



Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

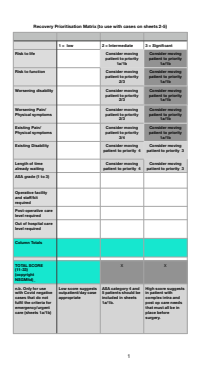
The British Association of Paediatric Surgeons

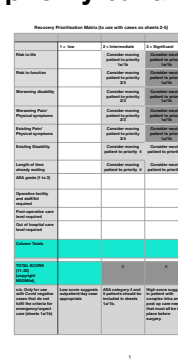
The British Association of Urological Surgeons

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)	Emergency laparotomy - <i>Peritonitis</i> <i>Perforation</i> <i>Ischaemia</i> <i>Necrotising fasciitis</i> <i>Small bowel obstruction -with concerning features of incipient ischaemia/perforation</i> <i>Post-operative complications (e.g. anastomotic leaks)</i> <i>Bleeding - not suitable for/ responding to endoscopic/control/ interventional radiology</i>	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 - <i>Open</i> <i>Neurovascular +/- Skin compromise</i> <i>Hip/femoral shaft</i> <i>Long bone/Pelvic +/- Spinal fixation in polytrauma</i>	Infection - <i>Septic arthritis - (natural or prosthetic joint)</i> <i>Other metalwork (including spine)</i>	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.	Myelomeningocele								
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 - Limb/ Gut/SVC	Uncontrolled external haemorrhage - any site/source	Ruptured AAA	Diabetic foot sepsis									
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - <i>Oesophageal Atresia,</i> <i>Gastroschisis,</i> <i>Anorectal Malformations</i>	Emergency Laparotomy - (Neonatal) - <i>Necrotising Enterocolitis (NEC),</i> <i>Perforation,</i> <i>Malrotation</i>	Emergency laparotomy - (Infant/ child) <i>Peritonitis</i> <i>Perforation</i> <i>Intussusception</i> <i>Ischaemia</i> <i>Necrotising fasciitis</i> <i>Bleeding (not responding to conservative Rx)</i> <i>Post-operative complications (e.g. anastomotic leaks/ bleeding)</i>	Appendicectomy - Complicated or unresponsive to conservative Rx	Thoracotomy/Chest Drain Insertion/Video Assisted Thorascopic 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 - <i>Open</i> <i>Neurovascular compromise +/-Skin compromise</i>	Dislocated joints	Compartment syndrome									
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - <i>HLHS (restrictive/ intact atrial septum)</i> <i>Critical aortic stenosis/coarctation (unresponsive to medical Rx)</i> <i>Critical pulmonary stenosis</i> (not responding to medical Rx)	Neonate - Right heart obstructive lesions - <i>PA-IVS</i> <i>PA-VSD</i> <i>Tetralogy of Fallot</i> <i>Critical pulmonary stenosis</i> (not responding to medical Rx)	Neonate - Mixing lesions - <i>TGA (hypoxaemia for BAS/intact IVS for ASD)</i> <i>TAPVD (clinically obstructed)</i> <i>Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)</i>	Neonate - Shunt/ stent - <i>Profound hypoxaemia/ occlusion/ thrombosis)</i>	Neonate - Arrhythmia <i>CHB not responding to medical Rx.</i>	Infant - Right heart obstructive lesions - <i>Tetralogy of Fallot (cyanotic spells unresponsive to medical Rx)</i> <i>Shunt/stent dependent pulmonary blood flow (pre BCPC/pre bV repair with profound hypoxaemia/ thrombosis/ occlusion)</i>	Infant - Regurgitant lesions - <i>Aortic (haemodynamically unstable)</i>	Child - Left heart obstructive lesions - <i>MV prosthesis (Thrombosed)</i>	Child - Regurgitant lesions - <i>Aortic (haemodynamically unstable)</i>				
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy <i>Miscarriage with bleeding requiring surgical control and unstable</i> <i>Torted/ruptured ovary/mass</i> <i>Pelvic/genital tract sepsis</i> <i>Bleeding</i> <i>Necrotising fasciitis</i> <i>Genital tract trauma - (e.g. vaginal tear/ pelvo-vaginal haematoma)</i> <i>Ectopic pregnancy</i> <i>Complications of TOP</i> <i>Molar pregnancy - (bleeding/ evacuation/ emergency hysterectomy)</i>	Pregnancy/Delivery <i>Emergency Caesarean</i> <i>Instrumental delivery</i> <i>Perineal repair</i> <i>Manual removal of placenta</i> <i>Cervical cerclage</i> <i>Emergency laparotomy/ hysterectomy</i>	Early pregnancy and abortion care - <i>Miscarriage - bleeding and unstable</i> <i>Maternal compromise (e.g. sepsis, chorioamnionitis, severe pre-eclampsia, etc.)</i> <i>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)</i> <i>Fetocide (where approaching legal limit)</i>	Reproductive medicine - a) <i>Males - sperm storage before acute sterilisation</i> b) <i>Females - before acute sterilisation -</i> i) <i>Oocyte collection (n.b. must be 36hrs after the trigger)</i> ii) <i>Ovarian tissue storage</i>	Paediatric/ adolescent <i>Imperforate hymen - incision and drainage</i>								
Ophthalmology	Acute risk to sight/ life (e.g. penetrating injuries/globe rupture/orbital haemorrhage/burns infection/fractures/ lid lacerations)	Oncology - <i>Ruthenium plaque removal.</i>	Vitreoretinal <i>Vitreous biopsy/ antibiotic injection - suspected endophthalmitis</i>										
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https://www.england.nhs.uk/coronavirus/publication/specialty-guides/	a) THIS 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 performing any procedure within their listed competencies.	c) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes. When Priority 4 cases have been waiting 6/12 in total they should be reviewed and, if appropriate, moved to a higher priority level.	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)	f) Private sector aesthetic surgery procedures should be considered on merit and on a case-by-case basis. Procedures with a known functional benefit should be prioritised where possible. A detailed risk analysis should be undertaken and consideration given to any potential effect on local NHS resources.	g) This RPM matrix is to be used ONLY to assess patients in the SAME priority band. 						

