









Specialty guides for patient management during the coronavirus pandemic

Clinical guide to surgical prioritisation during the coronavirus pandemic

10 June 2020

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 solid organ transplantation, 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="https://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 solid organ transplantation services please refer to https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18891/pol296.pdf

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 <a href="https://www.rcophth.ac.uk/about/rcophth-covid-19-response/rcophth-guidance-on-restoring-ophthalmology-services/">https://www.rcophth.ac.uk/about/rcophth-covid-19-response/rcophth-guidance-on-restoring-ophthalmology-services/</a>

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

· · · · · · · · · · · · · · · · · · ·			Covid19 Crisis - see note								
General surgery (including	Emergency laparotomy -	Appendicectomy - complicated/	Intra-abdominal trauma - unsuitable	Drainage of localised sepsis/necrosis - not responding to	Benign Perforated oesophagus/	Acute airway obstruction - thyroid	All solid organ transplants				
oesophago-gastric, HPB, coloproctology,	Peritonitis	unresponsive to conservative Rx	for/not responding to conservative Rx	conservative Rx (antibiotics/	stomach - with survivable mediastinitis/						
breast, endocrine)	Perforation  Ischaemia			Interventional radiology)	peritonitis						
	Necrotising fasciitis										
	Small 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										
OMFS	Haemorrhage from maxillary/mandibular trauma not	Dental Sepsis - not responding to conservative Rx and	Orbital Compartment Syndrome/Muscle	Jaw Dislocation - not responding to conservative Rx							
	responsive to conservative Rx (reduction + IR)	threat to life/airway/ sight/brain.	Entrapment - threat 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	Renal/ureteric	Bladder trauma	Genital trauma/	Fournier's gangrene	Haematuria/	Insertion of catheter				
5,	with infection - not responding to	trauma requiring open surgery	requiring open surgery	testicular torsion/ amputation/priapism	<del>-</del>	uncontrolled haemorrhage -	under GA				
	conservative Rx			(>24hrs)		causing haemodynamic instability and					
						unresponsive to conservative Rx (including paediatric)					
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	joint) Other metalwork				including MSCC	confirmed.				
	Hip/femoral shaft	(including spine)									
	Long bone/Pelvic +/- Spinal fixation in polytrauma										
ENT	Airway obstruction - Cancer/Foreign	Neck trauma with vascular/visceral/	Nasal/ear/throat foreign body -	Life threatening middle ear	Orbital cellulitis	Uncontrolled epistaxis	Sinus surgery for impending				
	body/Sepsis	airway injury	button battery removal	conditions			catastrophe/failure to respond to medical Rx				
Neurosurgery (including spinal	Traumatic Brain injury - unsuitable for conservative RX	Intra-cranial haemorrhage - not responding to	Acute raised Intra cranial pressure/ Hydrocephalus	Cauda Equina Syndrome - Clinically and	Myelomeningocoele						
surgery)	Tor conservative KX	conservative RX	(recoverable stroke/ tumour) - not suitable for conservative Rx	radiologically confirmed.							
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal	Acute mitral valve disease	Chest Trauma				
30.gc.,			Jacks 1		defect	discuse					
Vascular surgery	Vascular injury/ occlusion - Limb/	Uncontrolled external	Ruptured AAA	Diabetic foot sepsis							
	Gut/SVC	haemorrhage - any site/source									
Paediatric general and urological	Neonatal Malformations -	Emergency Laparotomy -	Emergency laparotomy - (Infant/	Appendicectomy - Complicated or	Thoracotomy/Chest Drain Insertion/Video	Strangulated inquinal hernia	Acute Scrotal Exploration	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction with infection - not
surgery (see also urology)	Oesophageal Atresia,	(Neonatal) -	child)	unresponsive to conservative Rx	Assisted Thorascopic Surgery (VATS) for	ingomar nerma	(suspected Testicular Torsion)	Thoracocomy		Central Line	responding to Conservative Rx
37.		Necrotising Entero- Colitis (NEC),	Peritonitis		Empyema		,				
	Gastroschisis, Anorectal	Perforation,	Perforation Intussusception								
	Malformations	Malrotation	Ischaemia								
			Necrotising fasciitis								
			Bleeding (not								
			responding to conservative Rx)								
			Post-operative complications (e.g., anastomotic leaks/bleeding)								
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	Dislocated joints	Compartment syndrome							
surgery		Open Neurovascular compromise +/-Skin compromise									
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions -	Neonate - Right heart obstructive	Neonate - Mixing lesions -	Neonate - Shunt/ stent -	Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions -	Child - Regurgitant lesions -		
	HLHS (restrictive/ intact atrial septum)	lesions - PA-IVS	TGA (hypoxaemia for BAS/Intact IVS	Profound hypoxaemia/	CHB not responding to medical Rx.	Tetralogy of Fallot (cyanotic spells	Aortic (haemodynamically	MV prosthesis (Thrombosed)	Aortic (haemodynamically		
	Critical aortic	PA-IVS PA-VSD	for ASO)	occlusion/ thrombosis)	to medical RX.	unresponsive to medical Rx)	unstable)	,	unstable)		
	stenosis/coarctation (unresponsive to	Tetralogy of Fallot	TAPVD (clinically obstructed)			Shunt/stent					
	medical Rx)	Critical pulmonary stenosis	Common arterial trunk (excess			dependent pulmonary blood flow (pre BCPC/pre biV					
		(not responding to	pulmonary blood flow, truncal			repair with profound hypoxaemia/					
		medical Rx)	regurgitation not responding to medical Rx)			thrombosis/ occlusion)					
PLEASE NOTE: More detailed	a) THIS DOCUMENT WILL	b) This Prioritisation is	c) Any delay in treatment,	d) Other Specialist Surgery in	e) Safeguarding issues must be						
specialty specific guidance can be found on the NHSE	BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'. Space does not	especially of cancers, trauma and life threatening	Paediatric patients is included in the guidance above.	considered in all those attending with trauma and						
website https:// www.england.nhs.u k/coronavirus/		allow every procedure to be	conditions, may lead to adverse		acute surgical problems (e.g. NAI/						
k/coronavirus/ publication/ specialty-guides/		listed under every specialty performing it and it	outcomes.		domestic violence/ abuse of the vulnerable)						
. 🗸 —		DOES NOT indicate primacy of ANY specialty									
		legitimately performing any									
		procedure within their listed									

