









## Specialty guides for patient management during the coronavirus pandemic

Clinical guide to surgical prioritisation during the coronavirus pandemic

## 8 June 2020 Version 2

This guidance has been updated from the original version published on 11 April 2020. The main changes are the inclusion of material related to spinal surgery and paediatric cardiac surgery.

This guidance describes levels of surgical priority, covering all surgical specialties with the exception of obstetrics and gynaecology and ophthalmology. Guidance for these disciplines is available separately, with links provided below.

Patients requiring surgery during the COVID-19 crisis have been classified in the following groups:

Priority level 1a Emergency - operation needed within 24 hours

Priority level 1b Urgent - operation needed with 72 hours

Priority level 2 Surgery that can be deferred for up to 4 weeks

Priority level 3 Surgery that can be delayed for up to 3 months

Priority level 4 Surgery that can be delayed for more than 3 months

These time intervals may vary from usual practice and may possibly result in greater risk of an adverse outcome due to progression or worsening of the condition, but we have to work within the resources available locally and nationally during the crisis.

For those involved in the planning and delivery of cancer services, specific guidance is available: <a href="www.england.nhs.uk/coronavirus/secondary-care/otherresources/specialty-guides/#cancer">www.england.nhs.uk/coronavirus/secondary-care/otherresources/specialty-guides/#cancer</a>

For guidance on organ transplantation services please refer to www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/

For guidance on obstetric and gynaecological services please refer to <a href="https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/reset-recovery-and-restoration/">https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/reset-recovery-and-restoration/</a>

For guidance on the prioritisation of ophthalmic procedures and restoration of ophthalmology services please refer to https://www.rcophth.ac.uk/about/rcophth-covid-19-response/rcophth-guidance-on-restoring-ophthalmology-services/

The current guidance is designed primarily to assist a variety of professionals involved in the care of surgical patients. This categorisation will help:

- managers to plan the allocation of surgical resources
- individual surgical specialties to appreciate the needs of other specialties when resources are stretched
- facilitate the development of regional surgical networks to sustain the delivery of surgery in a timely fashion.

It is imperative that patients do not get lost in the system. Clear records of patients whose care is deferred must be held and co-ordinated.

In time, understanding the extent of work that has been deferred will help with planning the measures that need to be taken to reduce the inevitable increase in waiting times and the size of waiting lists that will occur in all surgical specialties.

