

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

(n.b. This prioritisati	ion is about 'when ar	e performed in <24 ho	ng the Covid19 Crisis	-	D	A - · ·	Tau . e :	I	I			
General surgery (including oesophago-gastric,	Emergency laparotomy -	Appendicectomy - complicated/ unresponsive to	Intra-abdominal trauma - unsuitable for/not responding	Drainage of localised sepsis/necrosis - not responding to		Acute airway obstruction - thyroid	All solid organ transplants					
HPB, coloproctology,	Peritonitis Perforation	conservative Rx	to conservative Rx	conservative Rx (antibiotics/ Interventional	survivable mediastinitis/ peritonitis							
oreast, endocrine)	Ischaemia			radiology)	peritorius							
	Necrotising fasciitis											
	Small 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	maxillary/mandibular		Orbital Compartment	Jaw Dislocation - not responding to								
	responsive to conservative Rx	conservative Rx and threat to life/airway/ sight/brain.	Syndrome/Muscle Entrapment - threat to sight	conservative Rx								
	(reduction + IR)		_									
plastic surgery	Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially	re-implantation/		Removal of prosthesis/expander					
including burns and hands	management/ resuscitation/ escharotomies/	Hydrofluoric acid >2%		closed compartments/ joints/prostheses)	failing free flap - any site	contaminated (human/animal/	for fulminant infection					
	amputations/Toxic Shock			not responding to conservative Rx		contaminated) wounds - any site						
Urology	Renal obstruction with infection - not	Renal/ureteric	Bladder trauma	Genital trauma/ testicular torsion/	Fournier's gangrene	Haematuria/ uncontrolled	Insertion of catheter under GA					
	responding to conservative Rx	trauma requiring open surgery	requiring open surgery	amputation/priapism (>24hrs)		haemorrhage - causing	under GA					
						haemodynamic instability and unresponsive to						
Trauma and	Fractures -	Infection -	Dislocated joints	Compartment	Spinal Trauma with	conservative Rx Acute spinal cord	Cauda Equina					
orthopaedics (including spinal surgery)	Open	Septic arthritis - (natural or prosthetic	·	syndrome	instability and or neurological dysfunction	compression - with neurological dysfunction -	Syndrome - Clinically and radiologically					
U#1	Neurovascular +/- Skin compromise	joint) Other metalwork			,	including MSCC	confirmed.					
	Hip/femoral shaft	(including spine)										
	Long bone/Pelvic +/- Spinal fixation in polytrauma											
ENT	Airway obstruction -	Neck trauma with	Nasal/ear button	Life threatening	Orbital cellulitis	Uncontrolled	Sinus surgery for					
	Cancer/Foreign body/Sepsis	vascular/visceral/ airway injury	battery removal	middle ear conditions		epistaxis	impending catastrophe/failure to respond to					
Neurosurgery	Traumatic Brain	Intra-cranial	Acute raised Intra	Cauda Equina	Myelomeningocoele		medical Rx					
(including spinal surgery)	injury - unsuitable for conservative RX	haemorrhage - not responding to conservative RX	cranial pressure/ Hydrocephalus (recoverable stroke/	Syndrome - Clinically and radiologically								
			tumour) - not suitable for conservative Rx	confirmed.								
