calculi - recurrent symptoms renal impairment	MDT directed / bariatric surgery
urology)	failure with liver disease / complications	exstropiny		Neuroblastoma/ Rhabdomyosarcoma	nutrition	,	complication/ repeated aspirations			patrology	hypertension	responding to conservative Rx			As part of cancer/ transplant treatment.
Paediatric orthopaedic surgery	MDT Directed Suspected bone or soft tissue malignan tumours	MDT Directed Suspected, aggressive, benign	Meniscal repair	CETV - Initial management											
Paediatric cardiac surgery		hono tumour													
	obstructive lesions -	- heart obstructive	Neonate - Mixing lesions -	including tenotomies Neonate - Arrhythmia - CHB	Neonate - ALCAPA - (Optimise medical	<ul> <li>Infant - Left heart</li> <li>obstructive lesions -</li> </ul>	Infant - Right heart obstructive lesions -	Infant - Left-Right shunt lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Right heart obstructive lesions -		Child - Fortan candidate -		
		t Neonate - Right - heart obstructive lesions - PA-IVS (case selection RF	lesions - TGA (Intact IVS for ASO/VSD with mixing for	including tenotomies Neonate -	Neonate - ALCAPA - (Optimise medical	obstructive lesions - LVOTO (impaired function/symptoms)		shunt lesions - VSD (FTT, not responding to medical Rx, >6	lesions - Mitral (not responding to medical Rx, raised	obstructive lesions - LVOTO (impaired function/symptoms)	obstructive lesions - <i>RV-RA conduit</i>	lesions - Mitral (not responding to medical Rx/raised			
	obstructive lesions - i) Aortic stenosis (valvuloplasty/	t Neonate - Right - heart obstructive lesions - PA-IVS (case selection RF perforation/ductal stent/shunt)	lesions - TGA (Intact IVS for ASO/VSD with	including tenotomies Neonate - Arrhythmia - CHB	Neonate - ALCAPA - (Optimise medical	obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/ symptoms)	obstructive lesions - Tetralogy of Fallot (Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood	shunt lesions - VSD (FTT, not responding to	lesions - Mitral (not responding to	obstructive lesions -	obstructive lesions - RV-RA conduit (impaired function/	lesions - Mitral (not responding to	candidate - (increasing cyanosis/ symptoms) prioritise		
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Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	<ul> <li>obstructive lesions -</li> <li>i) Aortic stenosis (valvuloplasty/ valvotomy)</li> <li>ii) Coarctation (case selection of approach and timing</li> <li>iii) HLHS (Norwood/ Hybrid)</li> <li>MDT redirected cancer surgery -</li> <li>Cervical -         <ol> <li>i) Intrauterine brachytherapy - all stages</li> <li>j) Early stage surgery</li> <li>Uterine - High grade/High risk</li> <li>Ovarian -             <ol> <li>j) Suspicious pelvic mass</li> <li>ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity</li> <li>Vulval/vaginal - primary resection</li> <li>Suspected germ cell tumours</li> <li>Recurrent gynaecological cancers - faccording to local fitness criteria and HDU/ITU capacity</li> <li>Oncology - MDT directed treatment for;</li> <li>Occular/ocular surface tumours</li> <li>Suspicious pelvic capacity</li> <li>Suspicion cell tumours</li> <li>Suspected germ cell tumours</li></ol></li></ol></li></ul>	<ul> <li>Neonate - Right heart obstructive lesions -</li> <li>PA-IVS (case selection RF perforation/ductal stent/shunt)</li> <li>PA-VSD (Case selection ductal stent/shunt)</li> <li>Tetralogy of Fallot (Case selection ductal or RVOT shunt)</li> <li>Critical pulmonary stenosis (balloon valvuloplasty)</li> <li>Ebsteins anomaly (duct dependent blood flow)</li> <li>Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer</li> <li>Vitreoretinal - Re-do retinal detachment</li> <li>Vitrectomy - i) Retinal detachmer - macular off &gt; 2 weeks</li> </ul>	<ul> <li>lesions -</li> <li>TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD)</li> <li>TAPVD (echo evidence of obstruction)</li> <li>Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)</li> <li>Paediatric and adolescent –</li> <li>i) Non-obstructive vaginal septum/ septate hymen</li> <li>ii) EUA/vaginoscopy for suspected vaginal abnormality</li> <li>Adnexal -</li> <li>i) Protect ocular surface</li> <li>ii) MDT directed treatment for eyelid</li> </ul>	including tenotomies Neonate - Arrhythmia - CHB (decision for pacing)	<ul> <li>Neonate - ALCAPA - (Optimise medical Rx)</li> <li>Name of the second second</li></ul>	obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/ symptoms) Coarctation (Impaired function) Coarctation (Impaired function) Coarctation (Impaired function) Coarctation (Impaired function)	<ul> <li>obstructive lesions -</li> <li>Tetralogy of Fallot (Cyanotic spells cyanosis &lt;80%)</li> <li>Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis shunt/stent stenosis &gt;6 months of age)</li> <li>Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis &gt;9 months of age))</li> <li>Paediatrics -</li> <li>i) Congenital cataracc ii) Keratoplasty for congenital corneal</li> </ul>	shunt lesions - VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVF >6 months of age) Medical retina – i) Intravitreal injections for wet, age related macular degeneration >2/52 i) Laser for active/ progressive neovascularisation	lesions - <i>Mitral (not</i> responding to medical Rx, raised <i>RVP</i> ) <i>Aortic (impaired</i> function) , Strabismus – <i>Sudden loss of</i>	obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	candidate - (increasing cyanosis/ symptoms) prioritise		
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advanced melanoma/other malignancies/ tumours</li> <li>PDT/External beam Radiotherapy - ocular metastases - threat to sight</li> <li>a) This Prioritisation is about 'WHEN and not BY Whom'.</li> </ul>	<ul> <li>Neonate - Right heart obstructive lesions -</li> <li><i>PA-IVS</i> (case selection <i>RF</i> perforation/ductal stent/shunt)</li> <li><i>PA-VSD</i> (Case selection ductal stent/shunt)</li> <li><i>Tetralogy of Fallot</i> (Case selection ductal or <i>RVOT</i> shunt)</li> <li><i>Critical pulmonary</i> stenosis (balloon valvuloplasty)</li> <li><i>Ebsteins anomaly</i> (duct dependent blood flow)</li> <li>Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer</li> <li><i>N</i></li> <li><i>Vitrectomy -</i></li> <li><i>i) Retinal detachment</i></li> <li><i>Vitrectomy -</i></li> <li><i>i) Acute vitreous</i> haemorrhage - suspected retinal break/unknown</li> <li><i>iii) Dislocated lens</i> implant with poor vision in other eye</li> <li><b>b) Any delay in</b> treatment, especially of cancers, trauma</li> </ul>	Iesions -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)Paediatric and adolescent -i) Non-obstructive vaginal septum/ septate hymenii) EUA/vaginoscopy for suspected vaginal abnormalityii) FUA/vaginoscopy for suspected vaginal abnormalityiii) FUA/vaginoscopy for suspected vaginal abnormalityiii) DT directed treatment for eyelid orbital tumoursiiii MDT directed treated MUST be reviewed clinically	<ul> <li>including tenotomies</li> <li>Neonate - 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					iv) ILP								
Urology	MDT directed	MDT directed penile	MDT directed	MDT Directed renal	MDT directed upper	MDT directed bladder	MDT directed	Acute Urinary	Partial Nephrectomy	Visible haematuria -	Ureteroscopy for	PD Catheter	
	testicular cancer	cancer surgery	bladder cancer	cancer surgery - not	tract transitional cell	Cancer surgery - high	inguinoscrotal	Retention	- single kidney	investigation	stones	Insertion and hernia	
	surgery - non-	including inguinal	surgery - invading	bleeding.	cancer surgery	risk carcinoma-in-	sarcoma surgery					repair, if necessary,	
	metastatic.	node surgery.	bladder muscle.			situ.		Bladder neck				pre-dialysis.	

