



Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

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.

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

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 revised 'RPM' form, included in the footer, is available for download at https://fssa.org.uk/covid-19_documents.aspx and is designed to help reprioritise patients in p2-4 when they have their specified clinical reviews. 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.

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

The Association of Surgeons of Great Britain & Ireland

The British Association of Oral & Maxillofacial Surgeons

ENT -UK

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

The Vascular Society of Great Britain & Ireland

Priority 1a - Emergency procedures to be performed in <24 hours

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

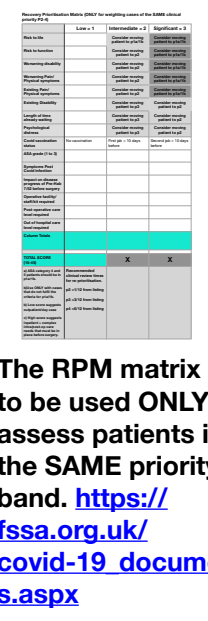
<p>General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)</p>	<p>Emergency laparotomy - <i>Peritonitis</i> <i>Perforation</i> <i>Ischaemia</i> <i>Necrotising fasciitis</i> <i>Small and large bowel obstruction with concerning features of incipient ischaemia/perforation</i> <i>Post-operative complications (e.g. anastomotic leaks)</i> <i>Bleeding - not suitable for/ responding to endoscopic/control/ interventional radiology</i></p>	<p>Appendicectomy - complicated/ unresponsive to conservative Rx</p>	<p>Intra-abdominal trauma - unsuitable for/not responding to conservative Rx</p>	<p>Drainage of localised sepsis/necrosis - not responding to conservative Rx (antibiotics/ Interventional radiology)</p>	<p>Benign Perforated oesophagus/ stomach - with survivable mediastinitis/ peritonitis</p>	<p>Acute airway obstruction - thyroid</p>	<p>Solid organ transplants (including islets) - <i>Follow NHSBT guidance but if local MDT directed;</i> <i>l) Deceased donor</i> <i>ii) Deteriorating recipient with living donor.</i></p>						
<p>OMFS</p>	<p>Haemorrhage from maxillary/mandibular trauma not responsive to conservative Rx (reduction + IR)</p>	<p>Dental Sepsis - not responding to conservative Rx and threat to life/airway/ sight/brain.</p>	<p>Orbital Compartment Syndrome/Muscle Entrapment - threat to sight</p>	<p>Jaw Dislocation - not responding to conservative Rx</p>									
<p>Reconstructive plastic surgery including burns and hands</p>	<p>Major burns - Airway management/ resuscitation/ escharotomies/ amputations/Toxic Shock</p>	<p>Chemical burns - especially Eye/ Hydrofluoric acid >2%</p>	<p>Necrotising Fasciitis - any site</p>	<p>Soft tissue infection - any site (especially closed compartments/ joints/prostheses) not responding to conservative Rx</p>	<p>Revascularisation/ re-implantation/ failing free flap - any site</p>	<p>Washout open wound/fractures/ infected/grossly contaminated (human/animal/ contaminated) wounds - any site</p>	<p>Removal of prosthesis/expander for fulminant infection</p>						
<p>Urology</p>	<p>Renal obstruction with infection - not responding to conservative Rx</p>	<p>Renal/ureteric trauma requiring open surgery</p>	<p>Bladder trauma requiring open surgery</p>	<p>Genital trauma/ testicular torsion/ amputation/priapism (>24hrs)</p>	<p>Fournier's gangrene</p>	<p>Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to conservative Rx</p>	<p>Insertion of catheter under GA</p>						
