



Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

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

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

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

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

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

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

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

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

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSPG, 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 1b - Procedures to be performed in <72 hours.											
(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)											
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Laparotomy - Small bowel obstruction - not responding to conservative Rx. Colectomy for acute severe ulcerative colitis - not responding to conservative Rx Bowel obstruction not suitable for stenting.	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent nutrition compromise. Enteral nutrition access Revision Bariatric Surgery	Failed conservative management of localised intra-peritoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal	Acute gastric band slippage/erosion. Acutely symptomatic internal hernia.				
OMFS	Facial fractures - not suitable for conservative Rx										
Reconstructive plastic surgery including burns and hands	Burns - requiring resuscitation.	Burns - full thickness/deep dermal requiring debridement and closure	Burns - mid/deep dermal with exposure of deep structures likely/ infection	Soft tissue infection - all sites (especially closed compartments/ joints/prostheses) not responding to conservative Rx	Delayed primary closure of open wound/fracture - any site	Primary tendon/ nerve repair - all sites.	Unstable closed fractures or joint injuries - unsuitable for conservative Rx	Secondary closure of washed out open wound/ fracture - any site	Finger tip/nail bed repair/terminalisation	Major limb trauma reconstruction unsuitable for conservative Rx	Brachial plexus/ major peripheral nerve injury - Associated with major vessel injury
Urology	Upper urinary tract obstruction	Renal stones - pain/ impairment not responsive to conservative Rx	Penile fracture	Infected prosthesis - penile/testicular/ ureteric stent	Peritoneal Dialysis Catheter Insertion						
T & O (including spinal surgery)	Tibial fracture - high energy/displaced, unstable shaft/	Fractures - pathological and peri-prosthetic	Unstable articular fractures that will result in severe disability without operative fixation	Non-hip lower limb frailty fractures requiring fixation to mobilise patient	Spinal Trauma requiring stabilisation without neurological involvement						
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to conservative Rx	Traumatic/ cholesteatoma related facial nerve palsy/labyrinthine fistula	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.	MDT directed cancer debulking/biopsy - Microlaryngoscopy +/- laser	Vocal Cord medialisation for severe aspiration	Compound/complex fractures of the nose and sinuses	Choanotomy for bilateral atresia
Neurosurgery (including spinal surgery)	Depressed skull fracture	Traumatic brain injury - not responding to conservative Rx - neurological compromise	Intracranial haemorrhage - no longer responding to conservative Rx	Acute raised Intra cranial pressure/ hydrocephalus (recoverable stroke/ tumour) - no longer responding to conservative Rx	Battery change for spinal/deep brain/ epilepsy stimulators/pumps	MDT directed paediatric brain tumour surgery					
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/ Rest ECG changes and not reposing to conservative Rx	Aortic Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Mitral Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Myxoma - Emboli/ Haemodynamically unstable	Chest Trauma					
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thrombolysis for phlegmasia or end organ failure (Renal/Hepatic)	Symptomatic AAA	Aortic dissection - Type B					
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Exstrophy - Primary bladder closure	Hydronephrosis - Rapid progression
Paediatric orthopaedic surgery (including spinal surgery)	Slipped Upper Femoral Epiphysis	Fractures - Displaced articular/ peri-articular Forearm Femoral	Exposed metalwork								
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours Bowel obstruction - Cancer not responding to conservative Rx.	Incision + drainage/ marsupialisation - Bartholin's abscess	Miscarriage - Patient stable - case selection	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week)	Fistula repair - Recto-vaginal/ Bladder-vagina	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling				
Ophthalmology	Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment	Vitreoretinal - Laser/cryotherapy - retinal tear Vitreotomy - i) dropped lens nucleus after cataract surgery ii) Detachment - macular on/recently off	Cornea - Corneal transplant/ glueing Amniotic membrane graft - threat to sight	Adnexal - Orbital decompression/ lesion debulking - threat to sight Drainage of orbital abscess Eye removal - serious risk to health (e.g. sepsis)	Glaucoma - Acute - i) Laser PI ii) Unresponsive to medical Rx/laser Secondary - Drainage/diode laser - imminent risk to sight	Paediatrics - Retinopathy of prematurity - retinal -laser/intravitreal injection Examination under anaesthesia - potential threat to sight (see also trauma)	Medical - Retina - Periocular/ intravitreal steroids for inflammatory eye disease Temporal artery biopsy				
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed	b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	c) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to; i) p1a if their clinical condition deteriorates. ii) p2 if their clinical condition improves and stabilises.	d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)	e) Other specialist surgery in paediatric patients is included in the guidance above.						