Please note: Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes

_	cy procedures to be perf		Covide o Crisi-	es helow <sup>a</sup>							
(n.b. This prioritisatio General surgery (including	en is about 'when and no Emergency laparotomy -	Appendicectomy - complicated/	Covid19 Crisis - see not Intra-abdominal trauma - unsuitable	Drainage of localised sepsis/necrosis - not	Benign Perforated oesophagus/	Acute airway obstruction - thyroid					
oesophago-gastric, HPB,	Peritonitis	unresponsive to conservative Rx	for/not responding to conservative Rx	responding to conservative Rx	stomach - with	obstruction - thyroid					
coloproctology, breast, endocrine)	Perforation	Conscivative itx	to conscivative KX	(antibiotics/ Interventional	mediastinitis/ peritonitis						
	Ischaemia			radiology)	ľ						
	Necrotising fasciitis										
	Post-operative complications (e.g.										
	anastomotic leaks)										
	Bleeding - not suitable for/										
	responding to endoscopic/control/										
	interventional radiology										
OMFS	Haemorrhage from maxillary/mandibular	Dental Sepsis - not responding to	Orbital Compartment	Jaw Dislocation - not responding to							
	trauma not responsive to	conservative Rx and threat to life/airway/	Syndrome/Muscle Entrapment - threat	conservative Rx							
	conservative Rx (reduction + IR)	sight/brain.	to sight								
			_								
Reconstructive plastic surgery including burns	Major burns - Airway management/	Chemical burns - especially Eye/ Hydrofluoric acid	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially closed	Revascularisation/ re-implantation/ failing free flap - any	Washout open wound/fractures/ infected/grossly	Removal of prosthesis/expander for fulminant				
and hands	resuscitation/ escharotomies/	>2%		compartments/ joints) not	site	contaminated (human/animal/	infection				
	amputations/Toxic Shock			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					
	responding to conservative Rx	open surgery	surgery	amputation/priapism (>24hrs)		haemorrhage - causing haemodynamic					
						instability and unresponsive to					
						conservative Rx					
Trauma and orthopaedics	Fractures -	Infection -	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and or	Acute spinal cord compression - with	Cauda Equina Syndrome -				
(including spinal surgery)	Open	Septic arthritis - (natural or prosthetic			neurological dysfunction	neurological dysfunction -	Clinically and radiologically				
	Neurovascular +/- Skin compromise					including MSCC	confirmed.				
	Hip/femoral shaft	Other metalware (including spine)									
	Long bone/Pelvic +/- Spinal fixation in										
	polytrauma										
ENT	Airway obstruction -	Neck trauma with	Nasal/ear button	Life threatening	Orbital cellulitis						
	Cancer/Foreign body/Sepsis	vascular/visceral/ airway injury	battery removal	middle ear conditions							
Neurosurgery (including spinal	Traumatic Brain injury - unsuitable	Intra-cranial haemorrhage - not	Acute raised Intra cranial pressure/	Cauda Equina Syndrome -	Myelomeningocoele						
surgery)	for conservative RX	responding to	Hydrocephalus (recoverable stroke/	Clinically and radiologically							
			tumour) - not suitable for	confirmed.							
			conservative Rx								
Cardiothoracic	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal	Acute mitral valve disease	Chest Trauma				
surgery		ininiment death	sepsis		defect	disease					
Vascular surgery	Vascular injury/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis							
	occlusion - Limb/ Gut/SVC	external haemorrhage - any	,	'							
		site/source									
Paediatric general	Neonatal	Emergency	Emergency	Appendicectomy -	Thoracotomy/Chest	Strangulated	Acute Scrotal	Trauma	Trauma Laparotomy	Removal of Infected	Renal Obstruction
and urological surgery	Malformations -	Laparotomy - (Neonatal) -	laparotomy - (Infant/ child)	unresponsive to	Drain Insertion/Video Assisted Thorascopic	inguinal hernia	Exploration (suspected Testicular	Thoracotomy		Central Line	with infection - not responding to
	Oesophageal Atresia,	Necrotising Entero-	Peritonitis	conservative Rx	Surgery (VATS) for Empyema		Torsion)				Conservative Rx
	Gastroschisis,	Colitis (NEC), Perforation,	Perforation								
	Anorectal Malformations	Malrotation	Intussusception								
			Ischaemia								
			Necrotising fasciitis								
			Bleeding (not responding to								
			conservative Rx)								
			Post-operative complications (e.g.								
			anastomotic leaks/ bleeding)		<u>L</u> _				<u></u>		<u></u>
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome							
surgery		Open Neurovascular									
		Neurovascular compromise +/-Skin compromise									
Paediatric cardiac	Neonate - Left heart	Neonate - Right heart		Neonate - Shunt/	Neonate -	Infant - Right heart	Infant - Regurgitant	Child - Left heart	Child - Regurgitant		
surgery	obstructive lesions -	obstructive lesions -	lesions -	stent -	Arrhythmia	obstructive lesions -	lesions -	obstructive lesions -	lesions -		
	HLHS (restrictive/ intact atrial septum)	PA-IVS	TGA (hypoxaemia for BAS/Intact IVS for ASO)	Profound hypoxaemia/ occlusion/	CHB not responding to medical Rx.	Tetralogy of Fallot (cyanotic spells unresponsive to	Aortic (haemodynamically unstable)	MV prosthesis (Thrombosed)	Aortic (haemodynamically unstable)		
	Critical aortic stenosis/coarctation	PA-VSD	TAPVD (clinically	thrombosis)		medical Rx)	onstable)		onstable)		
	(unresponsive to medical Rx)	Tetralogy of Fallot	obstructed)			Shunt/stent dependent					
		Critical pulmonary stenosis	Common arterial trunk (excess			pulmonary blood flow (pre BCPC/pre biV					
		(not responding to	pulmonary blood flow, truncal			repair with profound hypoxaemia/					
		medical Rx)	regurgitation not responding to			thrombosis/ occlusion)					
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	b) This Prioritisation is	medical Rx) c) Any delay in	d) Other Specialist	e) Safeguarding issues must be						
More detailed specialty specific quidance can be	BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'.	treatment, especially of cancers, trauma	Surgery in Paediatric patients is included in the	considered in all those attending						
found on the NHSE website https://		Space does not allow every	and life threatening conditions, may	guidance above.	with trauma and acute surgical						
www.england.nhs.u k/coronavirus/		procedure to be listed under every	lead to adverse outcomes.		problems (e.g. NAI/ domestic violence/						
publication/ specialty-guides/		specialty performing it and it			abuse of the vulnerable)						
		DOES NOT indicate primacy of ANY									
		specialty legitimately performing any									
		procedure within their listed									
		competencies.									