<p>Trauma and orthopaedics (including spinal surgery)</p>	<p>Fractures - <i>Open</i> <i>Neurovascular +/- Skin compromise</i> <i>Hip/femoral shaft</i> <i>Long bone/Pelvic +/- Spinal fixation in polytrauma</i></p>	<p>Infection - <i>Septic arthritis - (natural or prosthetic joint)</i> <i>Other metalwork (including spine)</i></p>	<p>Dislocated joints</p>	<p>Compartment syndrome</p>	<p>Spinal Trauma with instability and or neurological dysfunction</p>	<p>Acute spinal cord compression - with neurological dysfunction - including MSCC</p>	<p>Cauda Equina Syndrome - Clinically and radiologically confirmed.</p>						
<p>ENT</p>	<p>Airway obstruction - Cancer/Foreign body/Sepsis (including adenotonsillectomy for cardiopulmonary compromise/ inability to intubate.)</p>	<p>Neck trauma with vascular/visceral/ airway injury</p>	<p>Nasal/ear button battery removal</p>	<p>Life threatening middle ear conditions</p>	<p>Orbital cellulitis</p>	<p>Uncontrolled epistaxis</p>	<p>Sinus surgery for impending catastrophe/failure to respond to medical Rx</p>						
<p>Neurosurgery (including spinal surgery)</p>	<p>Traumatic Brain injury - unsuitable for conservative RX</p>	<p>Intra-cranial haemorrhage - not responding to conservative RX</p>	<p>Acute raised Intra cranial pressure/ Hydrocephalus (recoverable stroke/ tumour) - not suitable for conservative Rx</p>	<p>Cauda Equina Syndrome - Clinically and radiologically confirmed.</p>	<p>Myelomeningocele</p>								
<p>Cardiothoracic surgery</p>	<p>Ruptured bronchus</p>	<p>Myocardial infarction - imminent death</p>	<p>Empyema with sepsis</p>	<p>Aortic dissection</p>	<p>Acute presentation of ventricular septal defect</p>	<p>Acute mitral valve disease</p>	<p>Chest Trauma</p>						
<p>Vascular surgery</p>	<p>Vascular injury/ occlusion - <i>i) Limb (incl. compartment syndrome)</i> <i>ii) mesenteric</i> <i>iii) AV fistula (incl. dialysis)</i></p>	<p>Uncontrolled external haemorrhage - any site/source</p>	<p>Ruptured AAA</p>	<p>Diabetic foot sepsis</p>	<p>Thrombolysis for acute ischaemia.</p>								
<p>Paediatric general and urological surgery (see also urology)</p>	<p>Neonatal Malformations - <i>Oesophageal Atresia,</i> <i>Gastroschisis,</i> <i>Anorectal Malformations</i></p>	<p>Emergency Laparotomy - (Neonatal) - <i>Necrotising Enterocolitis (NEC),</i> <i>Perforation,</i> <i>Intussusception</i> <i>Malrotation</i></p>	<p>Emergency Laparotomy - (Infant/ child) <i>Peritonitis</i> <i>Perforation</i> <i>Intussusception</i> <i>Ischaemia</i> <i>Necrotising fasciitis</i> <i>Bleeding (not responding to conservative Rx)</i> <i>Post-operative complications (e.g. anastomotic leaks/ bleeding)</i></p>	<p>Appendicectomy - Complicated or unresponsive to conservative Rx</p>	<p>Thoracotomy/Chest Drain Insertion/Video Assisted Thoracoscopic Surgery (VATS) for Empyema</p>	<p>Strangulated inguinal hernia</p>	<p>Acute Scrotal Exploration (suspected Testicular Torsion)</p>	<p>Trauma Thoracotomy</p>	<p>Trauma Laparotomy</p>	<p>Removal of Infected Central Line</p>	<p>Renal Obstruction - <i>i) Infection/pain - not responding to conservative Rx</i> <i>ii) Impaired renal function</i> <i>iii) Single kidney</i></p>	<p>Bladder outlet or urethral obstruction</p>	<p>Urosepsis - not responding to conservative Rx.</p>
<p>Paediatric orthopaedic surgery (including spinal surgery)</p>	<p>Septic arthritis/ osteomyelitis</p>	<p>Fractures - <i>Open</i> <i>Neurovascular compromise +/- Skin compromise</i></p>	<p>Dislocated joints</p>	<p>Compartment syndrome</p>									
