



Clinical Guide to Surgical Prioritisation in the recovery from the Coronavirus Pandemic

The current versions of the Guide and the RPM (designed to help reprioritise patients in p2-6 at the time of specified clinical reviews) are available to download at https://fssa.org.uk/covid-19_documents.aspx

Where local arrangements for prioritisation are in place and working well, they should continue and the Guide used for reference to changing national priorities and to assess when local arrangements, therefore, need to be revised.

The relative priorities between patients listed with the same priority must be decided locally in relation to local NHS conditions and facilities available, including patients suitable for treatment at Surgical Hubs.

Elective surgical patients should have been pre-assessed, pre-habilitated as required and, ideally, fully vaccinated at least 2 weeks before their planned procedure. General anaesthesia should be avoided for at least 7 weeks after any form of Covid infection.

All patients on waiting lists shall be regularly reviewed to assess the need for re-prioritising.

P5 patients shall be actively reviewed and re-prioritised as necessary during late 2021/early 2022 and any patient waiting more than 104 weeks shall be reviewed, clinically.

History of the Guide.

This Guide was first produced at the request of NHS England at the start of the pandemic. It is produced by specialists in the procedures listed and is now updated bimonthly. It sets out what clinicians view as the relative priorities of conditions at the time it is posted.

P5/6 were added by NHS England October 2020 as part of the national validation of waiting lists. They are not included in the Guide because they are administrative categories and not based on the patient's clinical condition.

The Guide began as a short term expedient to the pandemic and was not intended for long term use, however, work is ongoing on how it could make a foundation for future, national waiting list coordination as result of the magnitude of the ongoing issues with access to care.

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

The Association of Surgeons of Great Britain & Ireland

The British Association of Oral & Maxillofacial Surgeons
ENT -UK

The British Association of Plastic, Reconstructive & Aesthetic Surgeons

The Society for Cardiothoracic Surgery in Great Britain & Ireland

The British Association of Paediatric Surgeons

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

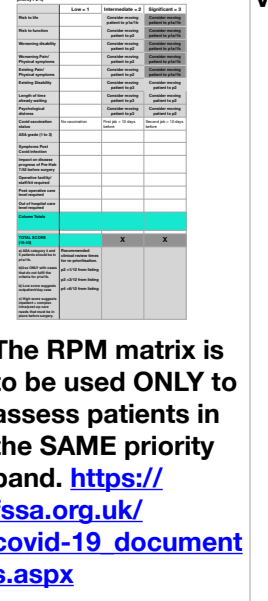
The Vascular Society of Great Britain & Ireland

Priority 1b - Procedures to be performed in <72 hours.												
(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below)												
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, 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 (including paediatric dental treatments requiring GA)	Facial fractures - not suitable for conservative Rx	Complex trauma to the primary and permanent dentition unsuitable for treatment under local anaesthesia	Severe dental pain (primary and permanent dentition) <i>1) Unresponsive to conservative Rx</i> <i>2) Patients with special needs (including metabolic)</i>									
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)	Fractures - <i>i) Unsuitable for conservative/failed conservative Rx</i> <i>ii) Pathological</i> <i>iii) Peri-prosthetic</i> <i>iv) Pelvic ring</i> <i>v) Rib</i> <i>vi) Displaced long bone/intra-articular</i> <i>vii) lower limb fragility fractures requiring fixation to mobilise patient</i>	Spinal Trauma requiring stabilisation without neurological involvement	Definitive amputation following severe injury.	Debridement/ Antibiotics/Implant Retention (DAIR) for acute infected prosthesis without systemic sepsis.	Orthoplastic repair Delayed primary closure Exposed metal work							
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to conservative Rx	Traumatic injury to 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	Choanotomy for bilateral atresia	Cholesteatoma with complications
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/Elbow</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 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 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.							

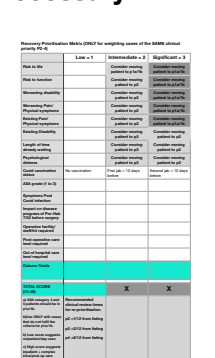
Priority 2 - procedures to be performed in < 1 month.