	Colectomy/ proctectomy for	n < 3 months. d not by whom' durin 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 (including islets) - Follow NHSBT guidance but if local MDT directed; <i>i) Stable recipient</i> <i>with living donor</i>	Thyroid / Parathyroid Hyperparathyroidism with progressive end organ changes Thyrotoxicosis Graves) with active eye disease
OMFS (including paediatric dental treatments requiring GA)	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 - before canine root 2/3 formed.	Dental extractions/ treatment - Adult/ paediatric. 1) Medical condition with special risk if dental infection develops. 2) Age 3yrs or older with recurrent pain/ infection. 3) Delay in treatment detrimental to eruption/outcome of permanent dentition. 4) Learning needs +/- autism.							
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction <i>i) Microstomia</i> <i>ii) Joint contracture</i> <i>iii) Neck contracture</i>	Limb contractures (including Dupuytrens with rapid progression/ macerated skin)	Primary cleft repair - i) Cleft lip repair - child 3-6 months of age ii) Cleft palate repair - child <12 months 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			
Urology	MDT directed prostate cancer surgery - high/	Stent removal/ exchange	Haematuria - investigation for non-visible	MDT directed bladder cancer surgery (not invading	MDT Directed penile cancer surgery (low grade and	Bladder outflow obstruction in catheterised males.					
T & O (including spinal surgery)	intermediate risk Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	(including paediatric) Tendon/ligament - Reconstruction/ tenodesis - any site	muscle) Revision surgery i) Loosening without impending fracture. ii) Recurrent joint instability iii) Delayed union iv) Late reconstruction following trauma/ infection.	premalignant). MDT Directed Benign or malignant bone/soft tissue lesion - NOS	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked joint- i) ACL/other reconstruction ii) Removal of loose body	Removal of metalwork/implants - NOS	Spinal Surgery – i) Injection/ decompressive surgery for intractable radiculopathy. ii) Progressive deformity (Adult)	Arthroplasty/ Arthrodesis/other procedure - i) 1st or single stage for chronic infection ii) Revision second stage iii) Joint collapse/ rapid reduction in mobility/progressive aseptic loosening/ night pain preventing sleep)	
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	Mucocoele/Sinus surgery - NOS	Adeno-tonsillectomy - OSA (NOS)	Tympanoplasty for progressive retraction	<i>iv) NOS</i> Vestibular surgery with significant disability	Suppurative otitis media with impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed spinal tumour surgery - No neurological compromise										
Cardiothoracic surgery Vascular surgery	Stable Non ST Elevation MI Vascular access -										
Paediatric general and urological surgery (see also urology)	i) AVF (2-3/12 before starting dialysis) 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.
Paediatric orthopaedic surgery (including spinal surgery)	Hip subluxation/ dislocation (including Developmental Dislocation of the Hip (DDH) and neuromuscular conditions) <i>Primary/revision/</i> <i>relocation joint</i> <i>surgery</i>	Childhood/ Adolescent spinal deformity Surgery/Injection for intractable radiculopathy	Limb length discrepancy/ malalignment	Reconstruction for established joint instability - post trauma (e.g., ACL/ Lateral ligament)							iv) Revision to stop excessive weight loss/comorbidities.
Paediatric cardiac 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 - Cervical Low volume cervical cancer completely excised at loop excision. Uterine Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	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>unsuitable for</i> <i>stenting</i> )	BSO/salpingectomy - i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS ii) Complex ovarian cyst - low risk of malignancy	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) Laparoscopic excision of obstructed uterine horn ii) 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 - i) Large mucocele ii) Entropion/ Ectropion - ocular surface damage iii) Eye removal - Non-malignant/low threat to health iv) Botulism injections for disabling blepharospasm	Glaucoma - i) Drainage - not otherwise specified ii) 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	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions ii) Capsulotomy - visual axis opacity following congenital cataract surgery iii) 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>i) Development</i> <i>binocularity in</i> <i>infantile squint</i> <i>ii) Surgery or</i> <i>botulinum injection</i> <i>for severe diplopia</i> <i>(e.g. cannot work)</i>			
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/	not BY Whom'. Space does not allow every	b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	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.	considered in all those attending with trauma and	e) Other specialist surgery in paediatric patients is included in the guidance above.	<ul> <li>f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis.</li> <li>Procedures with a known functional benefit should be prioritised where possible.</li> <li>A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.</li> </ul>	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.				