Priority 1b - Procedure										
(n.b. This prioritisation	is about 'when and no	t by whom' during the o	Covid19 Crisis - see note Urgent enteral	Failed conservative	Breast sepsis -	Upper GI endoscopy				
(including	Laparotomy -	other infection - not	nutrition access	management of	without necrosis	for foreign body				
oesophago-gastric, HPB,	Small bowel	responding to conservative Rx.		localised intra- peritoneal infection	unresponsive to conservative Rx	removal				
coloproctology,	obstruction - not responding to	conservative Rx.		peritoneal infection	conservative RX					
breast, endocrine)	conservative Rx									
	NOS.									
	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									
	Conservative KX									
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 trauma
plastic surgery including burns	resuscitation.	thickness/deep dermal requiring	dermal with exposure of deep	- any site (especially closed	closure of open wound/fracture - any	nerve repair - all	fractures or joint injuries - unsuitable	washed out open wound/ fracture - any	repair/terminalisation	reconstruction unsuitable for
and hands		debridement and	structures likely/	compartments/ joints)	,	sices.	for conservative Rx	site		conservative Rx
		closure	infection	not responding to conservative Rx						
				conservative RX						
Urology	Upper urinary tract	Renal stones - pain/	Penile fracture	Infected prosthesis -						
	obstruction	impairment not responsive to		penile/testicular/ ureteric stent						
		conservative Rx								
		(including paediatric)								
T & O (includingspinal surgery)	Tibial fracture – high energy/displaced/uns	Fractures – pathological and	Unstable articular fractures that will	Non-hip lower limb frailty fractures	Spinal Trauma requiring stabilisation					
	table shaft	peri-prosthetic	result in severe disability without	requiring fixation to mobilise patient	without neurological involvement					
			operative fixation							
ENT	Other foreign body in nose	Orbital decompression	Acute mastoiditis and other middle ear	Traumatic/cholesteato ma related facial nerve	Traumatic injury to the pinna	Lymph node biopsy – lymphoma where	Head and neck sepsis = not responding to	MDT directed cancer debulking/biopsy –	Vocal Cord medialisation for	Compound/complex
	inose		conditions not responding to	palsy	the pinna	core biopsy inadequate	conservative Rx	Microlaryngoscopy +/-	severe aspiration	fractures of the nose and sinuses
			conservative Rx			madequate		lasci		
Neurosurgery	Depressed skull	Traumatic brain	Intracranial	Acute raised Intra	Battery change for	MDT directed				
(including spinal surgery)	fracture	injury - not responding to	haemorrhage - no longer responding to	cranial pressure/ hydrocephalus	spinal/deep brain/ epilepsy	paediatric brain tumour surgery				
Joing 6.77		conservative Rx -	conservative Rx	(recoverable stroke/	stimulators/pumps	tomoor sorger,				
		neurological compromise		tumour) - no longer responding to						
				conservative Rx						
Cardiothoracic	Empyema not	Coronary Artery Disease - Unstable/	Aortic Valve Disease	Mitral Valve Disease	Myxoma - Emboli/ Haemodynamically	Chest Trauma				
surgery	responding to Rx	Rest ECG changes	- Deteriorating Symptoms /	- Deteriorating Symptoms /	unstable					
		and not reposing to	Haemodynamically	Haemodynamically						
		conservative Rx	unstable	unstable						
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	Diabetic foot sepsis - not responding to	Blocked AV fistula					
				conservative Rx						
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	, , ,
surgery (see also urology)	Duodenal Atresia,	not responding to conservative Rx	(Ulcerative Colitis/ Hirschsprung's) not	responding to conservative Rx	Oncology/Enteral nutrition/Access for				Valves	
J.,			responding to		antibiotics/Dialysis					
	Small bowel obstruction		conservative Rx							
	Large bowel									
	obstruction									
	Congenital									
	Diaphragmatic									
	Hernia									
	Congenital									
	Pulmonary Airway Malformations									
	(CPAMS) -									
	respiratory compromise									
Paediatric	Slipped Upper	Fractures -	Exposed metalwork							
orthopaedic surgery	Femoral Epiphysis	Displaced articular/								
		peri-articular								
		Forearm								
		Femoral								
Paediatric cardiac		remoral			<u> </u>		<u> </u>			
surgery	a) THIC	b) This	c) Apy delay !	d) Other Spaniel'	a) Cofoguerd'					
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specialty specific guidance can be	BE REVIEWED MONTHLY	about 'WHEN and not BY Whom'.	especially of cancers, trauma	Paediatric patients is included in the	considered in all those attending					
found on the NHSE		Space does not	and life threatening	guidance above.	with trauma and					
website https:// www.england.nhs.u		allow every procedure to be	conditions, may lead to adverse		acute surgical problems (e.g. NAI/					
k/coronavirus/		listed under every	outcomes.		domestic violence/					
publication/ specialty-guides/		specialty performing it and it			abuse of the vulnerable)					
