FSSA

Federation of Surgical Specialty Associations

Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

It is essential that all patients listed in any category are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising.

The relative priorities between cases listed in the same time frame will need to be decided locally in relation to facilities available and local Covid conditions.

The ‘RPM’ form, included in the footer of the guide, is designed to help review and reprioritise cases in p2-4.

The Guide is a short term expedient to the pandemic and not for long term use.

Both the Guide and the RPM are available to down load at (https://fssa.org.uk/covid-19_documents.aspx)

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

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

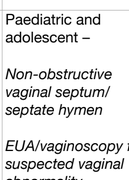
The Vascular Society of Great Britain & Ireland

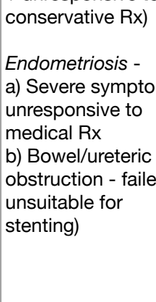
Priority 1a - Emergency procedures to be performed in <24 hours **(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis - see notes below).**													
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine, bariatric)	Emergency laparotomy - *Peritonitis* *Perforation* *Ischaemia* *Necrotising fasciitis* *Small and large bowel obstruction with concerning features of incipient ischaemia/ perforation* *Post-operative complications* (e.g. anastomotic leaks) *Bleeding* - not suitable for/ responding to endoscopic/control/ interventional radiology	Appendicectomy - complicated/ unresponsive to conservative Rx	Intra-abdominal trauma - unsuitable for/not responding to conservative Rx	Drainage of localised sepsis/necrosis - not responding to conservative Rx (antibiotics/ Interventional radiology)	Benign Perforated oesophagus/ stomach - with survivable mediastinitis/ peritonitis	Acute airway obstruction - thyroid	All solid organ transplants						
OMFS	Haemorrhage from maxillary/mandibular trauma not responsive to conservative Rx (reduction + IR)	Dental Sepsis - not responding to conservative Rx and threat to life/airway/ sight/brain.	Orbital Compartment Syndrome/Muscle Entrapment - threat to sight	Jaw Dislocation - not responding to conservative Rx									
Reconstructive plastic surgery including burns and hands	Major burns - Airway management/ resuscitation/ escharotomies/ amputations/Toxic Shock	Chemical burns - especially Eye/ Hydrofluoric acid >2%	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially closed compartments/ joints/prostheses) not responding to conservative Rx	Revascularisation/ re-implantation/ failing free flap - any site	Washout open wound/fractures/ infected/grossly contaminated (human/animal/ contaminated) wounds - any site	Removal of prosthesis/expander for fulminant infection						
Urology	Renal obstruction with infection - not responding to conservative Rx	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ testicular torsion/ amputation/priapism (>24hrs)	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to conservative Rx	Insertion of catheter under GA						
Trauma and orthopaedics (including spinal surgery)	Fractures - *Open* *Neurovascular +/- Skin compromise* *Hip/femoral shaft* *Long bone/Pelvic +/- Spinal fixation in polytrauma*	Infection - *Septic arthritis* - (natural or prosthetic joint) *Other metalwork (including spine)*	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and or neurological dysfunction	Acute spinal cord compression - with neurological dysfunction - including MSCC	Cauda Equina Syndrome - Clinically and radiologically confirmed.						
ENT	Airway obstruction - Cancer/Foreign body/Sepsis	Neck trauma with vascular/visceral/ airway injury	Nasal/ear button battery removal	Life threatening middle ear conditions	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending catastrophe/failure to respond to medical Rx						
Neurosurgery (including spinal surgery)	Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to conservative RX	Acute raised Intra cranial pressure/ Hydrocephalus (recoverable stroke/ tumour) - not suitable for conservative Rx	Cauda Equina Syndrome - Clinically and radiologically confirmed.	Myelomeningocoele								