Priority 1b - Procedure	es to be performed in <7	72 hours.								
· · · · · · · · · · · · · · · · · · ·	1		Covid19 Crisis - see note		T-	T	I			
General surgery including	Laparotomy -	Perianal abscess/ other infection - not	Urgent enteral nutrition access	Failed conservative management of	Breast sepsis - without necrosis	Upper GI endoscopy for foreign body				
esophago-gastric,	Small bowel	responding to	nocition access	localised intra-	unresponsive to	removal				
нРВ,	obstruction - not	conservative Rx.		peritoneal infection	conservative Rx					
coloproctology, preast, endocrine)	responding to conservative Rx.									
· · · ·	Colectomy for acute									
	severe ulcerative colitis									
	- not responding to									
	conservative Rx									
	Bowel obstruction not									
	suitable for stenting.									
OMFS	Facial fractures - not									
	suitable for									
	conservative Rx									
Reconstructive	Burns - requiring	Burns - full	Burns - mid/deep	Soft tissue infection	Delayed primary	Primary tendon/	Unstable closed	Secondary closure of	Fingertip/nail bed	Major limb traum
lastic surgery	resuscitation.	thickness/deep	dermal with	- any site (especially	closure of open	nerve repair - all	fractures or joint	washed out open	repair/terminalisation	reconstruction
ncluding burns nd hands		dermal requiring debridement and	exposure of deep structures likely/	closed compartments/ joints)		sites.	injuries - unsuitable for conservative Rx	wound/ fracture - any site		unsuitable for conservative Rx
		closure	infection	not responding to			- I I I I I I I I I I I I I I I I I I I			I I I I I I I I I I I I I I I I I I I
				conservative Rx						
Irology	Upper uripany tract	Panal stones nain/	Penile fracture	Infacted prosthosis						
Jrology	Upper urinary tract obstruction	Renal stones - pain/ impairment not	r crime tracture	Infected prosthesis - penile/testicular/						
		responsive to		stent						
		conservative Rx								
& O (including	Tibial fracture - high	Fractures -	Unstable articular	Non-hip lower limb	Spinal Trauma	Acute spinal cord				
pinal surgery)	energy/displaced,	pathological and	fractures that will	frailty fractures	requiring	compression - no				
	unstable shaft/	peri-prosthetic	result in severe disability without	requiring fixation to mobilise patient	stabilisation without neurological	longer responding to conservative Rx				
			operative fixation	os.iise patient	involvement	255C. Vacive IX				
ENT	Uncontrolled	Sinus surgery for	Acute mastoiditis	Traumatic/	Traumatic injury to	Lymph node biopsy	Head and neck	MDT directed	Vocal Cord	
	epistaxis	impending	and other middle ear	cholesteatoma	the pinna	- lymphoma where	sepsis - not	Cancer debulking/	medicalisation for	
		catastrophe	conditions not responding to	related facial nerve palsy		core biopsy inadequate.	responding to conservative Rx.	biopsy - Microlaryngoscopy	severe aspiration	
			conservative Rx (e.g.	,		,		+/- laser		
			Cholesteatoma - complicated)							
Neurosurgery	Depressed skull	Traumatic brain	Intracranial	Acute raised Intra	Battery change for	MDT directed				
ncluding spinal	fracture	injury - not responding to	haemorrhage - no longer respondingto	cranial pressure/ hydrocephalus	spinal/deep brain/	paediatric brain				
