

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

The current versions of the Guide and the RPM are available to down load 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 <a href="https://fssa.org.uk/covid-19">https://fssa.org.uk/covid-19</a> 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 asses 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

(n.b. This prioritisat General surgery (including	tion is about 'when ar Emergency laparotomy -	Appendicectomy - complicated/	Intra-abdominal	- see notes below).  Drainage of localised sepsis/necrosis - not		Acute airway obstruction - thyroid	Solid organ transplants						
ncluding esophago-gastric IPB, coloproctology,		unresponsive to conservative Rx	for/not responding to conservative Rx	responding to conservative Rx (antibiotics/	stomach - with survivable mediastinitis/	a a a a a a a a a a a a a a a a a a a	(including islets) -						
reast, endocrine, olid organ				Interventional radiology)	mediastinitis/ peritonitis		Follow NHSB1 guidance but if local MDT directed;						
ransplant, pariatric)	Ischaemia Necrotising fasciitis						i) Deceased donor						
	Small and large						ii) Deteriorating recipient with living						
	bowel obstruction with concerning features of incipient						donor.						
	ischaemia/ perforation												
	Post-operative complications (e.g.												
	anastomotic leaks)  Bleeding - not												
	suitable for/ responding to endoscopic/control/												
	interventional radiology												
OMFS (including paediatric dental	maxillary/mandibular		Orbital Compartment	Jaw Dislocation - not responding to	Oro-facial swelling requiring surgery								
treatments requiring GA)	trauma (including dental) not responsive to	unresponsive to conservative Rx and threat to life/airway/	Entrapment - threat	conservative Rx	associated with systemic infection unresponsive to								
	conservative Rx (reduction + IR)	swallow/sight/brain.	lo oigin		conservative management								
Reconstructive plastic surgery	Major burns - Airway	Chemical burns - especially Eye/	Necrotising Fasciitis - any site	- any site (especially	re-implantation/	Washout open wound/fractures/	Removal of prosthesis/expander						
including burns and hands	management/ resuscitation/ escharotomies/	Hydrofluoric acid >2%		closed compartments/ joints/prostheses)	failing free flap - any site	infected/grossly 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 trauma requiring	Bladder trauma requiring open	Genital trauma/ testicular torsion/	Fournier's gangrene	Haematuria/ uncontrolled	Insertion of catheter under GA						
	responding to conservative Rx	open surgery		amputation/priapism (>24hrs)		haemorrhage - causing	under art						
						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	Open	Septic arthritis -	·	syndrome	instability and or neurological	compression - with neurological	Syndrome - Clinically and						
surgery)	Neurovascular +/- Skin compromise	(natural or prosthetic joint)			dysfunction	dysfunction - including MSCC	radiologically confirmed.						
	Hip/femoral shaft	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in												
ENT	polytrauma  Airway obstruction -		Nasal/ear button	Life threatening	Orbital cellulitis	Uncontrolled	Sinus surgery for						
	Cancer/Foreign body/Sepsis (including adeno-	vascular/visceral/ airway injury	battery removal  Removal of sharp	middle ear conditions		epistaxis	impending catastrophe/failure to respond to						
	tonsillectomy for cardiopulmonary		foreign body from throat				medical Rx						
Neurosurgery	compromise/ inability to intubate.)  Traumatic Brain	Intra-cranial	Acute raised Intra	Cauda Equina	Myelomeningocoele								
(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	confirmed.									
Cardiothoracic	Ruptured bronchus	Myocardial infarction -	conservative Rx Empyema with	Aortic dissection	Acute presentation	Acute mitral valve	Chest Trauma						
surgery		imminent death	sepsis		of ventricular septal defect	disease							
Vascular surgery	Vascular injury/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis									
	occlusion - i) Limb (incl.	external haemorrhage - any site/source			acute ischaemia.								