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal defect	Acute mitral valve disease	Chest Trauma						
Vascular surgery	Vascular injury/ occlusion - *i) Limb (incl. compartment syndrome)* *ii) mesenteric* *iii) AV fistula*	Uncontrolled external haemorrhage - any site/source	Ruptured AAA	Diabetic foot sepsis	Thrombolysis for acute ischaemia.								
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - *Oesophageal Atresia,* *Gastroschisis,* *Anorectal Malformations*	Emergency Laparotomy - (Neonatal) - *Necrotising Entero-Colitis (NEC),* *Perforation,* *Malrotation*	Emergency laparotomy - (Infant/ child) *Peritonitis* *Perforation* *Intussusception* *Ischaemia* *Necrotising fasciitis* *Bleeding* (not responding to conservative Rx) *Post-operative complications* (e.g. anastomotic leaks/ bleeding)	Appendicectomy - Complicated or unresponsive to conservative Rx	Thoracotomy/Chest Drain Insertion/Video Assisted Thoracopic Surgery (VATS) for Empyema	Strangulated inguinal hernia	Acute Scrotal Exploration (suspected Testicular Torsion)	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction - i) Infection/pain - not responding to conservative Rx ii) Impaired renal function iii) Single kidney	Bladder outlet or urethral obstruction	Urosepsis - not responding to conservative Rx.
Paediatric orthopaedic surgery (including spinal surgery)	Septic arthritis/ osteomyelitis	Fractures - *Open* *Neurovascular compromise +/-Skin compromise*	Dislocated joints	Compartment syndrome									
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - *HLHS* (restrictive/ intact atrial septum) *Critical aortic stenosis/coarctation* (unresponsive to medical Rx)	Neonate - Right heart obstructive lesions - *PA-IVS* *PA-VSD* *Tetralogy of Fallot* *Critical pulmonary stenosis* (not responding to medical Rx)	Neonate - Mixing lesions - *TGA* (hypoxaemia for BAS/Intact IVS for ASO) *TAPVD* (clinically obstructed) *Common arterial trunk* (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Neonate - Shunt/ stent - Profound hypoxaemia/ occlusion/ thrombosis)	Neonate - Arrhythmia CHB not responding to medical Rx.	Infant - Right heart obstructive lesions - *Tetralogy of Fallot* (cyanotic spells unresponsive to medical Rx) *Shunt/stent dependent pulmonary blood flow* (pre BCPC/pre biV repair with profound hypoxaemia/ thrombosis/ occlusion)	Infant - Regurgitant lesions - *Aortic* (haemodynamically unstable)	Child - Left heart obstructive lesions - *MV prosthesis* (Thrombosed)	Child - Regurgitant lesions - *Aortic* (haemodynamically unstable)				
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy *Miscarriage with bleeding requiring surgical control and unstable* *Torted/ruptured ovary/pelvic mass* *Pelvic/genital tract sepsis* *Bleeding* *Necrotising fasciitis* *Genital tract trauma* - (e.g. vaginal tear/ pelvo-vaginal haematoma) *Ectopic pregnancy* *Complications of TOP* *Molar pregnancy - (heavy bleeding requiring evacuation/ hysterectomy)*	Pregnancy/Delivery *Emergency Caesarean* *Instrumental delivery* *Perineal repair* *Manual removal of placenta* *Cervical cerclage* *Emergency laparotomy/ hysterectomy*	Early pregnancy and abortion care - *Miscarriage* - bleeding and unstable *Maternal compromise* (e.g., sepsis, chorioamnionitis, severe pre-eclampsia, etc.) *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)* *Cases where cervical preparation has been administered (misoprostol/osmotic dilators/mifepristone)* *Feticide (approaching legal limit)*	Reproductive medicine - a) *Males* - sperm storage before acute sterilisation b) *Females - before acute sterilisation -* *i) Oocyte collection* (n.b. must be 36hrs after the trigger) ii) *Ovarian tissue storage*	Paediatric/ adolescent *Imperforate hymen* - incision and drainage							
Ophthalmology	Acute risk to sight/ life (e.g. penetrating injuries/globe rupture/orbital haemorrhage/burns infection/fractures/ lid lacerations)	Oncology - *Ruthenium plaque removal.*	Vitreoretinal *Vitreous biopsy/ antibiotic injection - suspected endophthalmitis*										
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) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)**	**d) Other specialist surgery in paediatric patients is included in the guidance above.**									

