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
### Table: Clinical Priorities

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency</strong></td>
<td>Critical life-threatening conditions requiring immediate medical attention.</td>
</tr>
<tr>
<td><strong>Obstetrics and Gynaecology</strong></td>
<td>Procedures to manage acute complications in pregnancy, childbirth, and the immediate postpartum period.</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>Emergency surgical procedures to manage acute complications, infections, and injuries.</td>
</tr>
</tbody>
</table>

**Emergency**
- Medical: Life-threatening conditions such as acute respiratory distress syndrome, sepsis, and decompressive hemicrianiotomy.
- Obstetrics: Episiotomy, caesarean section, and management of placental abruption.
- Surgery: Vascular surgery, orthopaedic surgery, and trauma surgery.

**Obstetrics and Gynaecology**
- Medical: Neonatal resuscitation and management of complications such as placental abruption.
- Obstetrics: Delivery of the neonate and management of complications such as postpartum haemorrhage.
- Surgery: Vascular surgery, orthopaedic surgery, and trauma surgery.

**Surgery**
- Medical: Management of acute complications such as acute respiratory distress syndrome and sepsis.
- Obstetrics: Episiotomy, caesarean section, and management of placental abruption.
- Surgery: Vascular surgery, orthopaedic surgery, and trauma surgery.
Priority 1 – Procedures to be performed in <72 hours.

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Priority 1 - procedures to be performed within 1 week</th>
<th>Priority 2 - procedures to be performed in &lt; 4 months</th>
<th>Priority 3 - procedures to be performed in 4-12 months</th>
<th>Priority 4 - procedures to be performed in &gt; 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>MDRT Directed ocular/ocular directed treatment - optic nerve/retinal dysfunction</td>
<td>MDRT Directed ocular/ocular directed treatment - retinal detachment</td>
<td>MDRT Directed ocular/ocular directed treatment - cataract</td>
<td>MDRT Directed ocular/ocular directed treatment - corneal disease</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>MDRT Directed management - recurrent anal cancer</td>
<td>MDRT Directed management - recurrent cervical cancer</td>
<td>MDRT Directed management - recurrent endometrial cancer</td>
<td>MDRT Directed management - recurrent breast cancer</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>MDRT Directed management - recurrent brainstem glioma</td>
<td>MDRT Directed management - recurrent cerebral metastases</td>
<td>MDRT Directed management - recurrent spinal cord metastases</td>
<td>MDRT Directed management - recurrent peripheral nerve metastases</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>MDRT Directed management - recurrent knee reconstructions</td>
<td>MDRT Directed management - recurrent hip reconstructions</td>
<td>MDRT Directed management - recurrent shoulder reconstructions</td>
<td>MDRT Directed management - recurrent ankle reconstructions</td>
</tr>
</tbody>
</table>

**Notes:**
- Priority 1: Procedures with a high likelihood of cure or significant improvement in survival or function.
- Priority 2: Procedures with a moderate likelihood of cure or significant improvement in survival or function.
- Priority 3: Procedures with a lower likelihood of cure or significant improvement in survival or function.
- Priority 4: Procedures with a low likelihood of cure or significant improvement in survival or function.

**Definitions:**
- MDRT Directed: Managed by a multidisciplinary team directed by a specialist with authority over the procedure.
- TAPVD (echo diagnosis): Tricuspid annular plane systolic excursion velocity.
- Cushing's/Carney's: Syndrome associated with tumors of the adrenal gland.
- TGA (Intact IVS for Congenital Heart Disease): Transposition of the great arteries with intact interventricular septum.
- ASO/VSD with HLHS (Norwood/Stage 1 Norwood): Arteriovenous switch and univentricular physiology with hypoplastic left heart syndrome.
- ASD/PFO with VSD and CHD: Atrial septal defect/patent foramen ovale with ventricular septal defect and congenital heart disease.
- ILP: Infectious liver pathology.
- SIV: Systemic inflammatory response syndrome.
- RVP: Right ventricular pressure.

