



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 at least 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.

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

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.

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

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, 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 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, bariatric)	Laparotomy - <i>Small bowel obstruction</i> - not responding to conservative Rx. <i>Colectomy for acute severe ulcerative colitis</i> - not responding to conservative Rx <i>Bowel obstruction not suitable for stenting.</i>	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent nutrition compromise. <i>Enteral nutrition access</i> <i>Revision Bariatric Surgery</i>	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							
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	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to conservative Rx	Traumatic/ cholesteatoma related facial nerve palsy	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	
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)							
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - <i>Duodenal Atresia,</i> <i>Small bowel obstruction</i> <i>Large bowel obstruction</i> <i>Congenital Diaphragmatic Hernia</i> <i>Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise</i>	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 - <i>Displaced articular/ peri-articular</i> <i>Forearm</i> <i>Femoral</i>	Exposed metalwork								
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy <i>Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology)</i> <i>Ectopic pregnancy (stable patient)</i> <i>Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia</i> <i>Pelvic pain >48 hours</i> <i>Bowel obstruction - Cancer not responding to conservative Rx.</i>	Incision + drainage/ marsupialisation - <i>Bartholin's abscess</i>	Miscarriage - <i>Patient stable - case selection</i>	Abortion - <i>All cases -NOS</i> <i>(From NICE 2019: ensure minimum delay and provide within 1 week)</i>	Fistula repair - <i>Recto-vaginal/ Bladder-vagina</i>	MDT Directed EUA and insertion of fiducial markers - <i>Cervical cancer staging and planning</i>	Hysteroscopy - <i>PMB with thickened endometrium + not amenable to outpatient sampling</i>				
Ophthalmology	Trauma - <i>Intraocular - foreign body</i> <i>Paediatric orbital floor fracture with muscle entrapment</i>	Vitreoretinal - <i>Laser/cryotherapy - retinal tear</i> <i>Vitreotomy - i) dropped lens nucleus after cataract surgery</i> <i>ii) Detachment - macular on/recently off</i>	Cornea - <i>Corneal transplant/ glueing</i> <i>Amniotic membrane graft - threat to sight</i>	Adnexal - <i>Orbital decompression/ lesion debulking - threat to sight</i> <i>Drainage of orbital abscess</i> <i>Eye removal - serious risk to health (e.g. sepsis)</i>	Glaucoma - <i>Acute - i) Laser PI ii) Unresponsive to medical Rx/laser</i> <i>Secondary - Drainage/diode laser - imminent risk to sight</i>	Paediatrics - <i>Retinopathy of prematurity - retinal -laser/intravitreal injection</i> <i>Examination under anaesthesia - potential threat to sight</i> <i>(see also trauma)</i>	Medical - <i>Retina - Periocular/intravitreal steroids for inflammatory eye disease</i> <i>Temporal artery biopsy</i>				
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 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, 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+ with higher risk (i.e., Grade 3, low ER or node +ve)</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>		
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	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>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.	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - <i>Adults - NOS.</i>	Cholesteatoma - NOS	Micro-Laryngoscopy and papilloma resection (laser/ microdebrider/ coblation/steel)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Sinus surgery with complication of infection				
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery	Stable Non ST Elevation MI										
Vascular surgery	AAA >5.5cm (within 8/52)	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 appendectomy for recurrent symptoms	Cholecystectomy	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 (Stage Ia1) at 6-8/52 pending MDT outcome <i>Repeat conisation - Any age/High grade pre-cancer with pt. >50 yrs of age)</i> <i>Simple hysterectomy following local conisation (LLETZ)</i> <i>Low volume cancer completely excised at loop excision.</i> <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 - a) Severe symptoms unresponsive to medical Rx 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 – Diabetic macula/ retinal vein/branch vein occlusion <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.					