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

<p>General surgery (including oesophago-gastric, HPA, colorectology, breast, endocrine, solid organ transplant, bariatric)</p>	<p>MDT Directed cancer surgery</p> <p>Hepatobiliary</p> <p>Pancreatic</p> <p>Oesophago-gastric</p> <p>Neuroendocrine tumour</p> <p>Metastases - NOS progressing on scan at 3/12.</p>	<p>MDT Directed cancer surgery</p> <p>Thyroid/parathyroid cancer pathway patients (including diagnostic lobectomy)</p> <p>Adrenal cancer including adrenal metastases</p>	<p>MDT Directed cancer surgery -</p> <p>Colon cancer - incl. liver metastases</p> <p>Rectal cancer - incl. high risk rectal polyps/ liver metastases</p> <p>Multi-visceral resections for locally advanced colon cancer</p> <p>Salvage surgery for recurrent anal cancer</p> <p>Pelvic exenteration</p>	<p>MDT Directed breast cancer surgery and IBR, if appropriate according to local fitness criteria -</p> <p>ER negative</p> <p>Her2+</p> <p>Pre-menopausal ER+ with higher risk (i.e. Grade 3, Low ER, node +ve)</p>	<p>Crohn's disease - stricture/fistula not responsive to endoscopic/medical Rx</p>	<p>Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)</p>	<p>Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.</p>	<p>Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/phaeo-chromocytoma)</p>	<p>Goitre - mild/moderate stridor</p>	<p>MDT directed bariatric surgery</p> <p>As part of cancer/transplant treatment</p>	<p>Solid organ transplants (including islets) -</p> <p>Follow NHSBT guidance but if local MDT directed;</p> <p>i) Living donor</p>				
<p>OMFS (including paediatric dental treatments requiring GA)</p>	<p>MDT Directed oropharyngeal/tonsil/tongue cancer resection +/- reconstruction.</p>	<p>Facial fractures/trauma -</p> <p>1) Causing diplopia/occlusal problems</p> <p>2) Delay will seriously worsen prognosis.</p> <p>3) Primary dentition likely to effect permanent dentition requiring GA</p>	<p>Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children</p>	<p>Dental extractions / treatment - Adult/ paediatric</p> <p>1) Severe pain/ infection unresponsive to conservative Rx</p> <p>2) Under 3yrs of age</p> <p>3) 3 episodes of acute infection</p> <p>4) Social/ safeguarding needs.</p>	<p>Craniofacial - ocular complication/Raised Intracranial Pressure</p>	<p>Dental infection/pain with pre-existing high medical need (e.g. Immune, metabolic disorders, cardiac, diabetes, epilepsy, oncology, bisphosphonate treatment etc.)</p>									
<p>Reconstructive plastic surgery including burns and hands</p>	<p>Burns - Mid/deep dermal/otherwise unhealed.</p>	<p>Removal of prosthesis - unresponsive to conservative Rx.</p>	<p>Burns - Reconstruction</p> <p>i) Eyelid closure problems</p> <p>ii) Severe microstomia</p> <p>iii) Joint and neck contracture</p>	<p>MDT Directed Major soft tissue tumour resection - All sites</p>	<p>Skin cancer -</p> <p>Primary resection directed by appropriate skin cancer specialist</p> <p>MDT Directed further resection</p> <p>i) Re-excision according to national guidelines</p> <p>ii) SLNB and all completion lymphadenectomies</p> <p>iii) Electro-chemotherapy</p> <p>iv) ILP</p>	<p>Brachial plexus/major peripheral nerve injury -</p> <p>Closed injury - not suitable for observation.</p> <p>Exploration for paresis/pain/sensory impairment</p>	<p>Facial Palsy -</p> <p>Eyelid closure/ ectropion/entropion</p>	<p>Neonate accessory digit excision (narrow pedicle/vascular compromise/ infection/pain)</p>	<p>Primary cleft palate repair - child breaching 13 months of age</p>	<p>Secondary cleft and non-cleft speech surgery - child breaching 5 yrs of age</p>					