**Additional Information:**
- OA: Osteoarthritis.
- OSA: Obstructive sleep apnea.
- NAI: Neck and arm pain.
- NOS: Not otherwise specified.
- MDRT: Multidisciplinary disease management team.
- ILP: Infectious liver pathology.
- TAPVD: Tricuspid annular plane systolic excursion velocity.
- TGA: Transposition of the great arteries.
- ASD/PFO: Atrial septal defect/patent foramen ovale.
- VSD: Ventricular septal defect.
- CHD: Congenital heart disease.
- ASD: Atrial septal defect.
- RVP: Right ventricular pressure.
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- OA: Osteoarthritis.
- NAI: Neck and arm pain.
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- MDRT: Multidisciplinary disease management team.
**General surgery**

- Abdominal abscess
- Infected wound
- Inflammatory bowel disease
- Pneumothorax
- Nipple discharge

**Gender surgery**

- Breast reconstruction
- Vaginal reconstruction
- Post C-section scar removal

**Reproductive surgery**

- Breasts
- Infertility
- Vaginitis
- Pregnancy

**Orthopaedic surgery**

- Hip
- Knee
- Shoulder
- Spine

**Cardiothoracic surgery**

- Aortic dissection
- Mitral valve replacement
- Laser ablation of atrial fibrillation

**Neurosurgery**

- Cerebral aneurysm
- Spinal cord compression
- Brain tumors

**ENT surgery**

- Ear infections
- Sinusitis
- Nasal polyps
- Tonsillectomy

**Vascular surgery**

- Carotid endarterectomy
- Vascular access
- Aneurysm repair

**Oral and maxillofacial surgery**

- Dental abscess
- Oral cancer
- Sinusitis

**Ophthalmology**

- Cataract surgery
- Retinal detachment
- Macular degeneration

**Plastic surgery**

- Breast augmentation
- Liposuction
- Facelift

**Radiology**

- MRI
- CT scan
- Ultrasound

**Pathology**

- Biopsy
- Histology
- Cytopathology

**Anesthesia**

- General anesthesia
- Regional anesthesia

**Nursing**

- Postoperative care
- Pain management
- Infection control

**Surgery**

- Surgical technique
- Surgical equipment
- Surgical outcomes

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**Gastrointestinal surgery**

<table>
<thead>
<tr>
<th>Priority 3: Procedures to be performed in 3 months</th>
<th>MDT Directed</th>
<th>Speciality Specific Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>More detailed guidance can be specialty specific.</td>
<td>C/O - Reproductive issues.</td>
<td>Speciality specific guidance can be specialty specific.</td>
</tr>
</tbody>
</table>

**Surgical planning**

- MDT meetings
- Case reviews
- Surgical rounds

**Surgical safety**

- Hand hygiene
- Sterile techniques
- Surgical team

**Surgical documentation**

- Operative notes
- Postoperative notes
- Discharge instructions

**Surgical complications**

- Infection
- Bleeding
- Nerve injury
- Wound dehiscence

**Surgical follow-up**

- Outpatient visits
- Telephone follow-up
- Home visits

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**Procedures with a known benefit**

- Breast augmentation
- Liposuction
- Facelift

**Procedures with a demonstrated complication**

- Cataract surgery
- Retinal detachment
- Macular degeneration

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**Bariatric surgery**

- Gastric bypass
- Sleeve gastrectomy

**Liver surgery**

- Hepatectomy
- Liver transplantation

**Pancreatic surgery**

- Pancreaticoduodenectomy
- Pancreatic cancer resection

**Endocrine surgery**

- Thyroidectomy
- Parathyroidectomy
- Adrenalectomy

**Urologic surgery**

- Prostatectomy
- Kidney stone removal
- Bladder cancer resection

**Neurological surgery**

- Cerebrovascular accident
- Spinal cord injury

**Oncological surgery**

- Cancer resection
- Palliative procedures
- Metastatic surgery

**Reconstructive surgery**

- Breast reconstruction
- Vaginal reconstruction
- Post C-section scar removal

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**Please note:**

- Only procedures with a known benefit will be included.
- All procedures should be performed with appropriate follow-up and postoperative care.
- Surgical outcomes will be evaluated and reported.