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, bariatric)	Laparotomy - *Small bowel obstruction* - not responding to conservative Rx. *Colectomy for acute severe ulcerative colitis* - not responding to conservative Rx *Bowel obstruction not suitable for stenting.*	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent nutrition compromise. *Enteral nutrition access* *Revision Bariatric Surgery*	Failed conservative management of localised intra-peritoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal	Acute gastric band slippage/erosion. Acutely symptomatic internal hernia.				
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							
T & O (including spinal surgery)	Tibial fracture - high energy/displaced, unstable shaft/	Fractures - pathological and peri-prosthetic	Unstable articular fractures that will result in severe disability without operative fixation	Non-hip lower limb frailty fractures requiring fixation to mobilise patient	Spinal Trauma requiring stabilisation without neurological involvement						
ENT	Other foreign body in nose	Orbital decompression	Acute mastoiditis and other middle ear conditions not responding to conservative Rx	Traumatic/ cholesteatoma related facial nerve palsy	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.	MDT directed cancer debulking/biopsy - Microlaryngoscopy +/- laser	Vocal Cord medialisation for severe aspiration	Compound/complex fractures of the nose and sinuses	
Neurosurgery (including spinal surgery)	Depressed skull fracture	Traumatic brain injury - not responding to conservative Rx - neurological compromise	Intracranial haemorrhage - no longer responding to conservative Rx	Acute raised Intra cranial pressure/ hydrocephalus (recoverable stroke/ tumour) - no longer responding to conservative Rx	Battery change for spinal/deep brain/ epilepsy stimulators/pumps	MDT directed paediatric brain tumour surgery					
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/ Rest ECG changes and not reposing to conservative Rx	Aortic Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Mitral Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Myxoma - Emboli/ Haemodynamically unstable	Chest Trauma					
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or end organ failure (Renal/Hepatic)							
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - *Duodenal Atresia,* *Small bowel obstruction* *Large bowel obstruction* *Congenital Diaphragmatic Hernia* *Congenital Pulmonary Airway Malformations* (CPAMS) - respiratory compromise	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 - *Displaced articular/ peri-articular* *Forearm* *Femoral*	Exposed metalwork								
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy *Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology)* *Ectopic pregnancy (stable patient)* *Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia* *Pelvic pain >48 hours* *Bowel obstruction - Cancer not responding to conservative Rx.*	Incision + drainage/ marsupialisation - *Bartholin's abscess*	Miscarriage - *Patient stable - case selection*	Abortion - *All cases -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 - *Intraocular - foreign body* *Paediatric orbital floor fracture with muscle entrapment*	Vitreoretinal - *Laser/cryotherapy - retinal tear* *Vitrectomy - i) dropped lens nucleus after cataract surgery* *ii) Detachment - macular on/recently off*	Cornea - *Corneal transplant/ glueing* *Amniotic membrane graft - threat to sight*	Adnexal - *Orbital decompression/ lesion debulking - threat to sight* *Drainage of orbital abscess* *Eye removal - serious risk to health (e.g. sepsis)*	Glaucoma - Acute - i) Laser PI ii) Unresponsive to medical Rx/laser Secondary - *Drainage/diode laser - imminent risk to sight*	Paediatrics - *Retinopathy of prematurity - retinal -laser/intravitreal injection* *Examination under anaesthesia - potential threat to sight* *(see also trauma)*	Medical - Retina - *Periocular/intravitreal steroids for inflammatory eye disease* *Temporal artery biopsy*				
