

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

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

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

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

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

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

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

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

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

The Association of Surgeons of Great Britain & Ireland

The British Association of Oral & Maxillofacial Surgeons

ENT -UK

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

The Vascular Society of Great Britain & Ireland

Priority 1a - Emerge	ency procedures to b	e performed in <24 ho	ours										
(n.b. This prioritisati	ion is about 'when ar Emergency	nd not by whom' during Appendicectomy -	ng the Covid19 Crisis	Drainage of localised		Acute airway	All solid organ						
(including oesophago-gastric, HPB,	laparotomy -	complicated/ unresponsive to conservative Rx	trauma - unsuitable for/not responding to conservative Rx	sepsis/necrosis - not responding to conservative Rx	stomach - with survivable	obstruction - thyroid	transplants						
coloproctology, breast, endocrine, bariatric)	Perforation			(antibiotics/ Interventional radiology)	mediastinitis/ peritonitis								
	Ischaemia Necrotising fasciitis												
	Small and large bowel obstruction												
	with concerning features of incipient ischaemia/												
	perforation Post-operative												
	complications (e.g. anastomotic leaks)												
	Bleeding - not suitable for/ responding to												
	endoscopic/control/ interventional radiology												
OMFS			Orbital Compartment	Jaw Dislocation - not responding to									
	trauma not responsive to conservative Rx	conservative Rx and threat to life/airway/ sight/brain.	Syndrome/Muscle Entrapment - threat to sight	conservative Rx									
Reconstructive plastic surgery	(reduction + IR) Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially		Washout open wound/fractures/	Removal of prosthesis/expander						
including burns and hands	management/ resuscitation/ escharotomies/	Hydrofluoric acid >2%	- any site	closed compartments/ joints/prostheses)	failing free flap - any site		for fulminant infection						
	amputations/Toxic Shock			not responding to conservative Rx		contaminated) wounds - any site							
Urology	Renal obstruction with infection - not	Renal/ureteric trauma requiring	Bladder trauma requiring open	Genital trauma/ testicular torsion/	Fournier's gangrene	uncontrolled	Insertion of catheter under GA						
	responding to conservative Rx	open surgery	surgery	amputation/priapism (>24hrs)		haemorrhage - causing haemodynamic							
						instability and unresponsive to conservative Rx							
Trauma 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 Neurovascular +/-	Septic arthritis - (natural or prosthetic joint)			neurological dysfunction	neurological dysfunction - including MSCC	Clinically and radiologically confirmed.						
	Skin compromise Hip/femoral shaft	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in	-											
ENT	Airway obstruction - Cancer/Foreign	Neck trauma with vascular/visceral/	Nasal/ear button battery removal	Life threatening middle ear	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending						
	body/Sepsis (including adenotonsillectomy for	airway injury	Removal of sharp foreign body from	conditions			catastrophe/failure to respond to medical Rx						
	cardiopulmonary compromise/ inability to intubate.)		throat										
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 suitable for	radiologically confirmed.									
Cardiothoracic	Ruptured bronchus	Myocardial infarction -	conservative Rx Empyema with	Aortic dissection	Acute presentation	Acute mitral valve	Chest Trauma						
surgery		imminent death	sepsis		of ventricular septal defect	disease							
Vascular surgery	Vascular injury/ occlusion -	Uncontrolled external	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
	i) Limb (incl. compartment	haemorrhage - any site/source											
	ii) mesenteric												