<p>Paediatric cardiac surgery</p>	<p>Neonate - Left heart obstructive lesions - <i>HLHS (restrictive/ intact atrial septum)</i> <i>Critical aortic stenosis/coarctation (unresponsive to medical Rx)</i> <i>Critical pulmonary stenosis (not responding to medical Rx)</i></p>	<p>Neonate - Right heart obstructive lesions - <i>PA-IVS</i> <i>PA-VSD</i> <i>Tetralogy of Fallot</i> <i>Critical pulmonary stenosis (not responding to medical Rx)</i></p>	<p>Neonate - Mixing lesions - <i>TGA (hypoxaemia for BAS/intact IVS for ASO)</i> <i>TAPVD (clinically obstructed)</i> <i>Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)</i></p>	<p>Neonate - Shunt/ stent - <i>Profound hypoxaemia/ occlusion/ thrombosis)</i></p>	<p>Neonate - Arrhythmia <i>CHB not responding to medical Rx.</i></p>	<p>Infant - Right heart obstructive lesions - <i>Tetralogy of Fallot (cyanotic spells unresponsive to medical Rx)</i> <i>Shunt/stent dependent pulmonary blood flow (pre BCPC/pre bIV repair with profound hypoxaemia/ thrombosis/ occlusion)</i></p>	<p>Infant - Regurgitant lesions - <i>Aortic (haemodynamically unstable)</i></p>	<p>Child - Left heart obstructive lesions - <i>MV prosthesis (Thrombosed)</i></p>	<p>Child - Regurgitant lesions - <i>Aortic (haemodynamically unstable)</i></p>				
<p>Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)</p>	<p>Laparotomy/ Laparoscopy <i>Miscarriage with bleeding requiring surgical control and unstable</i> <i>Tortured/ruptured ovary/pelvic mass</i> <i>Pelvic/genital tract sepsis</i> <i>Bleeding</i> <i>Necrotising fasciitis</i> <i>Genital tract trauma - (e.g. vaginal tear/ pelvo-vaginal haematoma)</i> <i>Ectopic pregnancy</i> <i>Complications of TOP</i> <i>Molar pregnancy - (heavy bleeding requiring evacuation/ hysterectomy)</i></p>	<p>Pregnancy/Delivery <i>Emergency Caesarean</i> <i>Instrumental delivery</i> <i>Perineal repair</i> <i>Manual removal of placenta</i> <i>Cervical cerclage</i> <i>Emergency laparotomy/ hysterectomy</i></p>	<p>Early pregnancy and abortion care - <i>Miscarriage - bleeding and unstable</i> <i>Maternal compromise (e.g., sepsis, chorioamnionitis, severe pre-eclampsia, etc.)</i> <i>Approaching legal threshold (23+6 weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks [Scotland] for medical abortion at home)/ 12-14 weeks where procedure not provided by local NHS beyond this)</i> <i>Cases where cervical preparation has been administered (misoprostol/osmotic dilators/mifepristone)</i> <i>Feticide (approaching legal limit)</i></p>	<p>Reproductive medicine - <i>a) Males - sperm storage before acute sterilisation</i> <i>b) Females - before acute sterilisation - i) Oocyte collection (n.b. must be 36hrs after the trigger) ii) Ovarian tissue storage</i></p>	<p>Paediatric/ adolescent <i>Imperforate hymen - incision and drainage</i></p>								
<p>Ophthalmology</p>	<p>Acute risk to sight/ life (e.g. penetrating injuries/globe rupture/orbital haemorrhage/burns infection/fractures/ lid lacerations)</p>	<p>Oncology - <i>Ruthenium plaque removal.</i></p>	<p>Vitreoretinal <i>Vitreous biopsy/ antibiotic injection - suspected endophthalmitis</i></p>										
<p>PLEASE NOTE: More detailed specialty 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 specialty performing it and it DOES NOT indicate primacy of ANY specialty 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) 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>d) Other specialist surgery in paediatric patients is included in the guidance above.</p>									