<p>Urology</p>	<p>MDT directed testicular cancer surgery - non-metastatic.</p>	<p>MDT directed penile cancer surgery including inguinal node surgery.</p>	<p>MDT directed bladder cancer surgery - invading bladder muscle.</p>	<p>MDT Directed renal cancer surgery - not bleeding.</p>	<p>MDT directed upper tract transitional cell cancer surgery</p>	<p>MDT directed bladder Cancer surgery - high risk carcinoma-in-situ.</p>	<p>MDT directed inguinoscrotal sarcoma surgery</p>	<p>Acute Urinary Retention</p> <p>Bladder neck stenosis post RARP</p> <p>Catheter/Stent change</p>	<p>Partial Nephrectomy - single kidney</p>	<p>Visible haematuria - investigation</p>	<p>Ureteroscopy for stones</p>	<p>PD Catheter Insertion and hernia repair, if necessary, pre-dialysis.</p>			
<p>T & O (including spinal surgery)</p>	<p>MDT Directed Sarcoma surgery - any site</p>	<p>Solitary metastasis surgery - any site.</p>	<p>MDT Directed destructive bone lesion surgery with risk of fracture (e.g. Giant cell tumour)</p>	<p>Fractures -</p> <p>i) Displaced, Intra-articular</p> <p>ii) Osteochondral defect</p> <p>iii) Ankle/Foot</p> <p>iv) Olecranon</p> <p>v) Removal of temporary metalwork</p> <p>vi) salvage amputation</p> <p>vii) Acute fixation failure</p> <p>viii) lower limb non-union affecting mobility</p>	<p>Knee</p> <p>i) Extensor disruption (including fractured, displaced patella)</p> <p>ii) Meniscal repair</p>	<p>Tendon rupture - any sites - NOS</p>	<p>Locked joints - any site - NOS</p>	<p>Peripheral Nerve Decompression - any site (pain/weakness/ muscle wasting - not responding to conservative Rx)</p>	<p>Arthroplasty/ Arthrodesis -</p> <p>i) AC joint</p> <p>ii) Recurrent dislocations</p> <p>iii) Any site where risk of serious consequences of delay (e.g. loss of patient independence/loss of bone stock/risk of peri-prosthetic fracture).</p>	<p>Spinal surgery - progressive neurology/ neurological deficit</p>	<p>Infection</p> <p>i) 1st stage revision acutely infected prosthesis</p> <p>ii) Osteomyelitis without systemic sepsis</p>				
<p>ENT</p>	<p>EUA/biopsy for malignancy - hypopharynx/larynx</p>	<p>MDT directed nasopharyngeal/laryngeal surgery for malignancy</p>	<p>MDT directed oropharyngeal surgery for malignancy</p>	<p>MDT directed otological cancer surgery.</p>	<p>Baro-trauma perilymph fistula</p>	<p>Organic foreign bodies in the ear.</p>	<p>MDT directed treatment of small, high grade salivary cancers.</p>	<p>MDT directed treatment of sinus cancers. - threatening sight</p>	<p>Treatment of pharyngeal/ oesophageal/airway stricture</p>	<p>Mucocoele/sinus disease</p> <p>i) Recurrent infection</p> <p>ii) Visual disturbance</p> <p>iii) Rapidly deterioration (incl. benign disease)</p>	<p>Complex nasal obstructive lesions</p> <p>Reduction of nasal fracture (NOS) - ideally inside 14 days according to local capacity</p>	<p>Cochlear implant -</p> <p>i) Children</p> <p>ii) Post-meningitis/ other obliterative disease</p> <p>iii) Device failure - no hearing</p> <p>iv) Removal of infected implant not responding to conservative Rx.</p>	<p>Airway compromise - NOS (including tracheostomy for weaning)</p>	<p>Cholesteatoma with impending complications/loss of function.</p>	
<p>Neurosurgery (including spinal surgery)</p>	<p>MDT directed brain tumour surgery (including for metastases)</p>	<p>MDT directed spinal tumour surgery</p>	<p>Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx</p>												