	compartment syndrome)												
	ii) mesenteric												
Doodietvie veneval	iii) AV fistula (incl. dialysis)	Emergeney		Appendicactomy	They actomy/Chest	Ctrongulated	Acute Scrotal	Trauma	Trauma Lanaratamy	Removal of Infected	Panal Obstruction	Diadday outlet or	Uracanaia nat
Paediatric general and urological surgery (see also	Malformations -	Emergency Laparotomy - (Neonatal) -	Emergency laparotomy - (Infant/ child)	unresponsive to	Thoracotomy/Chest Drain Insertion/Video Assisted	inguinal hernia	Exploration (suspected	Thoracotomy	Trauma Laparotomy	Central Line	i) Infection/pain - not	Bladder outlet or urethral obstruction	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,	Perforation,	Perforation								ii) Impaired renal function		
	Anorectal Malformations	Malrotation	Intussusception 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)	osteomyentis	Open		syndrome									
		Neurovascular compromise +/-Skin compromise											
Paediatric cardiac surgery		Neonate - Right	Neonate - Mixing lesions -	Neonate - Shunt/	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Regurgitant lesions -				
Surgery	HLHS (restrictive/	lesions -	TGA (hypoxaemia	Profound	CHB not responding	Tetralogy of Fallot	Aortic	MV prosthesis	Aortic				
	intact atrial septum)  Critical aortic	PA-IVS PA-VSD	for BAS/Intact IVS for ASO)	hypoxaemia/ occlusion/ thrombosis)	to medical Rx.	(cyanotic spells unresponsive to medical Rx)	(haemodynamically unstable)	(Thrombosed)	(haemodynamically unstable)				
	stenosis/coarctation (unresponsive to medical Rx)	Tetralogy of Fallot	TAPVD (clinically obstructed)	,		Shunt/stent dependent							
	meuical HX)	Critical pulmonary stenosis	Common arterial trunk (excess			pulmonary blood flow (pre BCPC/pre							
		(not responding to medical Rx)	pulmonary blood flow, truncal regurgitation not			biV repair with profound hypoxaemia/							
		,	responding to medical Rx)			thrombosis/ occlusion)							
Obstetrics and Gynaecology (including	Laparotomy/ Laparoscopy	Pregnancy/Delivery  Emergency	Early pregnancy and abortion care -	Reproductive medicine -	Paediatric/ adolescent								
urogynaecology, pregnancy,	Miscarriage with bleeding requiring	Caesarean	Miscarriage - bleeding and	a) <i>Males</i> - sperm storage before acute	Imperforate hymen - incision and								
delivery, and reproductive medicine)	surgical control and unstable	Instrumental delivery Perineal repair	unstable  Maternal	sterilisation b) Females - before	drainage								
1	Torted/ruptured ovary/pelvic mass	Manual removal of	compromise (e.g., sepsis,	acute sterilisation - i) Oocyte collection									
	Pelvic/genital tract sepsis	placenta  Cervical cerclage	chorioamnionitis, severe pre- eclampsia, etc.)	(n.b. must be 36hrs after the trigger) ii) Ovarian tissue									
	Bleeding	Emergency laparotomy/	Approaching legal threshold (23+6	storage									
	Necrotising fasciitis Genital tract trauma	hysterectomy	weeks for all/ 9+6 weeks [England & Wales]/11+6 weeks										
	- (e.g. vaginal tear/ pelvo-vaginal		[Scotland] for medical abortion at										
	haematoma)  Ectopic pregnancy		home)/ 12-14 weeks where procedure not provided by local										
	Complications of TOP		NHS beyond this)  Cases where cervical										
	Molar pregnancy -		preparation has been administered										
	(heavy bleeding requiring evacuation/hysterectomy)	,	(misoprostol/osmotic dilators/mifepristone)										
			Feticide (approaching legal limit)										
Ophthalmology	Acute risk to sight/	Oncology -	Vitreoretinal										
	life (e.g. penetrating injuries/globe	Ruthenium plaque removal.	Vitreous biopsy/ antibiotic injection -										
	rupture/orbital haemorrhage/burns		suspected endophthalmitis										
	infection/fractures/ lid lacerations)												
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL BE REVIEWED	b) Any delay in treatment,	c) Safeguarding issues must be	d) Other specialist surgery in									
specialty specific guidance can be found on the NHSE		especially of cancers, trauma and life threatening		paediatric patients is included in the guidance above.									