Cardiothoracic	Ruptured bronchus	Myocardial infarction -	Empyema with	Aortic dissection	Acute presentation	Acute mitral valve	Chest Trauma					
surgery		imminent death	sepsis		of ventricular septal defect							
Vascular surgery	Vascular injury/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis								
	occlusion - Limb/ Gut/SVC	external haemorrhage - any site/source										
Paediatric general and urological surgery (see also	Neonatal Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant, child)	Appendicectomy - Complicated or unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted		Acute Scrotal Exploration (suspected	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction - i) Infection/pain - not	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)	Ostcornychus	Open		Syndrome								
		Neurovascular compromise +/-Skin compromise										
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions -	heart obstructive	Neonate - Mixing lesions -	Neonate - Shunt/ stent -	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -		Child - Left heart obstructive lesions -	Child - Regurgitant lesions -			
	HLHS (restrictive/intact atrial septum)	lesions - PA-IVS	TGA (hypoxaemia for BAS/Intact IVS	Profound hypoxaemia/	CHB not responding to medical Rx.	Tetralogy of Fallot (cyanotic spells	Aortic (haemodynamically	MV prosthesis (Thrombosed)	Aortic (haemodynamically			
	Critical aortic stenosis/coarctation	PA-VSD	for ASO) TAPVD (clinically	occlusion/ thrombosis)		unresponsive to medical Rx)	unstable)		unstable)			
	(unresponsive to medical Rx)	Tetralogy of Fallot Critical pulmonary	obstructed) Common arterial			Shunt/stent dependent pulmonary blood						
		stenosis	trunk (excess pulmonary blood			flow (pre BCPC/pre biV repair with						
		(not responding to medical Rx)	flow, truncal regurgitation not responding to			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 - <i>Miscarriage</i> -	medicine - a) <i>Males</i> - sperm	adolescent Imperforate hymen -							
pregnancy, delivery, and reproductive	bleeding requiring surgical control and unstable		bleeding and	storage before acute sterilisation								
reproductive medicine)	Torted/ruptured	Perineal repair	Maternal compromise (e.g.	b) Females - before acute sterilisation -								
	ovary/mass Pelvic/genital tract	Manual removal of placenta	sepsis, chorioamnionitis, severe pre-	i) Oocyte collection (n.b. must be 36hrs after the trigger)								
	sepsis Bleeding	Cervical cerclage Emergency	eclampsia, etc.) Approaching legal	ii) Ovarian tissue storage								
	Necrotising fasciitis	laparotomy/ hysterectomy	threshold (23+6 weeks for all, 9+6 weeks [England &									
	Genital tract trauma - (e.g. vaginal tear/ pelvo-vaginal		Wales]/11+6 weeks [Scotland] for medical abortion at									
	haematoma)		home), 12-14 weeks where procedure not provided by local									
	Complications of		NHS beyond this)									
	TOP Molar pregnancy -		Fetocide (where approaching legal limit)									
	(bleeding/ evacuation/ emergency											
Ophthalmology	hysterectomy) Acute risk to sight/	Oncology -	Vitreoretinal									
	life (e.g. penetrating injuries/globe		Vitreous biopsy/ antibiotic injection -									
	rupture/orbital haemorrhage/burns infection/fractures/		suspected endophthalmitis									
	lid lacerations)											
		12-5		n a ··		0.7						
	\ 	b) This Prioritisation is	c) Any delay in treatment, especially of		issues must be considered in all		g) This RPM matrix is to be used ONLY to assess patients					
	a) THIS DOCUMENT WILL BE REVIEWED	about 'WHEN and	1 -	is included in the	those attending	be considered on merit and on a	in the SAME priority band.					
More detailed specialty specific guidance can be found on the NHSE	DOCUMENT WILL BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'. Space does not	cancers, trauma and life threatening		with trauma and acute surgical	case-by-case						
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/	DOCUMENT WILL BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every	cancers, trauma		acute surgical problems (e.g. NAI/ domestic violence/		Steamy hardwards Main () our sill mare on death 2 () 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.u	DOCUMENT WILL BE REVIEWED MONTHLY	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	cancers, trauma and life threatening conditions, may lead to adverse outcomes. When Priority 4 cases have been	guidance above.	acute surgical problems (e.g. NAI/	Procedures with a known functional benefit should be	Manager Spatialists Manager and assess an absorbt 51 A Same Spatialists Manager and A Spatialis					
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/	DOCUMENT WILL BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it	cancers, trauma and life threatening conditions, may lead to adverse outcomes. When Priority 4	guidance above.	acute surgical problems (e.g. NAI/ domestic violence/ abuse of the	Procedures with a known functional	Reaction Proceedings (Incident States) to any other control and the control of th					
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/	DOCUMENT WILL BE REVIEWED MONTHLY	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	cancers, trauma and life threatening conditions, may lead to adverse outcomes. When Priority 4 cases have been waiting 6/12 in tota they should be reviewed and, if appropriate, moved to a higher priority	guidance above.	acute surgical problems (e.g. NAI/ domestic violence/ abuse of the	Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be	atreaty nating patient to priority 4. patient to priority 3. ASA grade (1 to 2)					