urgery)		conservative Rx -	conservative Rx	(recoverable stroke/	epilepsy stimulators/pumps	tumour surgery				
		neurological		tumour) - no longer	, F					
		compromise		responding to conservative Rx						
Cardiothoracic	Emploma not	Caranan, Artan	Aortic Valve Disease	Mitral Valve Disease	Myxoma - Emboli/	Chast Trauma				
curgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/	- Deteriorating	- Deteriorating	Haemodynamically	Chest Trauma				
3-,		Rest ECG changes	Symptoms /	Symptoms /	unstable					
		and not reposing to conservative Rx	Haemodynamically unstable	Haemodynamically						
		conservative RX	unstable	unstable						
/ascular surgery	Acute on chronic	Symptomatic carotid	Amputation for limb	Diabetic foot sepsis	Blocked AV fistula					
	limb ischaemia	disease	ischaemia	- not responding to conservative Rx						
				conservative KX						
Paediatric general	Neonatal	Laparotomy - small	Laparotomy -	Soft tissue infection	Central Venous Line	Drainage of	Malignant tumour/	Peritoneal Dialysis	Resection of	Pyloromyotomy
and urological	Malformations -	bowel obstruction	Colectomy for colitis	- any site not	insertion for	obstructed renal tract		Catheter Insertion	Posterior Urethral	Pylorofflyotoffly
urgery		not responding to	(Ulcerative Colitis/	responding to	Oncology/Enteral		,		Valves	
	Duodenal Atresia,	conservative Rx	Hirschsprung's) not responding to	conservative Rx	nutrition/Access for antibiotics/Dialysis					
	Small bowel		conservative Rx		antibiotics/Dialysis					
	obstruction									
	Large bowel									
	obstruction									
	Congenital									
	Diaphragmatic Hernia									
	Congenital Pulmonary Airway									
	Malformations									
	(CPAMS) -									
	respiratory compromise									
Paediatric	Slipped Upper	Fractures -	Exposed metalwork							
orthopaedic	Femoral Epiphysis		,							
urgery		Displaced articular/								
		peri-articular								
		Forearm								
		Femoral								
aediatric cardiac										
urgery	<u></u>	<u></u>	<u></u>			<u></u>	<u> </u>	<u> </u>		
LEASE NOTE:	a) THIS	b) This	c) Any delay in	d) Other Specialist	e) Safeguarding					
Nore detailed pecialty specific	DOCUMENT WILL BE REVIEWED	Prioritisation is about 'WHEN and	treatment, especially of	Surgery in Paediatric patients	issues must be considered in all					
uidance can be	MONTHLY	not BY Whom'.	cancers, trauma	is included in the	those attending					
ound on the NHSE		Space does not	and life threatening	guidance above.	with trauma and					
vebsite <u>https://</u> vww.england.nhs.u		allow every procedure to be	conditions, may lead to adverse		acute surgical problems (e.g. NAI/					
<u>//coronavirus/</u>		listed under every	outcomes.		domestic violence/					
		specialty			abuse of the					
oublication/		performing it and it DOES NOT indicate			vulnerable)					
publication/ specialty-guides/		primacy of ANY								
oublication/ pecialty-guides/		specialty								
ublication/ pecialty-guides/							· ·	t contract to the contract to		
ublication/ pecialty-guides/		legitimately								
ublication/ pecialty-guides/		legitimately performing any procedure within								
ublication/ pecialty-guides/		legitimately performing any procedure within their listed								
ublication/ necialty-guides/		legitimately performing any procedure within								