<u>specialcy-goldes/</u>		DOES NOT indicate			voniciable)					
		primacy of ANY specialty								
		legitimately								
		performing any procedure within								
		their listed								
		competencies.								
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General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine)	Crohn's disease - stricture/fistula/ optimise medication/ nutrition.	MDT Directed hepatobiliary/ pancreatic/ oesophagogastric cancer causing obstruction (biliary/ bowel).	Goitre - mild moderate stridor	MDT Directed thyroid/parathyroid cancer surgery	Thyrotoxicosis - Not responding to conservative Rx. (including orbital surgery for impending sight loss)	calcium >3.ommol/l and/or not responding to conservative Rx,	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 (i.e., Grade 3 tumours, Low ER, node +ve)				
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	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 for severe eye lid closure problems/ microstomia/joint and neck contracture	MDT Directed Major soft tissue tumour 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.	MDT directed penile cancer surgery including inguinal node surgery.	MDT directed bladder cancer surgery - invading bladder muscle.		MDT directed upper tract transitional cell cancer surgery		MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention - Bladder neck stenosis post RARP.	Partial Nephrectomy - single kidney/bilateral disease (including paediatric)	Visible Haematuria- – investigation			
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/neurolog ical deficit.			
ENT	EUA/biopsy for malignancy -	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	Mucocoele with recurrent infection/visual disturbance	Complex nasal obstruction with seven sleep disordered breathing	Reduction of nasal e fracture (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  Vascular surgery	MDT directed treatment of resectable Non- Small Cell Lung Cancer Chronic severe limb	Unstable Non ST elevated MI AAA >7cms	Aortic stenosis	Unstable coronary	Any deteriorating heart condition	Pneumothorax not responding to conservative Rx							
	ischaemia - no neurology	diameter											
Paediatric general and urological surgery (see also urology)	Laparotomy or Stoma Closure to manage intestinal failure with liver disease / complications	Infant with Billary Atresia (before age 8/52)	Inguinal hernia <3/12 of age	MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	stricture/fistula/ optimise medication/ nutrition	Circumcision for severe BXO	Renal transplant	Renal Stent Removal/Exchange	Bladder exstrophy	Gastrostomy for nutritional support	for previous life threatening complication/repeated aspirations	R Non-functioning renal tract with infection – not responding to I conservative Rx	Undescended testis - (before age 2yrs )
Paediatric orthopaedic surgery	tissue malignant	MDT Directed Suspected, aggressive, benign bone tumour	Meniscal repair										
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions -	Neonate - Right heart obstructive	Neonate - Mixing lesions -	- CHB (decision for	Neonate - ALCAPA - (Optimise medical Rx)		Infant - Right heart obstructive lesions -	Infant - Left-Right shunt lesions -	Infant - Regurgitant lesions -	Child - Left heart obstructive lesions-	Child - Right heart obstructive lesions -	Child - Regurgitant lesions -	Child - Fortan candidate -
	Aortic stenosis (valvuloplasty/ valvotomy) Coarctation (case selection of approach and timing)	lesions -  PA-IVS (case selection RF perforation/ductal stent/shunt)  PA-VSD (Case	TGA (Intact IVS for ASO/VSD with mixing for ASO+VSD) TAPVD (echo evidence of obstruction)	pacing)		LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/ symptoms)	Tetralogy of Fallot (Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow	VSD (FTT, not responding to medical Rx, >6 months of age) AVSD (FTT not responding to medical Rx, assessment of	Mitral (not responding to medical Rx, raised RVP)  Aortic (impaired function)	LVOTO (impaired function/symptoms) Aortic stenosis (impaired function/ symptoms)	RV-RA conduit (impaired function/ >systemic RVP)	Mitral (not responding to medical Rx/raised RVP)  Aortic (impaired function/symptoms)	(increasing cyanosis/ symptoms) prioritise >5yrs years old
	HLHS (Norwood/ Hybrid)	selection ductal stent/shunt)  Tetralogy of Fallot (Case selection ductal or RVOT shunt)  Critical pulmonary stenosis (balloon valvuloplasty)	Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)			Coarctation (Impaired function)	(pre BCPC - increasing cyanosis/ shunt/stent stenosis >6 months of age)  Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis,	AVVR, >6 months of age)		MV prosthesis (increased gradient/ raised RVP)			
		Ebsteins anomaly (duct dependent blood flow)					shunt/stent stenosis >9 months of age))						
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	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.									