	iii) AV fistula												
Paediatric general and urological surgery (see also	Neonatal Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant, child)	unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted	inguinal hernia	Acute Scrotal Exploration (suspected	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	i) Infection/pain - not	Bladder outlet or urethral obstruction	Urosepsis - not responding to conservative Rx.
urology)	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 complications (e.g. anastomotic leaks/bleeding)										
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome									
surgery (including spinal surgery)	,	Open Neurovascular											
		compromise +/-Skin compromise											
Paediatric cardiac surgery	Neonate - Left 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 for ASO)	Profound hypoxaemia/ occlusion/	CHB not responding to medical Rx.	(cyanotic spells unresponsive to	Aortic (haemodynamically unstable)	MV prosthesis (Thrombosed)	Aortic (haemodynamically unstable)				
	Critical aortic stenosis/coarctation (unresponsive to medical Rx)	PA-VSD Tetralogy of Fallot	TAPVD (clinically obstructed)	thrombosis)		medical Rx) Shunt/stent dependent							
	medical fix)	Critical pulmonary stenosis	Common arterial trunk (excess			pulmonary blood flow (pre BCPC/pre							
		(not responding to medical Rx)	pulmonary blood flow, truncal regurgitation not responding to			biV repair with profound hypoxaemia/ thrombosis/							
Obstetrics and	Laparotomy/	Pregnancy/Delivery	medical Rx) Early pregnancy and		Paediatric/	occlusion)							
Gynaecology (including urogynaecology,	Laparoscopy Miscarriage with	Emergency Caesarean	abortion care - Miscarriage -	medicine - a) <i>Males</i> - sperm	adolescent Imperforate hymen -								
pregnancy, delivery, and reproductive	bleeding requiring surgical control and unstable	Instrumental delivery	bleeding and unstable	storage before acute sterilisation									
medicine)	Torted/ruptured ovary/pelvic mass	Perineal repair Manual removal of	Maternal compromise (e.g., sepsis,	b) Females - before acute sterilisation - i) Oocyte collection									
	Pelvic/genital tract sepsis	placenta Cervical cerclage	chorioamnionitis, severe pre- eclampsia, etc.)	(n.b. must be 36hrs after the trigger) ii) Ovarian tissue									
	Bleeding	Emergency laparotomy/	Approaching legal threshold (23+6	storage									
	Necrotising fasciitis Genital tract trauma	hysterectomy	weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks										
	- (e.g. vaginal tear/ pelvo-vaginal haematoma)		[Scotland] for medical abortion at home)/ 12-14 weeks										
	Ectopic pregnancy		where procedure not provided by local NHS beyond this)										
	Complications of TOP		Cases where cervica preparation has	ı									
	Molar pregnancy - (heavy bleeding requiring evacuation) hysterectomy)	/	been administered (misoprostol/osmotic dilators/mifepristone										
	hysterectomy)		Feticide (approaching legal limit)										
Ophthalmology	Acute risk to sight/	Oncology -	Vitreoretinal										
	life (e.g. penetrating injuries/globe rupture/orbital	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection - suspected										
	haemorrhage/burns infection/fractures/ lid lacerations)		endophthalmitis										
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	b) Any delay in treatment,	c) Safeguarding issues must be	d) Other specialist surgery in									
specialty specific guidance can be found on the NHSE	BE REVIEWED MONTHLY	especially of cancers, trauma and life threatening	considered in all those attending	paediatric patients is included in the guidance above.									
website https://www.england.nhs.uk/coronavirus/	This Prioritisation is about 'WHEN and not BY Whom'.	conditions, may lead to adverse	acute surgical problems (e.g. NAI/domestic violence/	,									
publication/ specialty-guides/	Space does not allow every procedure to be		abuse of the vulnerable)										
	listed under every specialty performing it and it												
	DOES NOT indicate primacy of ANY specialty												
	legitimately performing any procedure within												
	their listed competencies.												