website https://	This Prioritisation is about 'WHEN	conditions, may lead to adverse	acute surgical problems (e.g. NAI/										
	and not BY Whom'. Space does not allow every	outcomes.	domestic violence/ abuse of the vulnerable)										
www.england.nhs.uk/coronavirus/ publication/ specialty-guides/			,										
k/coronavirus/ publication/	procedure to be listed under every specialty												
k/coronavirus/ publication/	listed under every specialty performing it and it DOES NOT indicate												
k/coronavirus/ publication/	listed under every specialty performing it and it												
k/coronavirus/ publication/	listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty												

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

(n.b. This prioritisal General surgery (including oesophago-gastric HPB, coloproctology, breast, endocrine, solid organ transplant,	MDT Directed cancer surgery Hepatobiliary	nd not by whom' duri  MDT Directed cancer surgery  Thyroid/parathyroid cancer pathway patients (including diagnostic lobectomy)	surgery - Colon cancer - incl. liver metastases	- see notes below)  MDT Directed breast cancer surgery and IBR, if appropriate according to local fitness criteria -  ER negative	stricture/fistula not responsive to endoscopic/medical Rx	responding to conservative Rx.	calcium >3.0mmol/l and/or not responding to		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;				
pariatric)	Neuroendocrine tumour Metastases - NOS progressing on scan at 3/12.	Adrenal cancer including adrenal metastases	polyps; liver metastases  Multi-visceral resections for locally advanced colon cancer  Salvage surgery for recurrent anal cancer	ER, node +ve)			admission.				i) Living donor				
OMFS (including paediatric dental reatments requiring GA)	MDT Directed oropharyngeal/tonsi tongue cancer resection +/- reconstruction.	Facial fractures/ I/ trauma -  1) Causing diplopia/ occlusal problems  2) Delay will seriousl worsen prognosis.  3) Primary dentition likely to effect permanent dentition requiring GA	tracheostomy -	treatment - Adult/		with pre-existing									
Reconstructive plastic surgery ncluding burns and nands	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	Primary resection directed by appropriate skin cancer specialist MDT Directed further resection	Brachial plexus/majo peripheral nerve injury -  Closed injury - not suitable for observation.  Exploration for paresis/pain/sensory impairment	Eyelid closure/ ectropion/entropion	Neonate accessory digit excision (narrow pedicle/vascular compromise/ infection/pain)	Primary cleft palate repair - child breaching 13 month of age	non-cleft speech					
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.		iv) ILP MDT directed upper tract transitional cell cancer surgery			Acute Urinary Retention  Bladder neck stenosis post RARP.  Catheter/Stent change	Partial Nephrectomy - single kidney	Visible haematuria - investigation	Ureteroscopy for stones	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 iAnkle/Foot  Olecranon  Not Otherwise	Knee extensor disruption (including fractured, displaced patella)		Locked joints - any site	Peripheral Nerve Decompression - an	site where there is a	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit					
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery fo malignancy	MDT directed oropharyngeal r surgery for malignancy	Specified  MDT directed otological cancer surgery.		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		Complex nasal obstruction with severe sleep disordered breathing	Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity	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 impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	tumour surgery	syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx										Conservative Tix.		