General surgery	MDT directed	MDT directed	MDT Directed cancer	MDT Directed thyroid	Salvage surgery for	MDT directed breast	MDT directed adrenal	Cholecystectomy -	Hernia - presenting	Parathyroidectomy -
including oesophago- astric, HPB, oloproctology, breast, ndocrine)	resection of colon cancer	resection of rectal cancer	surgery  Hepatobiliary Pancreatic	cancer surgery - including diagnostic lobectomy.	recurrent anal cancer	cancer resection - Pre-menopausal ER+ without adverse biology	resections - intermediate masses  >4cm<6cm) with hypersecretion (Cortisol/androgen)	post acute pancreatitis	with complications that have settled with conservative Rx	: - symptomatic renal stones/Sepsis not responding to conservative Rx .
			Oesophagogastric GI Stromal tumour			Non-high grade DCIS	metastases - progressing on scan at 3/12.			
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	Burns -	Limb contractures	Secondary cleft and	Primary cleft palate	<u> </u>					
plastic surgery	reconstruction for		non-cleft speech	Repair - to avoid						
including burns and hands	eyelid closure/ microstomia/joint and neck		surgery - to avoid breaching 5 yrs of age	breaching 13 months of age						
	contracture									
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).					
T & O (including spinal	Hip Avascular Necrosis		Tendon	Revision surgery	MDT Directed Benign	MDT Directed primary	Arthroscopic removal		Removal of metalwork	Spinal Surgery –
surgery)	(night pain/ collapse of the joint/ going off their feet)		reconstruction/ tenodesis - any site	Loosening without impending fracture.	bone/soft tissue lesion excision biopsy - not otherwise specified	sarcoma plus metastases surgery	of joint loose body (Reversible symptoms preventing work)	other reconstruction	e.g. across joints.	Injection/decompressi surgery for intractable radiculopathy.
				Recurrent joint instability						
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	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	Sinus surgery with complication of infection			
Neurosurgery (including spinal surgery)										
Cardiothoracic surgery	Stable Non ST Elevation MI									
Vascular surgery	AAA >5.5cm and <7cm diameter									
Paediatric general and urological surgery (see also urology)	Congenital Malformations with delayed Management -	Inguinal hernia (3-12 mths of age)	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholecystectomy	Fundoplication for GOR – failure to thrive	Orchidopexy for undescended testis	renal function	Vesico-ureteric reflux effecting renal function/recurrent pyelonephritis	Varicocoele
	Hirschsprung's Disease initially managed with washouts.									
Paediatric	Developmental	Congenital Talipes	Limb length							
orthopaedic surgery	Dislocation of the Hip (DDH) - Primary joint stabilisation	Equino Varus (CTEV) - Initial management including tenotmies	discrepancy/ malalignment							
Paediatric cardiac										
surgery PLEASE NOTE:	a) THIS	b) This	c) Any delay in	d) Other Specialist	e) Safeguarding	<u> </u>				
More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uck/coronavirus/publication/specialty-guides/	DOCUMENT WILL BE REVIEWED MONTHLY	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	treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Surgery in Paediatric patients is included in the guidance above.	issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)					
		performing any procedure within their listed competencies.								