(n.b. This prioritisation	n is about 'when and no	t by whom' during the C	Covid19 Crisis - see note	s below)									
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine)	Crohn's disease - stricture/fistula/	MDT Directed hepatobiliary/	Goitre - mild moderate stridor	MDT Directed thyroid/parathyroid cancer surgery	Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)	pregnancy/post-	MDT Directed adrenal cancer surgery	Adrenalectomy - pathology not responding to medical Rx (e.g. Cushing's/ phaeochromocytom a)	MDT Directed breast cancer resection - ER negative/Her2+/ pre- menopausal ER+ with adverse biology				
OMFS	MDT Directed oropharyngeal/tonsil/ tongue cancer resection +/- reconstruction.	Facial Fractures causing diplopia/ occlusal problems	- airway compromise unresponsive to	Adult and paediatric if unresponsive to conservative Rx (severe pain/ infection)	Craniofacial - ocular complication/Raised Intracranial Pressure	transplant/repeated admission.							
Reconstructive plastic surgery including burns and hands	Burns - Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns - reconstruction for severeeyelidclosure problems/ microstomia/joint and neck contracture	resection - All sites	MDT Directed Skin cancer resection - All sites. (e.g. Melanoma/ Poorly differentiated cancers/nodal disease/compromise of vital structures, including the eye, nose and ear).								
Urology	MDT directed testicular cancer surgery - non- metastatic.	cancer surgery including inguinal node	bladder cancer	MDT Directed renal cancer surgery - not bleeding.			MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention - Bladder neck stenosis post RARP.	Partial Nephrectomy - single kidney				
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)		Knee extensor disruption (including fractured, displaced patella)	Tendon rupture - any sites	Locked joints - any site	Nerve Decompression - any site (pain/ weakness/muscle wasting - not responding to conservative Rx)	Arthroplasty - any site where delay will prejudice outcome	Spinal surgery - degenerative/ progressive spinal syndromes with impending neurological compromise.			
ENT	EUA/biopsy for malignancy - hypopharynx/larynx	MDT directed nasopharyngeal/ laryngeal surgery for malignancy	MDT directed oropharyngeal surgery for malignancy	Cochlear implantation post meningitis.	Baro-trauma perilymph fistula	Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary cancers.	MDT directed treatment of sinus cancers threatening sight	Treatment of pharyngeal/ oesophageal/airway stricture				
Neurosurgery (including spinal surgery)	MDT directed brain tumour surgery (including for metastases)	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia) - unresponsive to conservative Rx					,					
Cardiothoracic surgery	MDT directed treatment of resectable Non- Small Cell Lung Cancer	Unstable Non ST elevated MI	Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to conservative Rx							
Vascular surgery	Chronic severe limb ischaemia - no neurology	AAA >7cms diameter											
Paediatric general and urological surgery	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		Crohn's Disease - stricture/fistula/ optimise medication/ nutrition	Circumcision for severe BXO	Renal transplant	Renal Stent Removal/Exchange					
Paediatric orthopaedic surgery	<u> </u>	Meniscal repair											
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - Aortic stenosis	Neonate - Right heart obstructive lesions -	Neonate - Mixing lesions - TGA (Intact IVS for	Neonate - Arrhythmia - CHB (decision for pacing)	Neonate - ALCAPA - (Optimise medical Rx)		Infant - Right heart obstructive lesions - Tetralogy of Fallot	Infant - Left-Right shunt lesions - VSD (FTT, not	Infant - Regurgitant lesions - <i>Mitral (not</i>	Child - Left heart obstructive lesions-	Child - Right heart obstructive lesions - RV-RA conduit	Child - Regurgitant lesions - Mitral (not	Child - Fortan candidate - (increasing cyanosis/ symptoms) prioritise
	(valvuloplasty/ valvotomy)  Coarctation (case selection of approach	PA-IVS (case selection RF perforation/ductal stent/shunt)	ASO/VSD with mixing for ASO+VSD) TAPVD (echo evidence of			function/symptoms)  Aortic stenosis - (impaired function/ symptoms)	(Cyanotic spells cyanosis <80%) Shunt/stent dependent	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical	responding to medical Rx, raised RVP) Aortic (impaired	function/symptoms)  Aortic stenosis (impaired function/ symptoms)	(impaired function/ >systemic RVP)	responding to medical Rx/raised RVP) Aortic (impaired	>5yrs years old
	and timing)  HLHS (Norwood/ Hybrid)	PA-VSD (Case selection ductal stent/shunt)  Tetralogy of Fallot (Case selection ductal or RVOT shunt)  Critical pulmonary stenosis (balloon valvuloplasty)	obstruction)  Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)			Coarctation (Impaired function)	stenosis >6 months of age)  Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis		function)	MV prosthesis (increased gradient/ raised RVP)		function/symptoms)	
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	Ebsteins anomaly (duct dependent blood flow) b) This Prioritisation is		d) Other Specialist Surgery in Paediatric			>9 months of age))						
specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	BE REVIEWED MONTHLY		and life threatening conditions, may lead		considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)								