Priority 2 - procedures to be performed in < 1 months.

(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)

<p>General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)</p>	<p>MDT Directed cancer surgery Hepatobiliary Pancreatic Oesophagogastric Neuroendocrine tumour Metastases - NOS progressing on scan at 3/12.</p>	<p>MDT Directed cancer surgery Thyroid/parathyroid (including diagnostic lobectomy) Adrenal</p>	<p>MDT directed cancer surgery - Colon cancer - incl. liver metastases Rectal cancer - incl. high risk, rectal polyps; liver metastases Multi-visceral resections for locally advanced colon cancer Salvage surgery for recurrent anal cancer Pelvic exenteration</p>	<p>MDT Directed breast cancer surgery and IBR, if appropriate according to local fitness criteria - ER negative Her2+ Pre-menopausal ER+ with higher risk (i.e., Grade 3, Low ER, node +ve)</p>	<p>Crohn's disease - stricture/fistula not responsive to endoscopic/medical Rx</p>	<p>Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)</p>	<p>Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.</p>	<p>Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/phaeochromocytoma)</p>	<p>Goitre - mild/moderate stridor</p>	<p>MDT directed bariatric surgery As part of cancer/transplant treatment.</p>					
<p>OMFS</p>	<p>MDT Directed oropharyngeal/tonsil/tongue cancer resection +/- reconstruction.</p>	<p>Facial Fractures causing diplopia/occlusal problems</p>	<p>Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children</p>	<p>Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/infection)</p>	<p>Craniofacial - ocular complication/Raised Intracranial Pressure</p>										
<p>Reconstructive plastic surgery including burns and hands</p>	<p>Burns - Mid/deep dermal/otherwise unhealed.</p>	<p>Removal of prosthesis - unresponsive to conservative Rx.</p>	<p>Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture</p>	<p>MDT Directed Major soft tissue tumour resection - All sites</p>	<p>Skin cancer - Primary resection directed by appropriate skin cancer specialist</p>	<p>Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy ILP</p>	<p>Brachial plexus/ major peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresth/pain/sensory impairment</p>	<p>Facial Palsy - Eyelid closure/ ectropion/entropion</p>	<p>Neonate accessory digit excision (narrow pedicle/vascular compromise/infection/pain)</p>	<p>Primary cleft palate repair - child breaching 13 months of age</p>	<p>Secondary cleft and non-cleft speech surgery - child breaching 5 yrs of age</p>				
<p>Urology</p>	<p>MDT directed testicular cancer surgery - non-metastatic.</p>	<p>MDT directed penile cancer surgery including inguinal node surgery.</p>	<p>MDT directed bladder cancer surgery - invading bladder muscle.</p>	<p>MDT Directed renal cancer surgery - not bleeding.</p>	<p>MDT directed upper tract transitional cell cancer surgery</p>	<p>MDT directed bladder Cancer surgery - high risk carcinoma-in-situ.</p>	<p>MDT directed inguinoscrotal sarcoma surgery</p>	<p>Acute Urinary Retention 1) Bladder neck stenosis post RARP 2) Catheter/Stent change</p>	<p>Partial Nephrectomy - single kidney</p>	<p>Visible haematuria - investigation</p>	<p>Ureterscopy for stones where stents in situ</p>				