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 - <i>Small bowel obstruction - not responding to conservative Rx.</i> <i>i) Colectomy for acute severe ulcerative colitis - not responding to conservative Rx</i> <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	Bariatric surgery - <i>Acute gastric band slippage/erosion.</i> <i>Acutely symptomatic internal hernia.</i>				
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	Vascular Access - <i>Revision of AV fistula (dialysis)</i> <i>Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis</i>				
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>v) Bowel obstruction - Cancer not responding to conservative Rx.</i>	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 - <i>Intraocular - foreign body</i> <i>Paediatric orbital floor fracture with muscle entrapment</i>	Vitreoretinal - <i>Laser/cryotherapy - retinal tear</i> <i>Vitrectomy - i) Dropped lens nucleus after cataract surgery</i> <i>ii) Detachment - macular on/recently off</i>	Cornea - <i>Corneal transplant/ glueing</i> <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</i> <i>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> (see also trauma)	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 2 - procedures to be performed in < 1 months.

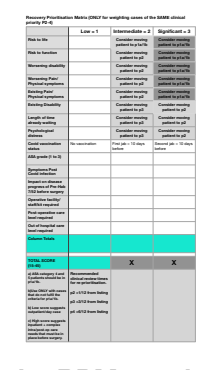
(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)

General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric)	MDT Directed cancer surgery Hepatobiliary Pancreatic Oesophagogastric Neuroendocrine tumour Metastases - NOS progressing on scan at 3/12.	MDT Directed cancer surgery Thyroid/parathyroid (including diagnostic lobectomy) Adrenal	MDT directed cancer surgery - 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	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)	Crohn's disease - stricture/fistula not responsive to endoscopic/medical Rx	Thyrototoxicosis - 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-admission.	Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/phaeochromocytoma)	Goitre - mild/moderate stridor	MDT directed bariatric surgery As part of cancer/transplant treatment.	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; i) Living donor								
OMFS	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	Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/infection)	Craniofacial - ocular complication/Raised Intracranial Pressure														
Reconstructive plastic surgery including burns and hands	Burns - Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - Reconstruction i) Eyelid closure problems ii) Severe microstomia iii) Joint and neck contracture	MDT Directed Major soft tissue tumour resection - All sites	Skin cancer - Primary resection directed by appropriate skin cancer specialist MDT Directed further resection i) Re-excision according to national guidelines ii) SLNB and all completion lymphadenectomies iii) Electro-chemotherapy iv) ILP	Brachial plexus/major peripheral nerve injury - Closed injury - not suitable for observation. Exploration for paresis/pain/sensory impairment	Facial Palsy - Eyelid closure/ectropion/entropion	Neonate accessory digit excision (narrow pedicle/vascular compromise/infection/pain)	Primary cleft palate repair - child breaching 13 months of age	Secondary cleft and non-cleft speech surgery - child breaching 5 yrs of age									
Urology	MDT directed testicular cancer surgery - non-metastatic.	MDT directed penile cancer surgery including inguinal node surgery.	MDT directed bladder cancer surgery - invading bladder muscle.	MDT Directed renal cancer surgery - not bleeding.	MDT Directed upper tract transitional cell cancer surgery	MDT directed bladder Cancer surgery - high risk carcinoma-in-situ.	MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention Bladder neck stenosis post RARP Catheter/Stent change	Partial Nephrectomy - single kidney	Visible haematuria - investigation	Ureterscopy for stones where stents in situ	PD Catheter Insertion and hernia repair, if necessary, pre-dialysis.							
T & O (including spinal surgery)	MDT Directed Sarcoma surgery - any site	Solitary metastasis surgery - any site.	MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)	Fractures - Displaced, intra-articular Osteochondral defect i) 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/Arthrodesis - any site where there is a risk of serious adverse consequences of delay, e.g. patient going off their legs	Spinal surgery - degenerative conditions with progressive neurology/neurological deficit									
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/laryngeal surgery for malignancy	MDT directed oropharyngeal surgery for malignancy	MDT Directed otological cancer surgery.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary cancers.	MDT directed treatment of sinus cancers. - threatening sight	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	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.	Airway compromise - NOS (including tracheostomy for weaning)	Cholesteatoma with complications e.g. labyrinthine fistula				
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. Trigeminal neuralgia) - unresponsive to conservative Rx																
Cardiothoracic surgery	MDT directed treatment of resectable Non-Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to conservative Rx													
Vascular surgery	Chronic severe limb ischaemia - no neurology	AAA >7cms diameter	Diabetic foot surgery - NOS	Vascular access - i) Arteriovenous graft (AVG)															
Paediatric general and urological surgery (see also urology)	Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications	Infant with Biliary Atresia - bladder exstrophy	Inguinal hernia under 3/12 of age	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	MDT directed bariatric surgery				
Paediatric orthopaedic surgery	MDT Directed Suspected bone or soft tissue malignant tumours	MDT Directed Suspected, aggressive, benign bone tumour	Meniscal repair																
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - i) Aortic stenosis (valvuloplasty/valvotomy) ii) Coarctation (case selection of approach and timing) iii) HLHS (Norwood/Hybrid) Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity	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)	Neonate - Mixing lesions - TGA (Intact I/V 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)	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)	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 AVVR, >6 months of age)	Infant - Regurgitant lesions - Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	Child - Left heart obstructive lesions - LVOTO (impaired function/symptoms) RV-RA conduit (impaired function/>systemic RVP) Aortic stenosis (impaired function/symptoms) MV prosthesis (increased gradient/raised RVP)	Child - Right heart obstructive lesions - RV-RA conduit (impaired function/>systemic RVP) Mitral (not responding to medical Rx/raised RVP) Aortic (impaired function/symptoms)	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)	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	Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer	Paediatric and adolescent - i) Non-obstructive vaginal septum/septate hymen ii) EUA/vaginocopy for suspected vaginal abnormality																
Ophthalmology	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 - i) Protect ocular surface ii) MDT directed treatment for eyelid orbital tumours i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis	Cataract - i) Intumescent extraction ii) Angle closure glaucoma - threat to sight	Cornea - Amniotic membrane graft - non-healing ulcer (see also paediatrics)	Paediatrics - i) Congenital cataract ii) Keratoplasty for congenital corneal opacity iii) Superficial keratectomy - atopic plaque iv) Drainage surgery - glaucoma (< 2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of developing amblyopia	Medical retina - i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/ progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular oedema	Strabismus - Sudden loss of binocularity										
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 p2 who have not been treated MUST be reviewed clinically at most 1/12 from being listed and re-prioritised as necessary.	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.												