<p>Cardiothoracic surgery</p>	<p>MDT directed treatment of resectable Non-Small Cell Lung Cancer</p>	<p>Unstable Non ST elevated MI</p>	<p>Aortic stenosis</p>	<p>Unstable coronary</p>	<p>Any deteriorating heart condition</p>	<p>Pneumothorax not responding to conservative Rx</p>									
<p>Vascular surgery</p>	<p>Chronic severe limb ischaemia - no neurology</p>	<p>AAA</p> <p>i) > 5.5cm</p>	<p>Diabetic foot surgery - NOS</p>	<p>Vascular access -</p> <p>i) Arteriovenous graft (AVG)</p>											
<p>Paediatric general and urological surgery (see also urology)</p>	<p>Laparotomy or Stoma Closure to manage intestinal failure with liver disease/ complications</p>	<p>Infant with Biliary Atresia - bladder extrophy</p>	<p>Inguinal hernia under 3/12 of age</p>	<p>MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma</p>	<p>Crohn's Disease - stricture/fistula/ optimise medication/ nutrition</p>	<p>Gastrostomy for nutritional support.</p>	<p>Fundoplication for GOR for previous life threatening complication/ repeated aspirations</p>	<p>Renal Stent Removal/Exchange</p>	<p>Vesico-ureteric reflux - case selection</p>	<p>Circumcision for severe BXO/meatal pathology</p>	<p>Recurrent UTIs - renal scarring/ hypertension</p>	<p>Non-functioning renal tract with infection - not responding to conservative Rx</p>	<p>Neuropathic bladder - high risk of renal deterioration</p>	<p>Renal Calculi - recurrent symptoms/ renal impairment</p>	<p>MDT directed bariatric surgery</p> <p>As part of cancer/transplant treatment.</p>
<p>Paediatric orthopaedic surgery</p>	<p>MDT Directed Suspected bone or soft tissue malignant tumour</p>	<p>MDT Directed Suspected, aggressive, benign bone tumour</p>	<p>Meniscal repair</p>	<p>CETV -</p> <p>Initial management including tenotomies</p>											
<p>Paediatric cardiac surgery</p>	<p>Neonate - Left heart obstructive lesions -</p> <p>i) Aortic stenosis (valvuloplasty/ valvotomy)</p> <p>ii) Coarctation (case selection of approach and timing)</p> <p>iii) HLHS (Norwood/ Hybrid)</p>	<p>Neonate - Right heart obstructive lesions -</p> <p>PA-IVS (case selection RF perforation/ductal stent/shunt)</p> <p>PA-VSD (Case selection ductal stent/shunt)</p> <p>Tetralogy of Fallot (Case selection ductal or RVOT shunt)</p> <p>Critical pulmonary stenosis (balloon valvuloplasty)</p> <p>Ebsteins anomaly (duct dependent blood flow)</p>	<p>Neonate - Mixing lesions -</p> <p>TGA (intact IVS for ASO/VSD with mixing for ASO+VSD)</p> <p>TAPVD (echo evidence of obstruction)</p> <p>Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)</p>	<p>Neonate - Arrhythmia - CHB (decision for pacing)</p>	<p>Neonate - ALCAPA - (Optimise medical Rx)</p>	<p>Infant - Left heart obstructive lesions -</p> <p>LVOTO (impaired function/symptoms)</p> <p>Aortic stenosis - (impaired function/ symptoms)</p> <p>Coarctation (impaired function)</p>	<p>Infant - Right heart obstructive lesions -</p> <p>Tetralogy of Fallot (Cyanotic spells cyanosis <80%)</p> <p>Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/ shunt/stent stenosis >6 months of age)</p> <p>Shunt/stent dependent pulmonary blood flow (bV repair - increasing cyanosis, shunt/stent stenosis >3 months of age)</p>	<p>Infant - Left-Right shunt lesions -</p> <p>VSD (FTT, not responding to medical Rx, >6 months of age)</p> <p>AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age)</p>	<p>Infant - Regurgitant lesions -</p> <p>Mitral (not responding to medical Rx, raised RVP)</p> <p>Aortic (impaired function)</p>	<p>Child - Left heart obstructive lesions -</p> <p>LVOTO (impaired function/symptoms)</p> <p>Aortic stenosis (impaired function/ symptoms)</p> <p>MV prosthesis (increased gradient/ raised RVP)</p>	<p>Child - Right heart obstructive lesions -</p> <p>RV-RA conduit (impaired function/ >systemic RVP)</p>	<p>Child - Regurgitant lesions -</p> <p>Mitral (not responding to medical Rx/raised RVP)</p> <p>Aortic (impaired function/symptoms)</p>	<p>Child - Fortan candidate - (increasing cyanosis/ symptoms) prioritise >5yrs years old</p>		