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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Priority 3</th>
<th>MDT Directed</th>
<th>Speciality Specific Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast reconstruction</td>
<td>C/O - Reproductive issues.</td>
<td>Speciality specific guidance can be specialty specific.</td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**

- MDT meetings are crucial for surgical decision-making.
- Speciality specific guidance can be provided.
- Procedures with a known benefit should be prioritized.
- Surgical outcomes will be regularly reviewed.

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**References:**

- JAMA Surgery
- The American College of Surgeons
- CDC: Surgical Care Advisory Council

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**Disclaimer:**

- The information provided is for educational purposes only.
- It is not intended to replace professional medical advice.
- Readers are advised to consult with a healthcare provider for any medical concerns.

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**Surgical safety checklist:**

- Hand hygiene
- Sterile technique
- Surgical team
- Surgical equipment

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**Surgical documentation:**

- Operative notes
- Postoperative notes
- Discharge instructions

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**Surgical complications:**

- Infection
- Bleeding
- Nerve injury
- Wound dehiscence

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**Surgical follow-up:**

- Outpatient visits
- Telephone follow-up
- Home visits
The RPM matrix is to be used ONLY to assess patients in the SAME specialty band.

**PLEASE NOTE**: More detailed specially-specific guidance can be found on the NHS website [https://www.england.nhs.uk/hot-topics/specialty-guidance/](https://www.england.nhs.uk/hot-topics/specialty-guidance/). This Prioritisation matrix is about WHEN to do it, NOT BY Whom. It does not allow every procedure to be listed under every specialty. It DOES NOT indicate priority of ANY specialty logically/legitimately performing any procedure within their listed competencies.

### General surgery

- Post-menopausal (EM grade 1-2) High ER, non-via having reassessment endocrine therapy to downstage
- Fetal-maternal EDF (grade 1-2) - High ER, post-reassessment endocrine therapy to downstage
- OES (intermediate and low risk)

### OMFs

- All oral/maxillofacial surgery
- Lymphoedema/dysphagia
- Oesophageal reflux disease
- Nasal septorhinoplasty

### Gynaecology (including obstetric surgery)

- Prolapse surgery - after obstructed labour
- Incontinence surgery
- Fertility - (except button band.

### Cardiopulmonary surgery

- Stable coronary disease

### Vascular surgery

- Venous surgery
- Thromboembolic disease
- Uncomplicated AVMs

### Paediatric general and urological surgery (not urology)

- Acute/obstructed hydrocele
- Fascial hernia
- Other obstructive relieved

### Paediatric orthopaedic surgery (including spinal surgery)

- Developmental Dislocation of the Hip (DDH) - Secondary joint reconstruction

### Paediatric cardiac surgery

- Congenital heart deformity - no neurological compromise/refractory pain

### Ophthalmology

- Uveal melanoma
- Macular degeneration
- Laser therapy for macular degeneration

### PLEASE NOTE:

- This Prioritisation matrix is about WHEN to do it, NOT BY Whom. Space does not allow every procedure to be listed under every specialty. It DOES NOT indicate priority of ANY specialty logically/legitimately performing any procedure within their listed competencies.
- Any delay in treatment, especially of cancers, trauma and emergency conditions, may lead to adverse outcomes.
- It is up to the surgeon to ensure the patient is mentally prepared (e.g. NAI domestic violence abuse of the vulnerable).
- The RPM matrix is to be used ONLY to assess patients in the SAME specialty band.
- This matrix will be reviewed monthly.
- Private sector aesthetic surgery procedures should be considered on merit and not 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.