(n.b. This prioritisation	is about 'when and not	by whom' during the Co	vid19 Crisis - see notes b	elow)												
General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine)	MDT directed breast cancer resection -  Post-menopausal ER+  DCIS (excluding extensive high grade)	Pelvic exenteration	Multi-visceral/liver resection - not responding to conservative Rx	lleostomy closure	All uncomplicated hernias including hiatus/incisional hernia.	Hartmann's reversal/ stoma closure	Rectal prolapse	Other proctology procedures	Transanal/resection of benign rectal polyps.	Cholecystectomy - after biliary colic/ cholecystitis.	Other benign upper UGI conditions (e.g. gallstones/other Benign disease).	Oesophagogastric reflux surgery	All benign breast surgery including risk reducing surgery.	Other benign thyroid/parathyroid disease - uncomplicated	Other adrenal disease - uncomplicated	Abdominal wall reconstruction
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	All cleft lip and palate surgery - NOS	Basal Cell Carcinoma - any site not compromising vital structures	Excision of benign 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.	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						
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	Spinal deformity surgery with progression											
ENT	All other Rhinology – (septoplasty/septorhin oplasty/turbinate surgery/sinus surgery [NOS])	Cholesteatoma - uncomplicated.	Chronic suppurative otitis media	All Ossicular Surgery/Middle ear implants	Tympanopasty	Grommets	Meatoplasty	Vestibular Surgery	Non-organic foreign body (except button batteries)		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 craniofacial surgery - not compromising vision/neurology/ raised ICP								
Cardiothoraci c surgery	Stable coronary disease															
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication													
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 (umbilical, epigastric etc.)	Splenectomy for haemoglobinopathy	Cholecystectomy - after biliary colic/ cholecystitis	Hypospadias repair – (before 18/12 age)	Pyeloplasty for pelvi-ureteric junction obstruction - NOS	Surgical treatment of vesico-ureteric reflux NOS		Benign lesion excision	Bladder Augmentatio	Upper urinary tract obstruction	Bladder dysfunction - Spina Bifida	Phimosis	Uncomplicated, small/intermediate testicular lesions	Gender dysphoria	
Paediatric orthopaedic 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 PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website <a href="https://www.england.nhs.uk/coronavirus/">https://www.england.nhs.uk/coronavirus/</a> publication/ specialty-guides/	a) THIS DOCUMENT WILL BE REVIEWED MONTHLY	not BY Whom'. Space does not allow every procedure to be listed	treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	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)											