Cardiothoracic surgery Vascular surgery	MDT directed treatment of resectable Non-Small Cell Lung Cancer  Chronic severe limb ischaemia - no	Unstable Non ST elevated MI AAA >7cms diameter	Aortic stenosis  Diabetic foot surgery - NOS	Unstable coronary  Vascular access -	heart condition	Pneumothorax not responding to conservative Rx									
	neurology	ulametel	- 1103	i) Arteriovenous graft (AVG)											
Paediatric general and urological surgery (see also urology)  Paediatric orthopaedic	Stoma Closure to manage intestinal failure with liver disease / complications  MDT Directed Suspected bone or		Inguinal hernia under 3/12 of age  Meniscal repair	MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	•	Renal Stent Removal/Exchange	Vesico-ureteric refluires - case selection	x 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 As part of cancer/ transplant treatment
Paediatric cardiac surgery	tumours	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	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)	Rx)	Infant - Left heart obstructive lesions - LVOTO (impaired function/symptoms)  Aortic stenosis - (impaired function/symptoms)  Coarctation (Impaired function)	dependent pulmonary blood d flow (pre BCPC	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)  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)	MDT redirected cancer surgery –  Cervical -  i) Intrauterine brachytherapy - all stages  i) 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 cel tumours  Recurrent gynaecological cancers - according		Paediatric and adolescent –  i) Non-obstructive vaginal septum/ septate hymen  ii) EUA/vaginoscopy for suspected vaginal abnormality												
Ophthalmology	to local fitness criteria and HDU/ITU capacity  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	Adnexal - i) Protect ocular surface ii) 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	i) Intumescent extraction	Cornea -  Amniotic membrane graft - non-healing ulcer (see also paediatrics)	Paediatrics -  i) Congenital catarac  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	injections for wet, age related macular degeneration >2/52  ii) Laser for active/ progressive neovascularisation	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	s conditions, may lead to adverse outcomes.	who have not been	issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	paediatric patients is included in the guidance above.	aesthetic surgery procedures should be considered on merit and on a	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 - Procedu	res to be performed i	n < 3 months.									
(n.b. This prioritisat 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	-	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) Significant/multiple end organ failure.  ii) To facilitate MSK surgery/Hernia Surgery listed in p3  iii) Overdue balloon removal.  iv) Revision to stop excessive weight loss/comorbidities.	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; i) Stable recipient with living donor	Thyroid / Parathyroid Hyperparathyroidism with progressive end organ changes  Thyrotoxicosis Graves) with active eye disease
OMFS (including paediatric dental treatments requiring GA)	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)	Dental extractions/ treatment - Adult/ paediatric.  1) Medical condition with special risk if dental infection develops.  2) Age 3yrs or older with recurrent pain/ infection.  3) Delay in treatment detrimental to eruption/outcome of permanent dentition.  4) Learning needs							
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction  i) Microstomia  ii) Joint contracture  iii) Neck contracture	Limb contractures	Primary cleft repair - i) Cleft lip repair - child 3-6 months of age ii) Cleft palate repair - child <12 months of age	+/- autism.  Secondary cleft and non-cleft speech surgery - child less than 5 yrs of age	Brachial plexus/ major peripheral nerve injury - MDT Directed  i) re-animation +/- joint stabilisation  ii) Exploration for life altering pain not responding to conservative Rx.  iii) Revision surgery for major functional	Facial Palsy - i) Dense facial palsy inside 12/12 from injury	Congenital hand anomaly where delay will compromise outcome.	MDT directed surgery for major upper limb functional impairment			
Urology	MDT directed prostate cancer surgery - high/intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible (including paediatric)	MDT directed bladder cancer surgery (not invading muscle)	impairment.  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)		Tendon reconstruction/ tenodesis - any site	i) Loosening without impending fracture.  ii) Recurrent joint instability	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  Airway compromise - NOS (including papilloma/RRP/Subglottic stenosis)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Mucocoele/Sinus surgery - NOS	Adeno-tonsillectomy - OSA (NOS)	Tympanoplasty for progressive retraction	Vestibular surgery with significant disability	Suppurative otitis media with impending complications/loss of function.
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery	Stable Non ST Elevation MI	Vessular sesses									
Vascular surgery  Paediatric general	AAA >5.5cm (within 8/52, if appropriate according to local fitness criteria and facilities)  Congenital	Vascular access - i) AVF (2-3/12 before starting dialysis) Inguinal hernia 3-12	Gastrostomy for	Interval	Cholesystectomy	Fundoplication for	Orchidopexy for	Daytime urinary	Penile anomalies -	Varicocoele/	MDT Directed
and urological surgery (see also urology)	Malformations with delayed Management -  Hirschsprung's Disease initially managed with washouts.	mths of age	Failure To Thrive (FTT)	appendicectomy for recurrent symptoms		GOR - failure to thrive	undescended testis	incontinence - obstructive cause suspected.	(e.g., mega prepuce but not hypospadias.)	Hydrocoele - large + symptomatic.	i) Significant/multiple end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight
Paediatric orthopaedic surgery (including spinal surgery)	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							loss/comorbidities.