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/	DOCUMENT WILL BE REVIEWED MONTHLY	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	cancers, trauma and life threatening conditions, may lead to adverse outcomes. When Priority 4 cases have been waiting 6/12 in tota they should be reviewed and, if appropriate, moved	guidance above.	acute surgical problems (e.g. NAI/ domestic violence/ abuse of the	Procedures with a known functional benefit should be prioritised where possible. A detailed risk	when you will be a server of the control of the con					

	ures to be performed on is about 'when an	in <72 hours. d not by whom' durin	ng the Covid19 Crisis	- see notes below)							
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine)	Laparotomy -	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent enteral nutrition access	Failed conservative management of localised intraperitoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal					
CIVII S	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	Diabetic foot sepsis - not responding to conservative Rx	Blocked AV fistula						
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	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)	compromise 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 - <1 week post assessment (NICE 2019)	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 Vitrectomy - i) dropped lens nucleus after cataract surgery ii) Detachment - macular on/recently off	Cornea - Corneal transplant/ glueing Amniotic membrane graft - threat to sight	Orbital decompression/ lesion debulking -	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/		b) 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.		Paediatric patients is included in the guidance above.	aesthetic surgery	g) This RPM matrix is to be used ONLY to assess patients in the SAME priority band. **The SAME priority band.** **The SAME priorit					

Priority 2 - procedur	es to be performed i	in < 1 months.											
General surgery (including oesophago-gastric,	Crohn's disease - stricture/fistula not	MDT Directed hepatobiliary/ pancreatic/ oesophagogastric cancer causing obstruction (biliary/ bowel).	mg the Covid19 Crisis MDT Directed resection/diversion for highly symptomatic cancer.	- see notes below) MDT Directed thyroid/parathyroid cancer surgery	Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)	Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.	adrenal cancer surgery	Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/ phaeochromocytom a)	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				
	MDT Directed oropharyngeal/tonsil, tongue cancer resection +/- reconstruction.	Facial Fractures / causing diplopia/ occlusal problems	Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children	Adult and paediatric	Craniofacial - ocular complication/Raised Intracranial Pressure				ER, node +ve)				
	Burns - Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction Eyelid closure problems Severe microstomia Joint and neck contracture	MDT Directed Major soft tissue tumour resection - All sites	Skin cancer - Primary resection directed by appropriate skin cancer specialist	Skin cancer - MDT Directed further resection Re-excision according to national guidelines SLNB and all completion lymphadenectomies Electrochemotherapy	Closed injury - not suitable for	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	Visible haematuria - investigation			
	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.		Fractures - Displaced, intra- articular Osteochondral defect Ankle/Foot Olecranon Not Otherwise Specified	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)	Arthroplasty - any 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	malignancy Acute/chronic pain	Cochlear implantation post meningitis.	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	Treatment of pharyngeal/ oesophageal/airway stricture	Mucocoele with 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	
(including spinal surgery) Cardiothoracic surgery	tumour surgery (including for metastases) MDT directed treatment of	tumour surgery Unstable Non ST elevated MI	syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to							
	resectable Non- Small Cell Lung Cancer Chronic severe limb	AAA >7cms			neart condition	conservative Rx							
surgery (see also urology) Paediatric	ischaemia - no neurology Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications MDT Directed Suspected bone or	Infant with Billary Atresia - bladder exstrophy MDT Directed Suspected,	Inguinal hernia under 3/12 of age Meniscal repair	MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	Crohn's Disease - stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life threatening complication/ repeated aspirations	Renal Stent Removal/Exchange	Vesico-ureteric reflux - case selection	Circumcision for severe BXO/meatal pathology	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