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

<u>-</u>			ng the Covid19 Crisis	<u> </u>	Crob-1- II	Thurst-	Dougle	Advanctors	Coltra	MDT -II					
ncluding esophago-gastric,	cancer surgery	MDT Directed cancer surgery	surgery -	IBR, if appropriate	stricture/fistula not responsive to	Thyrotoxicosis - Not responding to conservative Rx.	calcium >3.0mmol/l and/or not	Adrenalectomy - pathology not responding to	moderate stridor	MDT directed bariatric surgery					
oloproctology, reast, endocrine, ariatric)	Hepatobiliary Pancreatic Oesophagogastric	Thyroid/parathyroid (including diagnostic lobectomy) Adrenal	metastases	according to local fitness criteria - ER negative Her2+	endoscopic/medical Rx	(including orbital surgery for impending sight loss)	responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.	medical Rx (e.g. Cushing's/ phaeochromocytoma		As part of cancer/ transplant treatment.					
	Neuroendocrine tumour Metastases - NOS progressing on scan at 3/12.		Multi-visceral resections for locally advanced colon cancer Salvage surgery for recurrent anal cancer	ER+ with higher risk (i.e., Grade 3, Low ER, node +ve)											
	MDT Directed oropharyngeal/tonsil/tongue cancer resection +/- reconstruction.	Facial Fractures causing diplopia/ occlusal problems	orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy -	Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/ infection)											
	Burns - Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	adults and children Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture	MDT Directed Major soft tissue tumour resection - All sites		Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy	Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment	Facial Palsy - Eyelid closure/ ectropion/entropion	Neonate accessory digit excision (narrow pedicle/ vascular compromise/ infection/pain)						
	MDT directed testicular cancer surgery - non-metastatic.	MDT directed penile cancer surgery including inguinal node surgery.	MDT directed bladder cancer surgery - invading bladder muscle.			ILP MDT directed bladder Cancer surgery - high risk carcinoma-in- situ.		Acute Urinary Retention - Bladder neck stenosis post RARP.	Partial Nephrectomy - single kidney	investigation	Ureteroscopy for stones where stents in situ				
pinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)	Displaced, intra- articular Osteochondral defect Ankle/Foot Olecranon	Knee extensor disruption (including fractured, displaced patella)	Tendon rupture - any sites	Locked joints - any site	Peripheral Nerve Decompression - any site (pain/weakness/ muscle wasting - not responding to conservative Rx)	site where delay will prejudice outcome	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit					
	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery for malignancy	MDT directed oropharyngeal surgery for malignancy	Not Otherwise Specified 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	pharyngeal/	recurrent infection/ visual disturbance	Complex nasal obstruction with severe sleep disordered breathing	Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity	Cochlear implant - i) Children ii) Post- meningitis iii) Device failure - no hearing iv) Removal of infected implant not responding to conservative Rx.	- NOS (including tracheostomy for weaning)	Choleasteatoma v complications e.g labyrinthine fistula
ncluding spinal urgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx												
urgery	MDT directed treatment of resectable Non- Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis		Any deteriorating heart condition	Pneumothorax not responding to conservative Rx									
	Chronic severe limb ischaemia - no neurology	AAA >6cms diameter	Diabetic foot surgery - NOS												
nd urological urgery (see also rology)	Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications	Infant with Billary Atresia - bladder exstrophy	Inguinal hernia under 3/12 of age	surgery for Nephroblastoma/	Crohn's Disease - stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life threatening complication/ repeated aspirations			severe BXO/meatal	Recurrent UTIs - renal scarring/ hypertension	Non-functioning renal tract with infection – not responding to conservative Rx	Neuropathic bladder - high risk of renal deterioration	Renal Calculi - recurrent symptoms/ renal impairment	MDT directed bariatric surgery As part of cancer transplant treatm
rthopaedic urgery	MDT Directed Suspected bone or soft tissue malignant tumours	MDT Directed Suspected, aggressive, benign bone tumour	Meniscal repair												
urgery	Neonate - Left heart obstructive lesions - Aortic stenosis (valvuloplasty/valvotomy) Coarctation (case selection of approach and timing) HLHS (Norwood/Hybrid)	heart obstructive lesions - PA-IVS (case selection RF perforation/ductal stent/shunt)	Neonate - Mixing lesions - TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Neonate - Arrhythmia - CHB (decision for pacing)		Infant - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired function)	Tetralogy of Fallot (Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC	shunt lesions - VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR	responding to medical Rx, raised RVP) Aortic (impaired function)	obstructive lesions - LVOTO (impaired function/symptoms)		Child - Regurgitant lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)	candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old		
aynaecology ncluding rogynaecology, regnancy, delivery, nd reproductive nedicine)	MDT redirected cancer surgery – Staging Vulval/vaginal (incl. WLE for high grade Vulval Intraepithelial Neoplasia (VIN), Vaginal Intraepithelial Neoplasia) Uterine/Ovarian/Cervical (incl. Intraepithelial Neoplasia/early stage cancer) Recurrent Gynaecological cancer	(duct dependent blood flow) Hysteroscopy +/-endometrial Bx for endometrial hyperplasia/cancer	Paediatric and adolescent – Non-obstructive vaginal septum/ septate hymen EUA/vaginoscopy for suspected vaginal abnormality												
phthalmology	Oncology - MDT directed treatment	Vitreoretinal -	Adnexal -	Glaucoma -	Cataract -	Cornea -	Paediatrics -	Medical retina –	Strabismus –						
	for; Ocular/ocular surface tumours Enucleation - advanced melanoma/other malignancies/ tumours Intravitreal injections - radiation maculopathy +/- ocular tumours PDT/External beam Radiotherapy - ocular metastases - threat to sight	Re-do retinal detachment Vitrectomy - i) Retinal detachment - macular off > 2 weeks ii) Acute vitreous haemorrhage - suspected retinal break/unknown iii) Dislocated lens implant with poor vision in other eye	Protect ocular surface MDT directed treatment for eyelid orbital tumours	Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	Intumescent extraction Angle closure glaucoma - threat to sight	Amniotic membrane graft - non-healing ulcer (see also paediatrics)	Keratoplasty for congenital corneal opacity Superficial keratectomy - atopic plaque Drainage surgery - glaucoma (< 2 weeks) Surgery/plaque -retinoblastoma Brow suspension - risk of developing amblyopia	Intravitreal injections for wet, age related macular degeneration >2/52 Laser for active/ progressive neovascularisation Periocular and intravitreal steroid injection for macular oedema	Sudden loss of binocularity						
PLEASE NOTE: More detailed pecialty specific ruidance can be bound on the NHSE rebsite https:// rww.england.nhs.u /coronavirus/ rublication/ pecialty-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.	conditions, may	treated MUST be reviewed clinically at most 1/12 from being listed and re-	considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.									