Paediatric cardiac surgery  Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology -  i) Suprapubic catheter change  ii) Prolapse - bleeding/ulceration/ proci dentia/vault inversion  iii) Genitourinary fistula	MDT Directed cancer treatment -  Cervical Low volume cervical cancer completely excised at loop excision.  Uterine Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx)  i) Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx)  ii) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)	BSO/salpingectomy  i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS  ii) Complex ovarian cyst - low risk of malignancy	Hysterectomy - risk reducing for Lynch Syndrome	i) Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.	Paediatric and adolescent – MDT directed  i) Laparoscopic excision of obstructed uterine horn  ii) Vaginal reconstruction for agenesis with menstrual obstruction				
Ophthalmology	Vitreoretinal - Some Macular holes Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal -  i) Large mucocele  ii) Entropion/ Ectropion - ocular surface damage  iii) Eye removal - Non-malignant/low threat to health  iv) Botulism injections for disabling blepharospasm	Glaucoma -  i) Drainage - not otherwise specified  ii) Selected laser trabeculoplasty	Cataract - Surgery/YAG laser i) Binocular vision <6/60/severely disabled (e.g. cannot work) ii) limiting management of other conditions - threat to sight	very thin cornea	Paediatrics -  i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions  ii) Capsulotomy - visual axis opacity following congenital cataract surgery  iii) Removal of loose corneal sutures in children  (see also strabismus)	Medical –  Diabetic macula/ retinal vein/branch vein occlusion  i. Intravitreal injections ii. Macular laser  Photodynamic laser for central serous chorioretinopathy	Strabismus –  i) Development binocularity in infantile squint  ii) Surgery or botulinum injection for severe diplopia (e.g. cannot work)			
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.uk/coronavirus/ publication/ specialty-guides/	This Prioritisation is about 'WHEN		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 documen ts.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.				

	Priority 4 - Procedu	res to be performed in	n >3 months.													
General surgery	(n.b. This prioritisati	1	-	ng the Covid19 Crisis Diverting ileostomy	- see notes below) Uncomplicated	Reversal of	Non-urgent	Transanal/rectal	Benign breast	Cholecystectomy -	Other benign upper	Oesophagogastric	Other benign	Other adrenal	Abdominal wall	MDT Directed
including besophago-gastric, HPB,		Benign colonic polyp	surgery	closure	incisional hernias	Hartmann's procedure	proctology procedures	resection of benign rectal polyps.	disease  Delayed breast	after biliary colic/ cholecystitis.	UGI conditions (e.g gallstones/other Benign disease).		thyroid/parathyroid disease - uncomplicated	disease - uncomplicated	reconstruction	bariatric surgery  Lesser degrees of
coloproctology, preast, endocrine, solid organ transplant, pariatric)	Benign breast disease  Delayed and revision breast reconstruction, if appropriate according to local fitness criteria	Completion proctocolectomy for IBD							reconstruction, if appropriate according to local fitness criteria.  Revision of breast reconstruction,							end organ failure
OMFS (including paediatric dental treatments requiring GA)	All orthognathic Surgery	Dental extractions/ treatment - Adult/ paediatric - NOS	MDT Directed Salivary Gland Tumours - benign.	Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibular joint surgery	r									
Reconstructive plastic surgery including burns and hands	Burns - other contractures/scars	I .	Breast reconstruction - NOS	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site not compromising vital structures	Excision of benign lesions	NHS Cosmetic Surgery									
Urology	benign conditions  (e.g. incontinence/ prolapse/Sacral	Surgery  Erectile dysfunction  Male fertility surgery  Urethral stricture	Endourology -  Uncomplicated stones/  Percutaneous nephrolithotomy/  Pelviureteric obstruction	MDT directed prostate cancer surgery (low risk)	MDT directed bladder cancer surgery - superficial transitional cell cancer	Renal - i) Uncomplicated small/intermediate renal lesions ii) Polycystic nephrectomy	Uncomplicated small/intermediate testicular lesions	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic						