	3 months.								
is about 'when and not	t by whom' during the C	ovid19 Crisis - see notes	below)						
MDT directed resection of colon cancer	MDT directed resection of rectal cancer	MDT Directed cancer surgery  Hepatobiliary  Pancreatic	MDT Directed thyroid cancer surgery - including diagnostic lobectomy.	Salvage surgery for recurrent anal cancer	MDT directed breast cancer resection - Pre-menopausal ER+ without adverse biology	resections - intermediate masses >4cm<6cm) with hypersecretion	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have settled with conservative Rx	Parathyroidectomy - symptomatic rena stones/Sepsis not responding to conservative Rx .
		Oesophagogastric GI Stromal tumour			Extensive high grade DCIS	metastases - progressing on scan at 3/12.			
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)							
Burns - reconstruction for eyelid closure/ microstomia/joint and neck contracture	Limb contractures	Secondary cleft and non-cleft speech surgery - to avoid breaching 7 yrs of age							
MDT directed prostate cancer surgery - high/ intermediate risk	Stent removal/ exchange	Haematuria - investigation for non-visible	MDT directed bladder cancer surgery(not invading muscle)	MDT Directed penile cancer surgery (low grade and premalignant).					
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 +/- impending fracture.  Recurrent joint instability  Planned removal of metalware e.g. across joints.	bone/soft tissue	primary sarcoma plus	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked Knee - ACL/ other reconstruction		
CSF fistula repair	Symptomatic mucocoele (e.g. diplopia/recurrent infection)	Cochlear implant in pre-verbal profound hearing loss where delay will impact on long term outcome.	MDT directed otological cancer surgery.	Micro-Laryngoscopy and papilloma resection (laser/ microdebrider/ coblation/steel)	Endoscopic treatment of pharyngeal pouch with severe dysphagia				
Stable Non ST Elevation MI AAA >5.5cm and									
Congenital Malformations with delayed Management - Hirschsprung's Disease initially	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms						
washouts.									
Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotmies	discrepancy/ malalignment	MDT Directed Suspected, aggressive benign bone tumour						
a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	b) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within	c) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	d) Other Specialist Surgery in Paediatric patients is included in the guidance above.	e) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)					
	MDT directed resection of colon cancer  MDT directed resection of head and neck skin cancer - moderately/ well differentiated with no metastases.  Burns - reconstruction for eyelid closure/ microstomia/joint and neck contracture  MDT directed prostate cancer surgery - high/ intermediate risk  Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)  CSF fistula repair  Stable Non ST Elevation MI  AAA > 5.5 cm and < 7 cm diameter  Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.  Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation  a) THIS DOCUMENT WILL BE REVIEWED	MDT directed resection of colon cancer  MDT directed resection of rectal cancer  MDT directed resection of rectal cancer  MDT directed resection of rectal cancer  MDT directed salivary gland tumours (low grade).  Burns - reconstruction for eyelid closure/ microstomia/joint and neck contracture  MDT directed prostate cancer surgery - high/ intermediate risk  Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)  CSF fistula repair  Stable Non ST Elevation MI AAA > 5,5cm and < 7cm diameter  Congenital Malformations with delayed Management - Hirschsprung's Disease initially binanagement - Hirschsprung's Disease initially Disease	MDT directed resection of colon cancer  MDT directed resection of rectal cancer  MDT directed resection of head according to cancer  MDT directed resection of head always gland and neck skin cancer - moderately/ well differentiated with no metastases.  Burns - reconstruction for eyelid closure/ microstomia/point and neck contracture  MDT directed prostate cancer surgery - high/ intermediate risk  Hip Avascular Necrosis (night pain/ collapse of the joint/ going off their feet)  CSF fistula repair  Symptomatic mucocoele (e.g., diplopia/recurrent infection)  Stable Non ST Elevation MI  AAA > 5.5cm and exycm diameter  Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.  Developmental Dislocation of the Management including tenormies  a) THIS DOCUMENT WILL Name of the procedure within of the procedure vibrage and proce	resection of colon cancer    Secondary   Secondary   Stromal tumour	MDT directed reaction of clond cancer execution of the cand and neck claim and neck claim execution of the cand of execution of the cand and neck claim execution of the cancer execution of the cance	MDT directed resection of continued cancer  MDT directed cancer  MDT directed resection of feed and not cells justed and not cells just	MOT diseased with control of carbon	MOT discrete cancer of excellent of excellen	Michael Michae