-	res to be performed in on is about 'when an		ng the Covid19 Crisis	- see notes below)							
· ·	Colectomy/ proctectomy for	Seton insertion - symptomatic anal fistulae (incl. perianal	MDT directed breast cancer surgery and	MDT directed adrenal resections - intermediate masses	Cholecystectomy - post acute	Hernia - presenting with complications that have previously	Hernia - presenting with complications that have previously	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery		
HPB, coloproctology,	medical Rx (excluding acute, severe colitis treated	Crohn's)	according to local fitness criteria.	>4cm<6cm) with	pancreams	settled with conservative Rx	settled with conservative Rx	prolapse surgery	i) Significant/multiple end organ failure.	,	
breast, endocrine, bariatric)	urgently)		Pre-menopausal ER+ (Grade 1-2)	hypersecretion (Cortisol/androgen)					ii) To facilitate MSK surgery/Hernia		
			Post-menopausal ER+ with higher risk (i.e., Grade 3, low ER	metastases - progressing on scan at 3/12.					Surgery listed in p3 iii) Overdue balloon removal.		
			or node +ve) High grade DCIS						iv) Revision to stop excessive weight		
			Risk reducing surgery in gene carriers.						loss/comorbidities.		
OMFS	MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	MDT directed salivary gland tumours (low grade).	Cleft lip - Alveolar bone grafting (Prior to canine eruption)								
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction Microstomia Joint contracture Neck contracture	Limb contractures	Secondary cleft and non-cleft speech surgery - to avoid breaching 5 yrs of age	Primary cleft palate Repair - to avoid breaching 13 months of age	Brachial plexus/ major peripheral nerve injury - MDT Directed i) re-animation +/- joint stabilisation ii) Exploration for life altering pain not responding to conservative Rx. iii) Revision surgery for major functional impairment.	Facial Palsy - Dense facial palsy inside 12/12 from injury	Congenital hand anomaly where delay will compromise outcome.	MDT directed surgery for major upper limb functional impairment			
Urology	MDT directed prostate cancer surgery - high/intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible (including paediatric)	MDT directed bladder cancer surgery (not invading muscle)	MDT Directed penile cancer surgery (low	Bladder outflow obstruction in catheterised males.					
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/	Frozen shoulder - severe and not	Tendon reconstruction/	Revision surgery	MDT Directed Benign bone/soft	MDT Directed primary sarcoma	Arthroscopic removal of joint	Locked Knee - ACL/ other reconstruction	metalwork	Spinal Surgery – Injection/	
			tenodesis - any site	Loosening without impending fracture. Recurrent joint instability	tissue lesion excision biopsy - not otherwise specified	plus metastases	loose body (Reversible symptoms preventing work)		e.g. across joints.	decompressive surgery for intractable radiculopathy.	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - Adults - NOS.	Cholesteatoma - NOS	Micro-Laryngoscopy Airway compromise - NOS (including papilloma/RRP/Subglottic stenosis)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Sinus surgery with complication of infection	Adeno-tonsillectomy - OSA (NOS)	EUA middle ear - CSOM unresponsive to medical Rx		
Neurosurgery (including spinal											
surgery) Cardiothoracic surgery	Stable Non ST Elevation MI										
	AAA >5.5cm (within 8/52)	Vascular access surgery									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management -	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.
	Hirschsprung's Disease initially managed with washouts.										ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotmies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity							loss/comorbidities.