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 (including islets) - Follow NHSBT guidance but if local MDT directed; <i>i) Stable recipient with living donor</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>i) Microstomia</i> <i>ii) Joint contracture</i> <i>iii) 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 - <i>i) Dense facial palsy inside 12/12 from injury</i>	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>i) Loosening without impending fracture.</i> <i>ii) 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 - Adults - NOS.	Cholesteatoma - NOS	Micro-Laryngoscopy <i>Airway compromise - NOS (including papilloma/RRP/ Subglottic stenosis)</i>	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 - <i>i) AVF (2-3/12 before starting dialysis)</i>									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - <i>Hirschsprung's Disease initially managed with washouts.</i>	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>i) Suprapubic catheter change</i> <i>ii) Prolapse - bleeding/ulceration/ proci dentia/vault inversion</i> <i>iii) Genitourinary fistula</i>	MDT Directed cancer treatment - <i>Cervical Low volume cervical cancer completely excised at loop excision.</i> <i>Uterine 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>i) Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx)</i> <i>ii) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)</i>	BSO/salpingectomy - <i>i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS</i> <i>ii) Complex ovarian cyst - low risk of malignancy</i>	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - <i>i) Pelvic pathology affecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)</i> <i>ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.</i>	Paediatric and adolescent – MDT directed <i>i) Laparoscopic excision of obstructed uterine horn</i> <i>ii) Vaginal reconstruction for agenesis with menstrual obstruction</i>				
Ophthalmology	Vitreoretinal - <i>Some Macular holes</i> <i>Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment</i> <i>ii) silicone oil removal - complications</i>	Adnexal - <i>i) Large mucocele</i> <i>ii) Entropion/ Ectropion - ocular surface damage</i> <i>iii) Eye removal - Non-malignant/low threat to health</i> <i>iv) Botulism injections for disabling blepharospasm</i>	Glaucoma - <i>i) Drainage - not otherwise specified</i> <i>ii) Selected laser trabecuoplasty</i>	Cataract - <i>Surgery/YAG laser i) Binocular vision <6/60/severely disabled (e.g. cannot work)</i> <i>ii) limiting management of other conditions - threat to sight</i>	Cornea - <i>Cross-linking - rapidly progressive/ very thin cornea keratoconus</i>	Paediatrics - <i>i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions</i> <i>ii) Capsulotomy - visual axis opacity following congenital cataract surgery</i> <i>iii) Removal of loose corneal sutures in children</i> <i>(see also strabismus)</i>	Medical – <i>Diabetic macula/ retinal vein/branch vein occlusion</i> <i>i. Intravitreal injections</i> <i>ii. Macular laser</i> <i>Photodynamic laser for central serous chorioretinopathy</i>	Strabismus – <i>i) Development binocularity in infantile squint</i> <i>ii) Surgery or botulinum injection for severe diplopia (e.g. cannot work)</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 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. https://fssa.org.uk/covid-19_documents.aspx	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.				