<p>T & O (including spinal surgery)</p>	<p>MDT Directed Sarcoma surgery - any site</p>	<p>Solitary metastasis surgery - any site.</p>	<p>MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)</p>	<p>Fractures - Displaced, intra-articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise Specified</p>	<p>Knee extensor disruption (including fractured, displaced patella)</p>	<p>Tendon rupture - any sites</p>	<p>Locked joints - any site</p>	<p>Peripheral Nerve Decompression - any site (pain/weakness/muscle wasting - not responding to conservative Rx)</p>	<p>Arthroplasty/ Arthrodesis - any site where there is a risk of serious adverse consequences of delay, e.g. patient going off their legs</p>	<p>Spinal surgery - degenerative conditions with progressive neurological/neurological deficit</p>					
<p>ENT</p>	<p>EUA/biopsy for malignancy - hypopharynx/larynx</p>	<p>MDT directed nasopharyngeal/laryngeal surgery for malignancy</p>	<p>MDT directed oropharyngeal surgery for malignancy</p>	<p>MDT directed otological cancer surgery.</p>	<p>Baro-trauma perilymph fistula</p>	<p>Organic foreign bodies in the ear.</p>	<p>MDT directed treatment of small, high grade salivary cancers.</p>	<p>MDT directed treatment of sinus cancers. - threatening sight</p>	<p>Treatment of pharyngeal/oesophageal/airway stricture</p>	<p>Mucocoele with recurrent infection/visual disturbance</p>	<p>Complex nasal obstruction with severe sleep disordered breathing</p>	<p>Reduction of nasal fracture (NCS) - ideally inside 14 days according to local capacity</p>	<p>Cochlear implant - i) Children ii) Post- meningitis/ other obliterative disease iii) Device failure - no hearing iv) Removal of infected implant not responding to conservative Rx.</p>	<p>Airway compromise - NOS (including tracheostomy for weaning)</p>	<p>Cholesteatoma with complications e.g labyrinthine fistula</p>
<p>Neurosurgery (including spinal surgery)</p>	<p>MDT directed brain tumour surgery (including for metastases)</p>	<p>MDT directed spinal tumour surgery</p>	<p>Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx</p>												
<p>Cardiothoracic surgery</p>	<p>MDT directed treatment of resectable Non-Small Cell Lung Cancer</p>	<p>Unstable Non ST elevated MI</p>	<p>Aortic stenosis</p>	<p>Unstable coronary</p>	<p>Any deteriorating heart condition</p>	<p>Pneumothorax not responding to conservative Rx</p>									
<p>Vascular surgery</p>	<p>Chronic severe limb ischaemia - no neurology</p>	<p>AAA >7cms diameter</p>	<p>Diabetic foot surgery - NOS</p>												
<p>Paediatric general and urological surgery (see also urology)</p>	<p>Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications</p>	<p>Infant with Biliary Atresia - bladder extrophy</p>	<p>Inguinal hernia under 3/12 of age</p>	<p>MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma</p>	<p>Crohn's Disease - stricture/fistula/ optimise medication/ nutrition</p>	<p>Gastrostomy for nutritional support.</p>	<p>Fundoplication for GOR for previous life threatening complication/ repeated aspirations</p>	<p>Renal Stent Removal/Exchange</p>	<p>Vesico-ureteric reflux - case selection</p>	<p>Circumcision for severe BXO/meatal pathology</p>	<p>Recurrent UTIs - renal scarring/ hypertension</p>	<p>Non-functioning renal tract with infection - not responding to conservative Rx</p>	<p>Neuropathic bladder - high risk of renal deterioration</p>	<p>Renal Calculi - recurrent symptoms/ renal impairment</p>	<p>MDT directed bariatric surgery As part of cancer/transplant treatment.</p>
<p>Paediatric orthopaedic surgery</p>	<p>MDT Directed Suspected bone or soft tissue malignant tumours</p>	<p>MDT Directed Suspected, aggressive, benign bone tumour</p>	<p>Meniscal repair</p>												