Paediatric cardiac surgery	soft tissue malignant tumours Neonate - Left heart obstructive lesions - Aortic stenosis (valvuloplasty/ valvotomy) Coarctation (case selection of approach and timing, HLHS (Norwood/ Hybrid)	bone tumour Neonate - Right 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)	Neonate - ALCAPA - (Optimise medical Rx)	Infant - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/ symptoms) Coarctation (Impaired function)	-increasing cyanosis	VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age)	lesions - Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	Child - Left heart obstructive lesions - LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/symptoms) MV prosthesis (increased gradient/raised RVP)	Child - Right heart obstructive lesions - RV-RA conduit (impaired function/ >systemic RVP)	Child - Regurgitant lesions - Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)	Child - Fortan candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Vulval/vaginal (incl. WLE for high grade Vulval Intraepithelial Neoplasia (VIN), Vaginal Intraepithelial Neoplasia) Uterine/Ovarian/Cervical (incl. Intraepithelial Neoplasia/early stage cancer)	hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer	Paediatric and adolescent – Non-obstructive vaginal septum/ septate hymen EUA/vaginoscopy for suspected vaginal abnormality										
	Recurrent Gynaecological cancer 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	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	Adnexal - Protect ocular surface MDT directed treatment for eyelid orbital tumours	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	Cataract - Intumescent extraction Angle closure glaucoma - threat to sight	Cornea - Amniotic membrane graft - non-healing ulcer (see also paediatrics)	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 amblyonia	Medical retina – Intravitreal injections for wet, age related macular degeneration >2/52 Laser for active/ progressive neovascularisation Periocular and intravitreal steroid injection for macular oedema	Strabismus – Sudden loss of binocularity				
PLEASE NOTE: More detailed specialty specific	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	b) 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.			issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/	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) This RPM matrix is to be used ONLY to assess patients in the SAME priority band. **The Company of the Compa						

Priority 3 - Procedure (n.b. This prioritisation	·	d not by whom' durin	ng the Covid19 Crisis	- see notes below)							
General surgery	MDT directed cancer surgery -	-	MDT Directed thyroid cancer	Colectomy/ proctectomy for	Seton insertion - symptomatic anal	MDT directed breast cancer surgery and	adrenal resections -	Cholecystectomy - post acute	Hernia - presenting with complications	- symptomatic renal	MDT directed rectal prolapse surgery
oesophago-gastric, HPB,	Colon cancer/liver		surgery - including diagnostic	colitis refractory to medical Rx	fistulae (incl. perianal Crohn's)	IBR, if appropriate according to local	intermediate masses	1.	that have settled with conservative Rx	stones/Sepsis not responding to	
breast, endocrine)	metastases Rectal cancer/liver	Pancreatic	lobectomy.	(excluding acute, severe colitis treated		fitness criteria. Pre-menopausal	>4cm<6cm) with hypersecretion (Cortisol/androgen)			conservative Rx .	
		Oesophagogastric		urgently)		ER+ (Grade 1-2)	metastases -				
	,	Neuroendocrine tumour				Post-menopausal ER+ with higher risk	progressing on scan at 3/12.				
	advanced colon cancer					(i.e., Grade 3, low ER or node +ve)					
	Salvage surgery for recurrent anal cancer					High grade DCIS					
	Pelvic exenteration					Risk reducing surgery in gene					
	MDT directed	MDT directed	Cleft lip - Alveolar			carriers.					
	resection of head and neck skin cancer - moderately/ well differentiated with no metastases.	salivary gland tumours (low grade).	bone grafting (Prior to canine eruption)								
	Burns - Reconstruction	Limb contractures	Secondary cleft and non-cleft speech		Brachial plexus/ major peripheral	Facial Palsy -	Congenital hand anomaly where	MDT directed surgery for major			
including burns	Microstomia		surgery - to avoid breaching 5 yrs of	breaching 13	nerve injury - MDT Directed	Dense facial palsy inside 12/12 from	delay will compromise	upper limb functional			
	Joint contracture		age		i) re-animation +/-	injury	outcome.	impairment			
	Neck contracture				joint stabilisation ii) Exploration for life altering pain not responding to conservative Rx. iii) Revision surgery						
					for major functional impairment.						
••	MDT directed prostate cancer	Stent removal/ exchange	Haematuria - investigation for	MDT directed bladder cancer	MDT Directed penile cancer surgery (low						
	surgery - high/ intermediate risk		non-visible (including paediatric)	surgery (not invading							
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	Loosening without impending fracture.	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	Cochlear implant in	MDT directed	Micro-Laryngoscopy	Endoscopic	Sinus surgery with				
		mucocoele without infection/NOS	pre-verbal profound hearing loss where delay will impact on long term outcome.	otological cancer surgery.	and papilloma resection (laser/ microdebrider/ coblation/steel)	treatment of pharyngeal pouch with severe dysphagia	complication of infection				
Neurosurgery (including spinal surgery)											
	Stable Non ST Elevation MI										
0 5	AAA >5.5cm and <7cm diameter										
Paediatric general and urological surgery (see also	Congenital	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.	