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including	Urogynaecology - Suprapubic	MDT Directed cancer treatment -	Hysteroscopic/ Laparoscopic/Open Myomectomy/	BSO/salpingectomy	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - Pelvic pathology	Paediatric and adolescent – MDT directed				
urogynaecology, pregnancy, delivery, and	catheter change Prolapse - bleeding/	Cervical (Stage Ia1) at 6-8/52 pending MDT outcome	Hysterectomy/ Endometrial ablation (significant anaemia			effecting fertility (e.g., Fibroids/ Hydrosalpinx/	Laparoscopic excision of				
reproductive medicine)	ulceration/proci dentia/vault inversion	Repeat conisation - Any age/High grade	+ unresponsive to conservative Rx)	USS Complex ovarian		Endometriosis/ Uterine septum/ Adhesions)	obstructed uterine horn				
	Genitourinary fistula	pre-cancer with pt. >50 yrs of age) Simple hysterectomy	Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to	cyst - low risk of malignancy		Couples/individuals where the woman has low ovarian	Vaginal reconstruction for agenesis with menstrual				
		following local conisation (LLETZ)	conservative Rx) Endometriosis -			reserve >40 years old.	obstruction				
		Low volume cancer completely excised at loop excision. Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)								
Ophthalmology	Vitreoretinal -	Adnexal -	Glaucoma -	Cataract -	Cornea -	Paediatrics -	Medical – Diabetic macula/	Strabismus –			
	Some Macular holes Vitrectomy -	Entropion/Ectropion	Drainage - not otherwise specified	Surgery/YAG laser i) Binocular vision <6/60/severely	Cross-linking - rapidly progressive/ very thin cornea	intravitreal injections	retinal vein/branch vein occlusion	Development binocularity in infantile squint			
	i) Vitreous haemorrhage/ tractional retinal	- ocular surface damage	Selected laser trabeculoplasty	disabled (e.g. cannot work)	keratoconus	- Retinal vascular conditions	i.Intravitreal injections ii.Macular laser	Surgery or botulinum injection for severe diplopia (e.g. cannot			
	ii) silicone oil	Eye removal - Non- malignant/low threat to health		ii) limiting management of other conditions -		axis opacity following congenital	laser for central serous	diplopia (e.g. cannot work)			
	removal - complications	Botulism injections for disabling blepharospasm		threat to sight		Removal of loose corneal sutures in	chorioretinopathy				
						children (see also strabismus)					
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	b) Any delay in treatment,	c) Patients in p3 who have not been	d) Safeguarding issues must be	surgery in	f) Private sector aesthetic surgery					
specialty specific guidance can be found on the NHSE	BE REVIEWED MONTHLY	especially of cancers, trauma and life threatening	treated MUST be reviewed clinically at most 3/12 from	considered in all those attending with trauma and	paediatric patients is included in the guidance above.	procedures should be considered on merit and on a					
website https://www.england.nhs.uk/coronavirus/ publication/	and not BY Whom'.	lead to adverse outcomes.	being listed and re- prioritised as necessary.	acute surgical problems (e.g. NAI/ domestic violence/ abuse of the		case-by-case basis. Procedures with a					
specialty-guides/	Space does not allow every procedure to be listed under every specialty		The second secon	abuse of the vulnerable)		known functional benefit should be prioritised where possible.					
	performing it and it DOES NOT indicate primacy of ANY		Casterior to ten last Casterior Cast			A detailed risk analysis should be					
	specialty legitimately performing any		See and See an			undertaken and consideration given to any potential					
	procedure within their listed competencies.		The RPM matrix is to be used ONLY to assess patients in the SAME priority			effect on local NHS resources.					
			band.								