	•		-	ing the Covid19 Crisis	-											
General surgery including	Breast surgery		lleoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's	Non-urgent proctology	Transanal/rectal resection of benign	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
esophago-gastric IPB,	, DCIS (intermediate and low risk)	Benign colonic polyp				procedure	procedures	rectal polyps.	Delayed breast	cholecystitis.	gallstones/other Benign disease).	57	disease - uncomplicated	uncomplicated		Lesser degrees
oloproctology, reast, endocrine,	Benign breast	Completion proctocolectomy for							reconstruction, if appropriate							end organ failur
olid organ ransplant,	disease	IBD							according to local fitness criteria.							
bariatric)	Delayed and revision breast								Revision of breast							
	reconstruction, if appropriate								reconstruction,							
	according to local fitness criteria															
01450 (i						<b>-</b>										
OMFS (including paediatric dental treatments	All orthognathic Surgery		MDT Directed Salivary Gland Tumours - benign.	Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibula joint surgery										
requiring GA)																
Reconstructive plastic surgery	Burns - other contractures/scars	sequelae/scarring -	Breast reconstruction -	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site	Excision of benign lesions	NHS Cosmetic Surgery									
including burns and hands		other reconstruction	NOS		not compromising vital structures											
Urology		Andrology/GU Surgery	Endourology -	MDT directed prostate cancer	MDT directed bladder cancer	Renal -	Uncomplicated small/intermediate	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic						
	(e.g. incontinence/		Uncomplicated stones/	surgery (low risk)	surgery - superficial transitional cell	i) Uncomplicated small/intermediate	testicular lesions	Surgery	Surgery	asymptomatio						
	prolapse/Sacral Nerve Stimulator/	Male fertility surgery			cancer	renal lesions										
	fistula/urethral diverticulum)	Urethral stricture	nephrolithotomy/			ii) Polycystic nephrectomy										
		Gender	Pelviureteric obstruction													
		reassignment.														
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - NOS,	Hand and Upper limb surgery - NOS	Metalwork removal - NOS	disease - no	Adult spinal deformity surgery	Benign bone/soft tissue lesion	Late reconstruction for infection/trauma/	/								
				neurological compromise/ refractory pain	with progression	excision	loosening - NOS									
ENT	All other Rhinology	Suppurative otitis	All Ossicular	Tympanopasty -NOS	Grommets	Meatoplasty	Vestibular Surgery -	Non-organic foreign	Micro Laryngoscopy	Laryngeal framewor	k Routine neck	Uncomplicated	Adeno-tonsillectomy	,		
	(septoplasty/	media - NOS	Surgery/Middle ear implants				NOS		- benign vocal fold/ cord conditions	surgery (thyroplasty) (unless significant		nasal fracture	- recurrent tonsillitis			
	septorhinoplasty/ turbinate surgery)									aspiration)	Pharyngeal pouch		as per EBI criteria			
											Benign and congenital					
Neurosurgery (including spinal	Congenital spinal deformity - no	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no	Slow growing spinal tumours - no	arteriovenous	Paediatric craniofacial surgery								
surgery)	neurological compromise/				neurological compromise	neurological compromise	malformations/ tumours) - no	not compromising vision/neurology/								
	refractory pain						neurological compromise	raised ICP								
Cardiothoracic	Stable coronary															
surgery Vascular surgery	disease Vein surgery	Thoracic outlet	Claudication	Uncomplicated	Vascular access -											
		syndrome		AVMs	AV fistula ligation/											
					removal with well functioning renal allograft											
Paediatric general		Inguinal hernia (> 12		Cholecystectomy -	Stoma Closure	Benign lesion	Hypospadias repair		Epispadias	Gender dysphoria	Daytime urinary	Asymptomatic	MDT Directed			
and urological surgery (see also	Sagittal Ano- Rectoplasty (PSARP)	mths of age)	haemoglobinopathy	after biliary colic/ cholecystitis		excision	(around 12 mths of age)	issues/ritual circumcision.			incontinence - all children >7yrs	hyrocoele	bariatric surgery			
urology)	- after obstruction relieved	Other hernias - uncomplicated bernias (e.g.											Lesser degrees of end organ failure.			