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	limb surgery - Not	Metalwork removal	disease - no	Adult spinal deformity surgery with progression											
ENT	All other Rhinology  (septoplasty/ septorhinoplasty/ turbinate surgery)	media - NOS	All Ossicular Surgery/Middle ear implants	Tympanopasty -NOS	Grommets	Meatoplasty	Vestibular Surgery - NOS	Non-organic foreign body (except button batteries/sharp FBs)	Micro Laryngoscopy - benign vocal fold/ cord conditions (e.g. polyp/cyst/ ectasia/paralysis)		k Routine neck surgery procedures  Pharyngeal pouch  Benign and congenital	Uncomplicated nasal fracture	Adeno-tonsillectomy - recurrent tonsillitis as per EBI criteria	/   		
Neurosurgery (including spinal surgery)	Congenital spinal deformity - no neurological compromise/ refractory pain	Movement disorder implants	Lesioning/epilepsy surgery	Normal pressure hydrocephalus	Slow growing brain tumours - no neurological compromise	Slow growing spinal tumours - no neurological compromise	Benign intracranial arteriovenous malformations/ tumours) - no neurological compromise	Paediatric craniofacial surgery not compromising vision/neurology/ raised ICP	-							
Cardiothoracic surgery Vascular surgery	Stable coronary disease  Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs	Vascular access -  AV fistula ligation/ removal with well functioning renal allograft											
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano- Rectoplasty (PSARP) - after obstruction relieved	mths of age)	Splenectomy for haemoglobinopathy	Cholecystectomy - after biliary colic/ cholecystitis	Stoma Closure	Benign lesion excision	Hypospadias repair (around 12 mths of age)	Cosmetic foreskin issues/ritual circumcision.	Epispadias	Gender dysphoria	Daytime urinary incontinence - all children >7yrs	Asymptomatic hyrocoele	MDT Directed bariatric surgery  Lesser degrees of end organ failure.			
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Secondary joint reconstruction		Spasticity management	Corrective surgery for established deformity	Reconstruction for established joint instability (e.g. ACL/ Lateral ligament)	Metalwork removal										
Paediatric cardiac surgery																
Obstetrics and Gynaecology	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open myomectomy -	or Vaginal	cystectomy/	genital tract lesions	Closure of Stoma	Fertility -	Paediatric and adolescent –						
(including urogynaecology, pregnancy, delivery, and reproductive medicine)	Incontinence surgery  Prolapse surgery	bleeding/ Reproductive failure (e.g. Levonorgesterol releasing intrauterine system/endometrial resection/second generation endometrial ablation)  Uterine structural disorders (Polypectomy/	Tubal factor infertility +/- symptomatic tubal disease	Fibroids not causing anaemia	hysterectomy - Abnormal uterine bleeding  Pain  Symptomatic fibroids +/- endometrial hyperplasia	Oophorectomy -  Ovarian cysts > 5 cm with a benign RMI)	(e.g. uninfected Bartholin's cyst)		Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)  Couples/individuals where the woman has normal ovarian reserve <40 years old	MDT directed  Vaginal reconstruction (NOS)  Clitoral reduction for differences in sex development						
Ophthalmology	Vitreoretinal -	,	Cataract -	Cornea -	Oncology -	Paediatrics -	Medical retina -	Glaucoma – PI laser for								
	Vitrectomy - i) Macular epiretinal membrane  ii) Silicone oil removal - not otherwise specified (NOS)  iii) Other surgery -	my Other surgery - NOS	YAG laser capsulotomy Significant binocular visual reduction Other surgery - NOS	Corneal graft - significant binocular		Strabismus surgery - restoration of visual function/NOS Other Surgery - NOS	diabetic retinopathy	narrow angles								
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	DOCUMENT WILL BE REVIEWED MONTHLY This Prioritisation is about 'WHEN	treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.		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.	aesthetic surgery	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.									