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	**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, 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 - *Colon/liver metastases* *Rectal cancer/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	Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)	Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.	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.*					
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 *Eyelid closure problems* *Severe microstomia* *Joint and neck contracture*	MDT Directed Major soft tissue tumour resection - All sites	Skin cancer - Primary resection directed by appropriate skin cancer specialist	Skin cancer - MDT Directed further resection *Re-excision according to national guidelines* *SLNB and all completion lymphadenectomies* *Electrochemotherapy* *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)						
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.	Partial Nephrectomy - single kidney	Visible haematuria - investigation	Ureteroscopy for stones where stents in situ				
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* *Ankle/Foot* *Olecranon* *Not Otherwise Specified*	Knee extensor disruption (including fractured, displaced patella)	Tendon rupture - any sites	Locked joints - any site	Peripheral Nerve Decompression - any site (pain/weakness/ muscle wasting - not responding to conservative Rx)	Arthroplasty - any site where delay will prejudice outcome	Spinal surgery - degenerative conditions with progressive neurology/ neurological deficit					
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* *iii) Device failure - no hearing* iv) *Removal of infected implant not responding to conservative Rx.*	Airway compromise - NOS	
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 >6cms diameter	Diabetic foot surgery - NOS												
Paediatric general and urological surgery **(see also urology)**	Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications	Infant with Billary 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 *As part of cancer/ transplant treatment.*
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 - *Aortic stenosis (valvuloplasty/ valvotomy)* *Coarctation (case selection of approach and timing)* *HLHS (Norwood/ Hybrid)*	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 IVS for ASO/VSD with mixing for ASO+VSD)* *TAPVD (echo evidence of obstruction)* *Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)*	Neonate - Arrhythmia - CHB (decision for pacing)	Neonate - ALCAPA - (Optimise medical Rx)	Infant - Left heart obstructive lesions - *LVOTO (impaired function/symptoms)* *Aortic stenosis - (impaired function/ symptoms)* *Coarctation (Impaired function)*	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)* *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 – *Staging* *Vulval/vaginal (incl. WLE for high grade Vulval Intraepithelial Neoplasia (VIN), Vaginal Intraepithelial Neoplasia)* *Uterine/Ovarian/ Cervical (incl. Intraepithelial Neoplasia/early stage cancer)* *Recurrent Gynaecological cancer*	Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer	Paediatric and adolescent – *Non-obstructive vaginal septum/ septate hymen* *EUA/vaginoscopy 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 - *Protect ocular surface* *MDT directed treatment for eyelid orbital tumours*	Glaucoma - *Drainage - threat to sight (also see cataract)* *i) Very high IOP* *ii) Only eye* *Intravitreal injection +/-retinal laser for iris/angle rubeosis*	Cataract - *Intumescent extraction* *Angle closure glaucoma - threat to sight*	Cornea - *Amniotic membrane graft - non-healing ulcer* *(see also paediatrics)*	Paediatrics - *Congenital cataract* *Keratoplasty for congenital corneal opacity* *Superficial keratectomy - atopic plaque* *Drainage surgery - glaucoma (< 2 weeks)* *Surgery/plaque -retinoblastoma* *Brow suspension - risk of developing amblyopia*	Medical retina – Intravitreal injections for wet, age related macular degeneration >2/52 Laser for active/ progressive neovascularisation Periocular and intravitreal steroid injection for macular oedema	Strabismus – Sudden loss of binocularity					
PLEASE NOTE: More detailed specialty specific 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.**  **The RPM matrix is to be used ONLY to assess patients in the SAME priority band.**	**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.**								