	Hirschsprung's Disease initially managed with washouts.										
orthopaedic surgery (including	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							
Paediatric cardiac surgery	I les sur un	MDT D'	I hada a	D00/- 1 :	I hask-	Deadle					
Obstetrics and Gynaecology (including	Urogynaecology - Suprapubic	MDT Directed cancer treatment - Cervical (Stage Ia1)	Hysteroscopic/ Laparoscopic/Open Myomectomy/	BSO/salpingectomy	reducing for Lynch Syndrome	Paediatric and adolescent – MDT directed					
urogynaecology, pregnancy,	catheter change		Hysterectomy/ Endometrial ablation	Risk reducing for	Syndrome	Laparoscopic					
delivery, and reproductive	J	(Any age/High grade pre-cancer with pt.	Fibroids/Heavy	normal CA125 and USS		excision of obstructed uterine					
medicine)	dentia/vault inversion	>50 yrs of age) Simple hysterectomy	menstrual bleeding (significant anaemia	Complex ovarian cyst - low risk of		horn Vaginal					
	Genitourinary fistula	following local conisation (LLETZ)	conservative Rx)	malignancy		reconstruction for agenesis with					
		, ,	Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)			menstrual obstruction					
Ophthalmology	Vitreoretinal -	Adnexal -	Glaucoma -	Cataract -	Cornea -	Paediatrics -	Medical – Diabetic macula/	Strabismus -			
	Some Macular holes		Drainage - not otherwise specified	Surgery/YAG laser i) Binocular vision	Cross-linking - rapidly progressive/	Retinal laser/ cryotherapy/	retinal vein/branch vein occlusion	Development binocularity in infentile against			
	Vitrectomy - i) Vitreous	Entropion/Ectropion - ocular surface	Selected laser	<6/60/severely disabled (e.g. cannot work)	very thin cornea keratoconus	intravitreal injections - Retinal vascular	i.Intravitreal	infantile squint Surgery or botulinum			
	haemorrhage/ tractional retinal detachment	damage Eye removal - Non-	trabeculoplasty	work) ii) limiting		conditions Capsulotomy - visual	injections ii.Macular laser	injection for severe diplopia (e.g. cannot			
	ii) silicone oil	malignant/low threat to health		management of other conditions -		axis opacity following congenital	Photodynamic laser for central serous	work)			
	removal - complications	Botulism injections		threat to sight		cataract surgery	chorioretinopathy				
		for disabling blepharospasm				Removal of loose corneal sutures in children					
						(see also strabismus)					
	\										
More detailed	-	Prioritisation is	c) Any delay in treatment, especially of	Surgery in	e) Safeguarding issues must be considered in all	f) Private sector aesthetic surgery procedures should	g) This RPM matrix is to be used ONLY to assess patients				
guidance can be found on the NHSE	MONTHLY	not BY Whom'. Space does not	cancers, trauma and life threatening	is included in the guidance above.	those attending with trauma and	be considered on merit and on a	in the SAME priority band.				
website https:// www.england.nhs.u		allow every procedure to be	conditions, may lead to adverse		acute surgical problems (e.g. NAI/	case-by-case	Receivery Prior Mantaline Marin pio use with cases out downth 3 ()				
k/coronavirus/ publication/ specialty-guides/		listed under every specialty performing it and it	outcomes. When Priority 4		domestic violence/ abuse of the vulnerable)	Procedures with a known functional	The second secon				
opcolarty*guides/		DOES NOT indicate primacy of ANY	-		Tunier able)	benefit should be prioritised where	Security Security Control of Cont				
		specialty legitimately	they should be reviewed and, if			possible.	Person provided and the control of t				
	ı		appropriate, moved			A detailed risk	(1-13) A Diright for season to the count reagainth and a state of the count reagainth				
		procedure within	to a higher priority			analysis should be undertaken and	comp (Secondar Carting) prime tradem				
						analysis should be undertaken and consideration given to any potential effect on local NHS					

Priority 4 - Procedur	res to be performed i	in >3 months.													