<p>Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)</p>	<p>MDT redirected cancer surgery -</p> <p>Cervical -</p> <p>i) Intrauterine brachytherapy - all stages</p> <p>ii) Early stage surgery</p> <p>Uterine -</p> <p>High grade/High risk</p> <p>Ovarian -</p> <p>i) Suspicious pelvic mass</p> <p>ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity</p> <p>Vulval/vaginal - primary resection</p> <p>Suspected germ cell tumours</p> <p>Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity</p>	<p>Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer</p> <p>ii) Non-obstructive vaginal septum/ septate hymen</p> <p>iii) EUA/vaginoscopy for suspected vaginal abnormality</p>	<p>Paediatric and adolescent -</p> <p>ii) Non-obstructive vaginal septum/ septate hymen</p> <p>iii) EUA/vaginoscopy for suspected vaginal abnormality</p>												
<p>Ophthalmology</p>	<p>Oncology - MDT directed treatment for;</p> <p>Ocular/ocular surface tumours</p> <p>Enucleation - advanced melanoma/other malignancies/ tumours</p> <p>Intravitreal injections - radiation maculopathy +/- ocular tumours</p> <p>PDT/External beam Radiotherapy - ocular metastases - threat to sight</p>	<p>Vitreoretinal -</p> <p>Re-do retinal detachment</p> <p>Vitrectomy -</p> <p>i) Retinal detachment - macular off > 2 weeks</p> <p>ii) Acute vitreous haemorrhage - suspected retinal break/unknown</p> <p>iii) Dislocated lens implant with poor vision in other eye</p>	<p>Adnexal -</p> <p>i) Protect ocular surface</p> <p>ii) MDT directed treatment for eyelid orbital tumours</p> <p>iii) Intra-vitreal injection +/-retinal laser for iris/angle rubeosis</p>	<p>Glaucoma -</p> <p>Drainage - threat to sight (also see cataract)</p> <p>ii) Very high IOP</p> <p>iii) Only eye</p>	<p>Cataract -</p> <p>i) Intumescent extraction</p> <p>ii) Angle closure glaucoma - threat to sight</p>	<p>Cornea -</p> <p>Amniotic membrane graft - non-healing ulcer</p> <p>(see also paediatrics)</p>	<p>Paediatrics -</p> <p>i) Congenital cataract</p> <p>ii) Keratoplasty for congenital corneal opacity</p> <p>iii) Superficial keratectomy - atopic plaque</p> <p>iv) Drainage surgery - glaucoma (< 2 weeks)</p> <p>v) Surgery/plaque -retinoblastoma</p> <p>vi) Brow suspension - risk of developing amblyopia</p>	<p>Medical retina -</p> <p>i) Intravitreal injections for wet, age related macular degeneration >2/52</p> <p>ii) Laser for active/ progressive neovascularisation</p> <p>iii) Periocular and intravitreal steroid injection for macular oedema</p>	<p>Strabismus -</p> <p>Sudden loss of binocularity</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 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) Patients in p2 who have not been treated MUST be reviewed clinically at most 1/12 from being listed and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)</p>	<p>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)</p>	<p>e) Other specialist surgery in paediatric patients is included in the guidance above.</p>	<p>f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis.</p> <p>Procedures with a known functional benefit should be prioritised where possible.</p> <p>A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.</p>	<p>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.</p>								