<p>Paediatric cardiac surgery</p>	<p>Neonate - Left heart obstructive lesions - Aortic stenosis (valvuloplasty/valvotomy) Coarctation (case selection of approach and timing) HLHS (Norwood/Hybrid)</p>	<p>Neonate - Right heart obstructive lesions - PA-IVS (case selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow)</p>	<p>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)</p>	<p>Neonate - Arrhythmia - CHB (decision for pacing)</p>	<p>Neonate - ALCAPA - (Optimise medical Rx)</p>	<p>Infant - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/ symptoms) Coarctation (Impaired function)</p>	<p>Infant - Right heart obstructive lesions - Tetralogy of Fallot (Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biv repair - increasing cyanosis, shunt/stent stenosis >9 months of age)</p>	<p>Infant - Left-Right shunt lesions - VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVWR, >6 months of age)</p>	<p>Infant - Regurgitant lesions - Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)</p>	<p>Child - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/ raised RVP)</p>	<p>Child - Right heart obstructive lesions - RV-RA conduit (impaired function/ >systemic RVP)</p>	<p>Child - Regurgitant lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)</p>	<p>Child - Fortan candidate (increasing cyanosis/ symptoms) prioritise >5yrs years old</p>		
<p>Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)</p>	<p>MDT redirected cancer surgery - Cervical - i) Intrauterine brachytherapy - all stages ii) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity</p>	<p>Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer</p>	<p>Paediatric and adolescent - Non-obstructive vaginal septum/ septate hymen EUA/vaginoscopy for suspected vaginal abnormality</p>												
<p>Ophthalmology</p>	<p>Oncology - MDT directed treatment 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</p>	<p>Vitreoretinal - 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</p>	<p>Adnexal - Protect ocular surface MDT directed treatment for eyelid orbital tumours i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis</p>	<p>Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis</p>	<p>Cataract - Intumescent extraction Angle closure glaucoma - threat to sight</p>	<p>Cornea - Amniotic membrane graft - non-healing ulcer (see also paediatrics)</p>	<p>Paediatrics - Congenital cataract Keratoplasty for congenital corneal opacity Superficial keratectomy - atopic plaque Drainage surgery - glaucoma (< 2 weeks) Surgery/plaque -retinoblastoma Brow suspension - risk of developing amblyopia</p>	<p>Medical retina - Intravitreal injections for wet, age related macular degeneration >2722 Laser for active/ progressive neovascularisation Periocular and intravitreal steroid injection for macular oedema</p>	<p>Strabismus - Sudden loss of binocularity</p>						
<p>PLEASE NOTE: More detailed speciality specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/</p>	<p>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 speciality performing it and it DOES NOT indicate primacy of ANY speciality legitimately performing any procedure within their listed competencies.</p>	<p>b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.</p>	<p>c) Patients in p2 who have not been reviewed clinically at most 1/12 from being listed and re-prioritised as necessary.</p>  <p>The RPM matrix is to be used ONLY to assess patients in the SAME priority band.</p>	<p>d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)</p>	<p>e) Other specialist surgery in paediatric patients is included in the guidance above.</p>	<p>f) Private sector aesthetic surgery provided to a patient 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.</p>	<p>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.</p>								