•		-	ng the Covid19 Crisis	· · · · · · · · · · · · · · · · · · ·	I Description	D	NI=	Trees (1)	D-with t	Obel	Others	To	Oul	Oth	AL
(including	MDT directed breast cancer surgery		lleoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's	Non-urgent procedures	Transanal/rectal resection of benign	Benign breast disease	Cholecystectomy - after biliary colic/	Other benign upper UGI conditions (e.g. gallstones/other		Other benign thyroid/parathyroid	Other adrenal disease -	Abdominal wall reconstruction
•	appropriate according to local	Benign colonic polyp				procedure	procedures	rectal polyps.	Delayed breast reconstruction, if	cholecystitis.	Benign disease).		disease - uncomplicated	uncomplicated	
	fitness criteria -	proctocolectomy for IBD							appropriate according to local						
	Post-menopausal ER+ (grade 1-2, High								fitness criteria.						
	ER, node -ve having neoadjuvant endocrine therapy to								Revision of breast reconstruction,						
	downstage														
	DCIS (intermediate and low risk)	Daniel autorations	MDT Diverse	Facial defermable	Danisus dantal	Tanana ara ara dibada									
	All orthognathic Surgery	Dental extractions - adult and paediatric	MDT Directed Salivary Gland Tumours - benign.	Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibular joint surgery									
De constitue di co	Burns - other	Limb trauma	Breast	All cleft lip and	Basal Cell	Excision of benign	NHS Cosmetic								
plastic surgery including burns	contractures/scars	sequelae/scarring - other reconstruction	reconstruction -	palate surgery - NOS	Carcinoma - any site not compromising		Surgery								
and hands					vital structures										
		Andrology/GU Surgery	Endourology -	MDT directed prostate cancer	MDT directed bladder cancer	Uncomplicated small/intermediate	Uncomplicated small/intermediate	Bladder outflow surgery	0 1	Renal stones - asymptomatic	Uncomplicated small/intermediate				
	(e.g. incontinence/	Erectile dysfunction	Uncomplicated stones/	surgery (low risk)	surgery - superficial transitional cell	renal lesions	testicular lesions				renal lesions				
	prolapse/Sacral Nerve Stimulator/ fistula/urethral	Male fertility surgery	Percutaneous nephrolithotomy/		cancer										
	diverticulum)	Urethral stricture	Pelviureteric												
		Gender reassignment.	obstruction												
spinal surgery)	Arthroplasty/ arthrodesis - not	Hand and Upper limb surgery - Not	Metalwork removal	disease - no	Adult spinal deformity surgery										
				neurological compromise/ refractory pain	with progression										
				Tondotory Palli											
ENT	All other Rhinology	Cholesteatoma -			Tympanopasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign		Uncomplicated	Micro	Laryngeal	Routine	Routine transnas
	(septoplasty/septorhinoplasty/	uncomplicated.	otitis media	Surgery/Middle ear implants					body (except button batteries)		nasal fracture	Laryngoscopy - benign vocal fold/	framework surgery (thyroplasty)	procedures for pharyngeal poucl	oesophagoscopy
	turbinate surgery/ sinus surgery [NOS])											cord conditions (e.g. polyp/cyst/ ectasia/paralysis)	(unless significant aspiration)		
Neurosurgery	Congenital spinal	Movement disorder	Lesioning/epilepsy	Normal pressure	Slow growing brain	Slow growing spinal		Paediatric				- Jasa pararysis)			
(including spinal surgery)	deformity - no neurological compromise/	implants	surgery	hydrocephalus	tumours - no neurological compromise	tumours - no neurological compromise	arteriovenous malformations/ tumours) - no	craniofacial surgery not compromising vision/neurology/	-						
	refractory pain					3391311133	neurological compromise	raised ICP							
surgery	Stable coronary disease														
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication												
and urological	Sagittal Ano-	Inguinal hernia (> 12 mths of age)	Splenectomy for haemoglobinopathy	after biliary colic/	Stoma Closure	Benign lesion excision	Hypospadias repair (around 12 mths of	issues/ritual	Epispadias	Gender dysphoria	Daytime urinary incontinence - all	Assymptomatic hyrocoele			
urology)	Rectoplasty (PSARP) - after obstruction relieved	Other hernias - uncomplicated		cholecystitis			age)	circumcision.			children >7yrs				