n h This prioritiesti	on is about 'when and no	nt hy whom! during the	Covidao Crisis	tes helow)													
ieneral surgery	MDT directed breast		Multi-visceral/liver	Ileostomy closure	All uncomplicated	Hartmann's reversal/	Rectal prolapse	Other proctology	Transanal/resection	Cholecystectomy -	Other benign upper	Oesophagogastric	All benign breast	Other benign	Other adrenal	Abdominal wall	
including besophago-gastric,	cancer resection -		resection - not responding to		hernias including hiatus/incisional	stoma closure		procedures	of benign rectal polyps.	after biliary colic/ cholecystitis.	UGI conditions (e.g. gallstones/other	reflux surgery	surgery including risk reducing	thyroid/parathyroid disease -	disease - uncomplicated	reconstruction	
HPB, coloproctology,	Post-menopausal ER+		conservative Rx		hernia.						Benign disease).		surgery.	uncomplicated			
oreast, endocrine)	DCIS (excluding extensive high grade)																
DMFS	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	Burns - other	Limb trauma	All breast	All cleft lip and palate	Basal Cell Carcinoma	- Excision of benian											
plastic surgery including burns and hands	contractures/scars	sequelae/scarring - other reconstruction		surgery - NOS	any site not compromising vital structures	lesions											
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.	Uncomplicated	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							
T & O (including spinal surgery)	Arthroplasty/ arthrodesis - not otherwise specified,	Hand and Upper limb surgery - Not otherwise specified	Metalware removal	Degenerative spinal disease - no neurological compromise/ refractory pain	Spinal deformity surgery with progression												
ENT	All other Rhinology	Cholesteatoma - uncomplicated.	Chronic suppurative otitis media	All Ossicular Surgery/Middle ear implants	Tympanopasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign body (except button batteries)	Cochlear Implants - other	Uncomplicated nasal fracture	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	Routine transnasal oesophagoscopy		
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 craniofaci surgery - not compromising vision/neurology/ raised ICP	al								
Cardiothoracic	Stable coronary																
surgery Vascular surgery	disease  Vein surgery	Thoracic outlet	Claudication														
Paediatric general	Anoplasty/Posterior	syndrome Inguinal hernia over	Orchidopexy for Un-	Fundoplication for	Splenectomy for	Cholecystectomy -	Hypospadias repair	Pyeloplasty for	Surgical treatment of	Stoma Closure	Benign lesion	Bladder	Upper urinary tract	Vesico-ureteric reflux	Bladder dysfunction	BXO Undescended testis	Gender dyspho
and urological surgery	Sagittal Ano- Rectoplasty(PSARP) - after obstruction relieved	12 mths of age and other uncomplicated hernias (umbilical, epigastric etc.)	Descended Testis	Gastro-Oesophageal Reflux		after biliary colic/ cholecystitis	пурозравлаз герал	Pelvi-Ureteric Junction obstruction	Vesico-ureteric reflux	Some dissist	excision	Augmentation	obstruction		- Spina Bifida	Site Stellage (established)	Gender dyspiro
Paediatric orthopaedic surgery Paediatric cardiac	Developmental Dislocation of the Hip (DDH) - Secondary joint reconstruction	Congenital Talipes Equino Varus (CTEV) - Late presenting/relapsed	management	Corrective surgery for established deformity	Reconstruction for established joint instability (e.g. ACL/ Lateral ligament)	Metalware removal											
surgery	a) TUIC	h) This Delawisians and	c) Any delay !	d) Other Consists	a) Safacuardin												
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	b) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.	treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Surgery in Paediatric patients is included in the guidance above.	e) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)												