Priority 3 - Procedures to be performed in < 3 months.

(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)

General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	Colectomy/ proctectomy for colitis refractory to medical Rx (excluding acute, severe colitis treated urgently)	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and IBR, if appropriate according to local fitness criteria. <i>Pre-menopausal ER+ (Grade 1-2)</i> <i>Post-menopausal ER+</i> <i>High grade DCIS</i> <i>Risk reducing surgery in gene carriers.</i>	MDT directed adrenal resections - intermediate masses <i>>4cm<6cm with hypersecretion (Cortisol/androgen)</i> <i>metastases - progressing on scan at 3/12.</i>	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>i) Significant/multiple end organ failure.</i> <i>ii) To facilitate MSK surgery/Hernia Surgery listed in p3</i> <i>iii) Overdue balloon removal.</i> <i>iv) Revision to stop excessive weight loss/comorbidities.</i>	Solid organ transplants - <i>Follow NHSBT guidance but if local conditions require;</i> <i>i) Living donor if recipient stable (both fully covid vaccinated at least 2/52 before)</i>		
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 <i>Microstomia</i> <i>Joint contracture</i> <i>Neck contracture</i>	Limb contractures	Primary cleft palate repair - child less than 12 months of age	Secondary cleft and non-cleft speech surgery - child less than 5 yrs of age	Brachial plexus/ major peripheral nerve injury - MDT Directed <i>i) re-animation +/- joint stabilisation</i> <i>ii) Exploration for life altering pain not responding to conservative Rx.</i> <i>iii) Revision surgery for major functional impairment.</i>	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 grade and premalignant).	Bladder outflow obstruction in catheterised males.						
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	Tendon reconstruction/ tenodesis - any site	Revision surgery <i>Loosening without impending fracture.</i> <i>Recurrent joint instability</i>	MDT Directed Benign bone/soft tissue lesion excision biopsy - not otherwise specified	MDT Directed primary sarcoma plus metastases surgery	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked Knee - ACL/ other reconstruction	Removal of metalwork e.g. across joints.	Spinal Surgery – Injection/ decompressive surgery for intractable radiculopathy.	Arthroplasty/ Arthrodesis - any site where an extended wait will prejudice outcome	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - <i>Adults - NOS.</i>	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											
Vascular surgery	AAA >5.5cm (within 8/52, if appropriate according to local fitness criteria and facilities)	Vascular access surgery										
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholesystectomy	Fundoplication for GOR - failure to thrive	Orchidopexy for undescended testis	Daytime urinary incontinence - obstructive cause suspected.	Penile anomalies - (e.g., mega prepuce but not hypospadias.)	Varicocele/ Hydrocoele - large + symptomatic.	MDT Directed bariatric surgery <i>i) Significant/multiple end organ failure.</i> <i>ii) To facilitate MSK surgery/Hernia Surgery listed in p3</i> <i>iii) Overdue balloon removal.</i> <i>iv) Revision to stop excessive weight loss/comorbidities.</i>	
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotomies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity								
Paediatric cardiac surgery												
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - <i>Suprapubic catheter change</i> <i>Prolapse - bleeding/ ulceration/proctodentia/vault inversion</i> <i>Genitourinary fistula</i>	MDT Directed cancer treatment - Cervical <i>Low volume cervical cancer completely excised at loop excision.</i> Uterine <i>Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.</i>	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx) <i>Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx)</i> <i>Endometriosis -</i> <i>a) Severe symptoms unresponsive to medical Rx</i> <i>b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)</i>	BSO/salpingectomy - <i>Risk reducing for BRCA1/2 + recent, normal CA125 and USS</i> <i>Complex ovarian cyst - low risk of malignancy</i>	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - <i>Pelvic pathology affecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)</i> <i>Couples/individuals where the woman has low ovarian reserve >40 years old.</i>	Paediatric and adolescent – MDT directed <i>Laparoscopic excision of obstructed uterine horn</i> <i>Vaginal reconstruction for agenesis with menstrual obstruction</i>					
Ophthalmology	Vitreoretinal - Some Macular holes Vitreotomy - <i>i) Vitreous haemorrhage/ tractional retinal detachment</i> <i>ii) silicone oil removal - complications</i>	Adnexal - <i>Large mucocoele</i> <i>Entropion/Ectropion - ocular surface damage</i> <i>Eye removal - Non-malignant/low threat to health</i> Botulism injections for disabling blepharospasm	Glaucoma - <i>Drainage - not otherwise specified</i> <i>Selected laser trabeculoplasty</i>	Cataract - Surgery/YAG laser <i>i) Binocular vision <6/60/severely disabled (e.g. cannot work)</i> <i>ii) limiting management of other conditions - threat to sight</i>	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - <i>Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions</i> <i>Capsulotomy - visual axis opacity following congenital cataract surgery</i> <i>Removal of loose corneal sutures in children</i> (see also strabismus)	Medical – <i>Diabetic macula/ retinal vein/branch vein occlusion</i> <i>i. Intravitreal injections</i> <i>ii. Macular laser</i> Photodynamic laser for central serous chorioretinopathy	Strabismus – Development binocularity in infantile squint Surgery or botulinum injection for severe diplopia (e.g. cannot work)				
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.	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.  The RPM matrix is to be used ONLY to assess patients in the SAME priority band.	d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)	e) Other specialist surgery in paediatric patients is included in the guidance above.	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.	g) Additional weighting may be given to a patient within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.					