	Priority 4 - Procedu	res to be performed	in >3 months.													
General surgery	1		nd not by whom' during	ng the Covid19 Crisis Diverting ileostomy	- see notes below) Uncomplicated	Reversal of	Non-urgent	Transanal/rectal	Benign breast	Cholecystectomy -	Other benign upper	Oesophagogastric	Other benign	Other adrenal	Abdominal wall	MDT Directed
(including oesophago-gastric, HPB, coloproctology, breast, endocrine, bariatric)	cancer surgery including IBR, if appropriate according to local fitness criteria -	Benign colonic polyp Completion proctocolectomy for IBD	surgery	closure	incisional hernias	Hartmann's procedure	proctology procedures	resection of benign rectal polyps.	Delayed breast reconstruction, if appropriate according to local	after biliary colic/ cholecystitis.	UGI conditions (e.g., gallstones/other Benign disease).		thyroid/parathyroid disease - uncomplicated	disease - uncomplicated	reconstruction	bariatric surgery Lesser degrees of end organ failure.
	Post-menopausal ER+ (grade 1-2, High ER, node -ve having neoadjuvant endocrine therapy to downstage DCIS (intermediate								fitness criteria. Revision of breast reconstruction,							
OMFS	and low risk) All orthognathic Surgery	Dental extractions - adult and paediatric	Salivary Gland	Facial deformity - Post-traumatic/	Benign dental lesions - mandible/	Temporo-mandibular joint surgery										
Reconstructive plastic surgery including burns	Burns - other contractures/scars	Limb trauma sequelae/scarring - other reconstruction	Tumours - benign. Breast reconstruction -	All cleft lip and palate surgery - NOS	maxilla Basal Cell Carcinoma - any site not compromising	Excision of benign lesions	NHS Cosmetic Surgery									
and hands Urology	Female urology for	Andrology/GU	Endourology -	MDT directed	vital structures MDT directed	Uncomplicated	Uncomplicated	Bladder outflow	Benign penoscrotal		Uncomplicated					
	benign conditions (e.g. incontinence/ prolapse/Sacral Nerve Stimulator/ fistula/urethral diverticulum)	Surgery Erectile dysfunction Male fertility surgery Urethral stricture Gender reassignment.		prostate cancer surgery (low risk)	bladder cancer surgery - superficial transitional cell cancer	small/intermediate renal lesions	small/intermediate testicular lesions	surgery	surgery	asymptomatic	small/intermediate renal lesions					
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	Hand and Upper limb surgery - Not	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 framework surgery (thyroplasty) (unless significant aspiration)		Uncomplicated nasal fracture	Adeno-tonsillectomy - recurrent tonsillitis as per EBI criteria			
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	-							
Cardiothoracic surgery Vascular surgery	Stable coronary disease Vein surgery	Thoracic outlet	Claudication	Uncomplicated AVMs												
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano- Rectoplasty (PSARP) - after obstruction relieved	mths of age)	haemoglobinopathy	Cholecystectomy - after biliary colic/ cholecystitis	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	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	or Vaginal	cystectomy/	Symptomatic lower genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –						
(including urogynaecology,	Incontinence surgery Prolapse surgery	Abnormal uterine bleeding/ Reproductive failure	Investigation of pelvic pain/ subfertility	Fibroids not causing anaemia	hysterectomy - Abnormal uterine	Oophorectomy - Ovarian cysts > 5 cm	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility (e.g., Fibroids/	MDT directed Vaginal						
pregnancy, delivery, and reproductive medicine)	Prolapse surgery	(e.g. Levonorgestero	Tubal factor infertility +/- symptomatic tubal disease		Pain Symptomatic fibroids +/- endometrial hyperplasia	with a benign RMI)			Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) Couples/individuals where the woman has normal ovarian reserve <40 years old	reconstruction (NOS) Clitoral reduction for differences in sex						
Ophthalmology	Vitreoretinal - Vitrectomy - i) Macular epiretinal membrane ii) Silicone oil removal - not otherwise specified	Adnexal - Dacrocystorhinosto my Other surgery - NOS		Corneal graft - significant binocular	Oncology - Reconstruction/ Debulking - Benign tumours Other oncology surgery - NOS		pre-proliferative diabetic retinopathy	Glaucoma – PI laser for narrow angles								
	(NOS) iii) Other surgery - NOS			Other Surgery - NOS												
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.uk/coronavirus/ publication/ specialty-guides/	This Prioritisation		who have not been treated MUST be reviewed clinically	issues must be considered in all those attending with trauma and	e) Other specialist surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS										
	their listed competencies.		The RPM matrix is to be used ONLY to assess patients in the SAME priority band.			resources.										