		hernias (e.g., umbilical, epigastric)														
Paediatric orthopaedic	Congenital Talipes Equino Varus		Corrective surgery for established	Reconstruction for established joint	Metalwork removal - NOS											
surgery (including spinal surgery)	(CTEV) - Late presenting/relapsed		deformity	instability - excluding post												
				trauma												
Paediatric cardiac surgery				_						l						
Obstetrics and Gynaecology	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	Laparoscopic/Open or Vaginal	Laparoscopic/Open cystectomy/	Symptomatic lower genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –						
Gynaecology (including urogynaecology,	Incontinence surgery		Investigation of pelvic pain/	Fibroids not causing	hysterectomy -	Oophorectomy -	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility	MDT directed						
pregnancy, delivery, and	Prolapse surgery	Reproductive failure (e.g. Levonorgesterol	subfertility	anaemia	Abnormal uterine bleeding	Ovarian cysts > 5 cm with a benign RMI)			(e.g., Fibroids/ Hydrosalpinx/	Vaginal reconstruction						
reproductive medicine)		releasing intrauterine system/endometrial	Tubal factor infertility +/- symptomatic	Y	Pain				Endometriosis/ Uterine septum/	(NOS)						
		resection/second generation	tubal disease		Symptomatic				Adhesions)	Clitoral reduction for differences in sex	-					
		endometrial ablation)	Superficial +/- deep		fibroids +/- endometrial hyperplasia				where the woman	development						
		Uterine structural disorders (Polypectomy/	(without bowel/ ureteric obstruction/ ovarian	/	hyperplasia				has normal ovarian reserve <40 years old							
			ovarian endometrioma)						old							
		Adhesiolysis/ Cervical niche)														
Ophthalmology	Vitreoretinal -	Adnexal -	Cataract -	Cornea -	Oncology -	Paediatrics -	Medical retina -	Glaucoma –								
	Vitrectomy - i) Macular epiretinal	-	YAG laser capsulotomy	Cross-linking -	Reconstruction/ Debulking - Benign	Strabismus surgery - restoration of visual	Laser for severe	PI laser for narrow angles								
	i) Macular epiretinal membrane	my Other surgery - NOS		progressive keratoconus r	Debulking - Benign 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	S visual reduction												
	iii) Other surgery - NOS			Other Surgery - NOS												
		h) Any delay in	a) Dationto in - 4	d) Safaquardir -	a) Other and the	f) Drivoto cost	a) Additional									
PLEASE NOTE: More detailed specialty specific	a) This Prioritisation is about 'WHEN and	treatment,	c) Patients in p4 who have not been treated MUST be	d) Safeguarding issues must be considered in all	e) Other specialist surgery in paediatric patients	f) Private sector aesthetic surgery procedures should	g) Additional weighting may be given to a patient									
guidance can be found on the NHSE	not BY Whom'.		reviewed clinically	those attending	is included in the guidance above.	be considered on merit and on a	within their existing 'P' group to allow	9								
website <u>https://</u> www.england.nhs.u	allow every procedure to be	conditions, may	being listed and re- prioritised as	<ul> <li>acute surgical problems (e.g. NAI/</li> </ul>		case-by-case basis.	them to enter into an approved, time									
<u>k/coronavirus/</u> publication/	listed under every specialty	outcomes.	necessary.	domestic violence/ abuse of the		Procedures with a	dependent RCT providing that this									
<u>specialty-guides/</u>	performing it and it DOES NOT indicate	•	Anton you a mana anak yoo bu anaya ana anaya ana anaya anay	vulnerable)		known functional benefit should be	does not lead to the distortion of									
	primacy of ANY specialty		New Series Serie			prioritised where possible.	clinical priorities within that 'P'									
	legitimately performing any		All grades (h to be compared to be c			A detailed risk	group.									
	procedure within their listed competencies.		10524 ACORE CORE X X			analysis should be undertaken and consideration giver										
	competencies.		Area     Mar or parallela.       Bar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.       Ar (32 = Mar or parallela.     Ar (32 = Mar or parallela.			to any potential effect on local NHS										
	1		The RPM matrix is			resources.			[							
			to be used ONLY to													
			to be used ONLY to assess patients in the SAME priority	D I												
			to be used ONLY to assess patients in	5												