The RPM matrix is to be used ONLY to assess patients in the SAME priority band. https://fssa.org.uk/covid-19_document.s.aspx

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 <i>Indeterminate masses - (>4cm-6cm)</i> <i>Radiologically benign lesions with hypersecretion (cortisol/aldosterone)</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>	Thyroid / Parathyroid <i>Hyperparathyroidism with progressive end organ changes</i> <i>Thyrotoxicosis Graves) with active eye disease</i>
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 - before canine root 2/3 formed.	Dental extractions/ treatment - Adult/ paediatric. <i>1) Medical condition with special risk if dental infection develops.</i> <i>2) Age 3yrs or older with recurrent pain/ infection.</i> <i>3) Delay in treatment detrimental to eruption/outcome of permanent dentition.</i> <i>4) Learning needs +/- autism.</i>							
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 (including Dupuytren's with rapid progression/ macerated skin)	Primary cleft repair - <i>i) Cleft lip repair - child 3-6 months of age</i> <i>ii) Cleft palate repair - child <12 months of age</i>	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/ligament - Reconstruction/ tenodesis - any site	Revision surgery <i>i) Loosening without impending fracture.</i> <i>ii) Recurrent joint instability</i> <i>iii) Delayed union</i> <i>iv) Late reconstruction following trauma/ infection.</i>	MDT Directed Benign or malignant bone/soft tissue lesion - NOS	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked joint- <i>i) ACL/other reconstruction</i> <i>ii) Removal of loose body</i>	Removal of metalwork/implants - NOS	Spinal Surgery - <i>i) Injection/ decompressive surgery for intractable radiculopathy.</i> <i>ii) Progressive deformity (Adult)</i>	Arthroplasty/ Arthrodesis/other procedure - <i>i) 1st or single stage for chronic infection</i> <i>ii) Revision second stage</i> <i>iii) Joint collapse/ rapid reduction in mobility/progressive aseptic loosening/ night pain preventing sleep</i> <i>iv) NOS</i>	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - <i>Adults - NOS.</i>	Cholesteatoma - NOS	Micro-Laryngoscopy <i>Airway compromise - NOS (including papilloma/RRP/ Subglottic stenosis)</i>	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)	MDT directed spinal tumour surgery - No neurological compromise										
Cardiothoracic surgery	Stable Non ST Elevation MI										
Vascular surgery	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 appendectomy 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)	Hip subluxation/ dislocation (including Developmental Dislocation of the Hip (DDH) and neuromuscular conditions) <i>Primary/revision/ relocation joint surgery</i>	Childhood/ Adolescent spinal deformity Surgery/Injection for intractable radiculopathy	Limb length discrepancy/ malalignment	Reconstruction for established joint instability - post trauma (e.g., ACL/ Lateral ligament)							
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 effecting 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 mucocoele</i> <i>ii) Entropion/ Ectropion - ocular surface damage</i> <i>iii) Eye removal - Non-malignant/low threat to health</i> <i>iv) Botulinum injections for disabling blepharospasm</i>	Glaucoma - <i>i) Drainage - not otherwise specified</i> <i>ii) Selected laser trabeculoplasty</i>	Cataract - <i>Surgery/YAG laser</i> <i>i) Binocular vision <6/60/severely disabled (e.g. cannot work)</i> <i>ii) limiting management of other conditions - threat to sight</i>	Cornea - <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 speciality specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every speciality performing it and it DOES NOT indicate primacy of ANY speciality 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 reviewed 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.				