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, 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. *Pre-menopausal ER+ (Grade 1-2)* *Post-menopausal ER+ with higher risk (i.e., Grade 3, low ER or node +ve)* H*igh grade DCIS* *Risk reducing surgery in gene carriers.*	MDT directed adrenal resections - intermediate masses *>4cm<6cm) with hypersecretion (Cortisol/androgen)* *metastases - progressing on scan at 3/12.*	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.*		
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 *Microstomia* *Joint contracture* *Neck contracture*	Limb contractures	Secondary cleft and non-cleft speech surgery - to avoid breaching 5 yrs of age	Primary cleft palate Repair - to avoid breaching 13 months 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 impairment.	Facial Palsy - 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)	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 *Loosening without impending fracture.* *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.	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - *Adults - NOS.*	Cholesteatoma - NOS	Micro-Laryngoscopy and papilloma resection (laser/ microdebrider/ coblation/steel)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Sinus surgery with complication of infection				
Neurosurgery (including spinal surgery)											
Cardiothoracic surgery	Stable Non ST Elevation MI										
Vascular surgery	AAA >5.5cm (within 8/52)	Vascular access surgery									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholesystectomy	Fundoplication for GOR - failure to thrive	Orchidopexy for undescended testis	Daytime urinary incontinence - obstructive cause suspected.	Penile anomalies - (e.g., mega prepuce but **not** hypospadias.)	Varicocoele/ Hydrocoele - large + symptomatic.	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.*
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							
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - *Suprapubic catheter change* *Prolapse - bleeding/ ulceration/proci dentia/vault inversion* *Genitourinary fistula*	MDT Directed cancer treatment - Cervical (Stage Ia1) at 6-8/52 pending MDT outcome *Repeat conisation* - Any age/High grade pre-cancer with pt. >50 yrs of age) *Simple hysterectomy following local conisation (LLETZ)* *Low volume cancer completely excised at loop excision.* *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) *Fibroids/Heavy menstrual bleeding* (significant anaemia + unresponsive to conservative Rx) *Endometriosis* - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)	BSO/salpingectomy - *Risk reducing for BRCA1/2 + recent, normal CA125 and USS* *Complex ovarian cyst - low risk of malignancy*	Hysterectomy - risk reducing for Lynch Syndrome	Fertility - *Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)* *Couples/individuals where the woman has low ovarian reserve >40 years old.*	Paediatric and adolescent – MDT directed *Laparoscopic excision of obstructed uterine horn* *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 - *Large mucocele* *Entropion/Ectropion - ocular surface damage* *Eye removal - Non-malignant/low threat to health* Botulism injections for disabling blepharospasm	Glaucoma - *Drainage - not otherwise specified* *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	Cornea - Cross-linking - rapidly progressive/ very thin cornea keratoconus	Paediatrics - *Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions* *Capsulotomy - visual axis opacity following congenital cataract surgery* *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 – Development binocularity in infantile squint 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/	**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.**	**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.**					

