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 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 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/](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
Paediatric surgery

- **Specialty Specific Prioritisation**: Found on the NHSE website and updated regularly. Each specialty has its own set of priorities.

**Priority 1a**
- Emergency: Urgent surgery.
- Examples: Trauma, sepsis, neurological emergencies.

**Priority 1b**
- Emergency: Urgent surgery, not traumatic.
- Examples: Haemodynamic instability, respiratory compromise.

**Priority 2**
- Emergency: Urgent surgery.
- Examples: Obstetric emergencies, burns, trauma.

**Priority 3**
- Non-Emergency: Elective surgery.
- Examples: Routine procedures, planned surgeries.

**Priority 4**
- Non-Emergency: Elective surgery.
- Examples: Preventative procedures, planned surgeries.

**Not to be performed**
- Procedures that are non-urgent and non-emergent.

**Specialty Specific Prioritisation**
- Paediatric cardiac surgery
- Paediatric orthopaedic surgery
- Vascular surgery
- Other specialties (including spinal surgery)

**Specialty Specific Prioritisation**
- Paediatric neurosurgery
- ENT
- T & O (including gynaecological procedures)

**Specialty Specific Prioritisation**
- Paediatric surgery
- HPB, GI surgery
- Other specialties (including Reconstructive breast, endocrine surgery)

**Specialty Specific Prioritisation**
- Paediatric general surgery
- Oncology/Enteral nutrition/Access
- Obstetric and urological surgery
- Other specialties (including burns and wound care)

**Specialty Specific Prioritisation**
- Vascular surgery
- Other specialties (including trauma and orthopaedic procedures)

**Specialty Specific Prioritisation**
- Paediatric ophthalmology
- Paediatric dermatology
- Paediatric endocrinology

**Specialty Specific Prioritisation**
- Paediatric haematology
- Paediatric oncology
- Other specialties

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**Specialty Specific Prioritisation**
- Paediatric ophthalmology
- Paediatric dermatology
- Paediatric endocrinology

**Specialty Specific Prioritisation**
- Paediatric haematology
- Paediatric oncology
- Other specialties
### General Surgery
*Including appendicitis, cholecystitis, trauma, peptic ulceration, bowel, genito-urinary, etc.*

<table>
<thead>
<tr>
<th>Organ/Tissue</th>
<th>Specialty</th>
<th>Examples</th>
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<td>General Surgery</td>
<td>Acute appendicitis, appendiceal abscess</td>
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<td>Gallbladder</td>
<td>General Surgery</td>
<td>Acute cholecystitis, cholecystolithiasis, etc.</td>
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<tr>
<td>Gut</td>
<td>General Surgery</td>
<td>Necrotising enterocolitis, perforated diverticulitis, etc.</td>
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<tr>
<td>Bowel</td>
<td>General Surgery</td>
<td>Obstructive small bowel obstruction, rectal prolapse, etc.</td>
</tr>
<tr>
<td>Urinary Tract</td>
<td>General Surgery</td>
<td>Acute pyelonephritis, bladder calculi, etc.</td>
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**PLEASE NOTE:** Some dedicated services are provided on a MDT basis.

### Surgery in Paediatric Cardiac Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Specialty</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Tetralogy of Fallot</td>
<td>Cardiothoracic</td>
<td>Right ventricular outflow tract obstruction, pulmonary stenosis, etc.</td>
</tr>
<tr>
<td>Congenital Heart Defects</td>
<td>Cardiothoracic</td>
<td>Atrial septal defect, ventricular septal defect, etc.</td>
</tr>
<tr>
<td>Critical Pulmonary Hypertension</td>
<td>Cardiothoracic</td>
<td>Pulmonary hypertension, Eisenmenger's syndrome, etc.</td>
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**PLEASE NOTE:** Tetralogy of Fallot surgery should proceed even during the Covid-19 Crisis.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Procedures to be performed in &lt; 3 months.</th>
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<tbody>
<tr>
<td>ENT</td>
<td>Oesophagogastric GI surgery (n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis)</td>
</tr>
<tr>
<td></td>
<td>Hepatobiliary surgery (MDT Directed)</td>
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<tr>
<td></td>
<td>Colorectal surgery (MDT Directed)</td>
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<tr>
<td></td>
<td>Secondary cleft and cleft speech reconstruction (paediatric)</td>
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<tr>
<td></td>
<td>Congenital Talipes (including tenotomies (CTEV))</td>
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<tr>
<td></td>
<td>T &amp; O (including spinal surgery)</td>
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<tr>
<td></td>
<td>Urology and hands surgery (including burns plastic surgery)</td>
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<tr>
<td></td>
<td>Plastic surgery (including diagnostic biopsies)</td>
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<tr>
<td></td>
<td>Reconstructive OMFS (including oesophago-stomach surgery)</td>
</tr>
<tr>
<td>General</td>
<td>Endocrine (including diagnostic biopsies)</td>
</tr>
<tr>
<td>Surgery</td>
<td>(n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Cardiac thoracic surgery (MDT Directed)</td>
</tr>
<tr>
<td>Surgery</td>
<td>Thoracic surgery (n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis)</td>
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<tr>
<td>Neurosurgery</td>
<td>Neurosurgery (n.b. This prioritisation is about 'when and not by whom' during the Covid19 Crisis)</td>
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<td>Ophthalmic</td>
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<td>Orthopaedic Surgery</td>
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<td>Vascular Surgery</td>
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**PLEASE NOTE:** This prioritisation is about 'when and not by whom' during the Covid19 Crisis (see website for overarching guidance).
<table>
<thead>
<tr>
<th>Priority</th>
<th>Procedures to be performed in 4 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgery (including emergency, gynaecology, breast, vascular, plastic surgery excluding burns and hands)</td>
<td>MDT directed breast cancer resection – Post neoadjuvant chemotherapy/EBRT (including axillary node dissection) Post HSCT, relapsed and refractory lymphoma, MDT directed bladder cancer surgery - pelvic exenteration. Post MDT directed other cancer surgery/sinus surgery O (including ER+) and O (including ER-) prostate cancer resection. MDT directed other cancer surgery/sinus surgery (e.g. NAI/ domestic violence). MDT directed colorectal cancer surgery. MDT directed other cancer surgery/sinus surgery (including bladder neck obstruction)</td>
</tr>
</tbody>
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