		hernias (e.g., umbilical, epigastric)													
orthopaedic	Developmental Dislocation of the	Congenital Talipes Equino Varus	Spasticity management	Corrective surgery for established	Reconstruction for established joint	Metalwork removal									
spinal surgery)	Hip (DDH) - Secondary joint reconstruction	(CTEV) - Late presenting/relapsed		deformity	instability (e.g. ACL/ Lateral ligament)										
Paediatric cardiac surgery															
Obstetrics and Gynaecology	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	Laparoscopic/Open or Vaginal	cystectomy/	genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –					
(including urogynaecology,	Incontinence surgery	bleeding/	Investigation of pelvic pain/ subfertility	Fibroids not causing anaemia	hysterectomy -	Oophorectomy -	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility (e.g. Fibroids/	MDT directed					
delivery, and reproductive	Prolapse surgery		Tubal factor infertility		Abnormal uterine bleeding	Ovarian cysts > 5 cm with a benign RMI)			Hydrosalpinx/ Endometriosis/	Vaginal reconstruction (NOS)					
medicine)		system/endometrial resection/second	+/- symptomatic tubal disease		Pain				Uterine septum/ Adhesions)	Clitoral reduction for					
		generation endometrial ablation)	Superficial +/- deep		Symptomatic fibroids +/- endometrial				where the woman	differences in sex development					
		Uterine structural disorders	(without bowel/ ureteric obstruction/		hyperplasia				has a normal ovarian reserve <40 years						
		(Polypectomy/ Myomectomy/ Septoplasty/	ovarian endometrioma)						old.						
		Adhesiolysis/ Cervical niche													
Ophthalmology	Vitreoretinal -	Adnexal -	Cataract -	Cornea -	Oncology -	Paediatrics -	Medical retina -	Glaucoma –							
	19	Dacrocystorhinosto my	YAG laser capsulotomy	Cross-linking - progressive	Reconstruction/ Debulking - Benign	Strabismus surgery - restoration of visual	pre-proliterative	PI laser for narrow angles							
	membrane		Significant binocular	keratoconus	tumours	function/NOS	diabetic retinopathy								
	ii) Silicone oil removal - not otherwise specified		visual reduction Other surgery - NOS	Corneal graft - significant binocular visual reduction	Other oncology surgery - NOS	Other Surgery - NOS									
	(NOS)			Other Surgery - NOS											
	iii) Other surgery - NOS														
		b) This Prioritisation is	c) Any delay in treatment,	d) Other Specialist Surgery in	e) Safeguarding issues must be	f) Private sector aesthetic surgery	g) This RPM matrix is to be used ONLY								
specialty specific guidance can be	BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'.	especially of cancers, trauma	Paediatric patients is included in the	considered in all those attending	procedures should be considered on	to assess patients in the SAME								
found on the NHSE website https://www.england.nhs.u		Space does not allow every procedure to be	and life threatening conditions, may lead to adverse	guidance above.	with trauma and acute surgical problems (e.g. NAI	merit and on a case-by-case basis.	priority band. **Recomplication Marks \$1,000 and the control \$1,000 and \$1,0								
<u>k/coronavirus/</u>		listed under every specialty	outcomes.		domestic violence/abuse of the	Procedures with a	Table Tabl								
publication/	I	performing it and it	When Priority 4 cases have been		vulnerable)	known functional benefit should be	Proposed on programma parameter promoting and the promoting of the programma parameter promoting and the promoting of the pro								
publication/ specialty-guides/				ı		prioritional	Paul operation same			I	1			I	
publication/		primacy of ANY specialty legitimately	waiting 6/12 in total they should be reviewed and, if	1		prioritised where possible.	Head of the second of the seco								
publication/		primacy of ANY specialty legitimately performing any procedure within	waiting 6/12 in total they should be reviewed and, if appropriate, moved to a higher priority			possible. A detailed risk analysis should be	Section Name Se								
publication/		primacy of ANY specialty legitimately performing any	waiting 6/12 in total they should be reviewed and, if appropriate, moved			possible. A detailed risk	The second secon								