	Priority 4 - 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, bariatric)	MDT directed breast cancer surgery including IBR, if appropriate according to local fitness criteria - *Post-menopausal ER+ (grade 1-2, High ER, node -ve having neoadjuvant endocrine therapy to downstage* *DCIS (intermediate and low risk)*	Colonic resection - Benign colonic polyp Completion proctocolectomy for IBD	Ileoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Reversal of Hartmann's procedure	Non-urgent proctology procedures	Transanal/rectal resection of benign rectal polyps.	Benign breast disease Delayed breast reconstruction, if appropriate according to local fitness criteria. Revision of breast reconstruction,	Cholecystectomy - after biliary colic/ cholecystitis.	Other benign upper UGI conditions (e.g., gallstones/other Benign disease).	Oesophagogastric reflux surgery	Other benign thyroid/parathyroid disease - uncomplicated	Other adrenal disease - uncomplicated	Abdominal wall reconstruction	MDT Directed bariatric surgery *Lesser degrees of end organ failure.*
OMFS	All orthognathic Surgery	Dental extractions - adult and paediatric	MDT Directed Salivary Gland Tumours - benign.	Facial deformity - Post-traumatic/ Cancer treatment	Benign dental lesions - mandible/ maxilla	Temporo-mandibular joint surgery									
Reconstructive plastic surgery including burns and hands	Burns - other contractures/scars	Limb trauma sequelae/scarring - other reconstruction	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	Female urology for benign conditions (e.g. incontinence/ prolapse/Sacral Nerve Stimulator/ fistula/urethral diverticulum)	Andrology/GU Surgery *Erectile dysfunction* *Male fertility surgery* *Urethral stricture* *Gender reassignment.*	Endourology - *Uncomplicated stones/* *Percutaneous nephrolithotomy/* *Pelviureteric obstruction*	MDT directed prostate cancer surgery (low risk)	MDT directed bladder cancer surgery - superficial transitional cell cancer	Uncomplicated small/intermediate renal lesions	Uncomplicated small/intermediate testicular lesions	Bladder outflow surgery	Benign penoscrotal surgery	Renal stones - asymptomatic	Uncomplicated small/intermediate renal lesions				
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	Hand and Upper limb surgery - Not otherwise specified	Metalwork removal	Degenerative spinal disease - no neurological compromise/ refractory pain	Adult spinal deformity surgery with progression										
ENT	All other Rhinology (septoplasty/ septorhinoplasty/ turbinate surgery/ sinus surgery [NOS])	Chronic suppurative otitis media	All Ossicular Surgery/Middle ear implants	Tympanopasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign body (except button batteries)	Micro Laryngoscopy - benign vocal fold/ cord conditions (e.g. polyp/cyst/ ectasia/paralysis)	Laryngeal framework surgery (thyroplasty) (unless significant aspiration)	Routine procedures for pharyngeal pouch	Uncomplicated nasal fracture				
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	Stable coronary disease														
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs											
Paediatric general and urological surgery (see also urology)	Anoplasty/Posterior Sagittal Ano-Rectoplasty (PSARP) - after obstruction relieved	Inguinal hernia (> 12 mths of age) Other hernias - uncomplicated hernias (e.g., umbilical, epigastric)	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	Congenital Talipes Equino Varus (CTEV) - Late presenting/relapsed	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 (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology *Incontinence surgery* *Prolapse surgery*	Hysteroscopy - *Abnormal uterine bleeding/ Reproductive failure (e.g. Levonorgesterol releasing intrauterine system/endometrial resection/second generation endometrial ablation)* *Uterine structural disorders (Polypectomy/ Myomectomy/ Septoplasty/ Adhesiolysis/ Cervical niche)*	Laparoscopy - *Investigation of pelvic pain/ subfertility* *Tubal factor infertility +/- symptomatic tubal disease* *Endometriosis - Superficial +/- deep (without bowel/ ureteric obstruction/ ovarian endometrioma)*	Laparoscopic/Open myomectomy - *Fibroids not causing anaemia*	Laparoscopic/Open or Vaginal hysterectomy - *Abnormal uterine bleeding* *Pain* *Symptomatic fibroids +/- endometrial hyperplasia*	Laparoscopic/Open cystectomy/ Oophorectomy - *Ovarian cysts > 5 cm with a benign RMI)*	Symptomatic lower genital tract lesions (e.g. uninfected Bartholin's cyst)	Closure of Stoma	Fertility - *Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions)* *Couples/individuals where the woman has normal ovarian reserve <40 years old*	Paediatric and adolescent – MDT directed *Vaginal reconstruction (NOS)* *Clitoral reduction for differences in sex development*						
Ophthalmology	Vitreoretinal - Vitrectomy - *i) Macular epiretinal membrane* *ii) Silicone oil removal - not otherwise specified (NOS)* *iii) Other surgery - NOS*	Adnexal - *Dacrocystorhinostomy* *Other surgery - NOS*	Cataract - *YAG laser capsulotomy* *Significant binocular visual reduction* *Other surgery - NOS*	Cornea - *Cross-linking - progressive keratoconus* Corneal graft - significant binocular visual reduction *Other Surgery - NOS*	Oncology - *Reconstruction/ Debulking - Benign tumours* *Other oncology surgery - NOS*	Paediatrics - *Strabismus surgery - restoration of visual function/NOS* *Other Surgery - NOS*	Medical retina - Laser for severe pre-proliferative diabetic retinopathy	Glaucoma – PI laser for narrow angles							
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