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)	Laparotomy - <i>Small bowel obstruction - not responding to conservative Rx.</i> <i>Colectomy for acute severe ulcerative colitis - not responding to conservative Rx</i> <i>Bowel obstruction not suitable for stenting.</i>	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent enteral nutrition access	Failed conservative management of localised intra-peritoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal					
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	Diabetic foot sepsis - not responding to conservative Rx	Blocked AV fistula						
Paediatric general and urological surgery (see also urology)	Neonatal Malformations - <i>Duodenal Atresia,</i> <i>Small bowel obstruction</i> <i>Large bowel obstruction</i> <i>Congenital Diaphragmatic Hernia</i> <i>Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise</i>	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Exstrophy - Primary bladder closure	Hydronephrosis - Rapid progression
Paediatric orthopaedic surgery (including spinal surgery)	Slipped Upper Femoral Epiphysis	Fractures - <i>Displaced articular/ peri-articular</i> <i>Forearm</i> <i>Femoral</i>	Exposed metalwork								
Paediatric cardiac surgery											
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Laparotomy/ Laparoscopy <i>Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology)</i> <i>Ectopic pregnancy (stable patient)</i> <i>Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia</i> <i>Pelvic pain >48 hours</i> <i>Bowel obstruction - Cancer not responding to conservative Rx.</i>	Incision + drainage/ marsupialisation - <i>Bartholin's abscess</i>	Miscarriage - <i>Patient stable - case selection</i>	Abortion - <i>All cases - <1 week post assessment (NICE 2019)</i>	Fistula repair - <i>Recto-vaginal/ Bladder-vagina</i>	MDT Directed EUA and insertion of fiducial markers - <i>Cervical cancer staging and planning</i>	Hysteroscopy - <i>PMB with thickened endometrium + not amenable to outpatient sampling</i>				
Ophthalmology	Trauma - <i>Intraocular - foreign body</i> <i>Paediatric orbital floor fracture with muscle entrapment</i>	Vitreoretinal - <i>Laser/cryotherapy - retinal tear</i> <i>Vitrectomy - i) dropped lens nucleus after cataract surgery</i> <i>ii) Detachment - macular on/recently off</i>	Cornea - <i>Corneal transplant/ glueing</i> <i>Amniotic membrane graft - threat to sight</i>	Adnexal - <i>Orbital decompression/ lesion debulking - threat to sight</i> <i>Drainage of orbital abscess</i> <i>Eye removal - serious risk to health (e.g. sepsis)</i>	Glaucoma - <i>Acute - i) Laser PI ii) Unresponsive to medical Rx/laser</i> <i>Secondary - Drainage/diode laser - imminent risk to sight</i>	Paediatrics - <i>Retinopathy of prematurity - retinal -laser/intravitreal injection</i> <i>Examination under anaesthesia - potential threat to sight</i> <i>(see also trauma)</i>	Medical - <i>Retina - Periocular/intravitreal steroids for inflammatory eye disease</i> <i>Temporal artery biopsy</i>				
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Priority 3 - Procedures to be performed in < 3 months.												
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General surgery (including oesophago-gastric, HPB, coloproctology, breast, endocrine)	MDT directed cancer surgery - <i>Colon cancer/liver metastases</i> <i>Rectal cancer/liver metastases</i> <i>Multivisceral resections for locally advanced colon cancer</i> <i>Salvage surgery for recurrent anal cancer</i> <i>Pelvic exenteration</i>	MDT Directed cancer surgery <i>Hepatobiliary</i> <i>Pancreatic</i> <i>Oesophagogastric</i> <i>Neuroendocrine tumour</i>	MDT Directed thyroid cancer surgery - including diagnostic lobectomy.	Colectomy/ proctectomy for colitis refractory to medical Rx (excluding acute, severe colitis treated urgently)	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and IBR, if appropriate according to local fitness criteria. <i>Pre-menopausal ER+ (Grade 1-2)</i> <i>Post-menopausal ER+ with higher risk (i.e., Grade 3, low ER or node +ve)</i> <i>High grade DCIS</i> <i>Risk reducing surgery in gene carriers.</i>	MDT directed adrenal resections - intermediate masses <i>>4cm-6cm) with hypersecretion (Cortisol/androgen)</i> <i>metastases - progressing on scan at 3/12.</i>	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have settled with conservative Rx	Parathyroidectomy - symptomatic renal stones/Sepsis not responding to conservative Rx .	MDT directed rectal prolapse surgery	
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 <i>Microstomia</i> <i>Joint contracture</i> <i>Neck contracture</i>	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).							
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 <i>Loosening without impending fracture.</i> <i>Recurrent joint instability</i>	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 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 - 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.)	Varicocele/ Hydrocoele - large + symptomatic.		
Paediatric orthopaedic surgery (including spinal surgery)	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotomies	Limb length discrepancy/ malalignment	Childhood/ adolescent spinal deformity								
Paediatric cardiac surgery												
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Urogynaecology - <i>Suprapubic catheter change</i> <i>Prolapse - bleeding/ulceration/proctodentia/vault inversion</i> <i>Genitourinary fistula</i>	MDT Directed cancer treatment - Cervical (Stage Ia1) <i>Repeat conisation (Any age/High grade pre-cancer with pt. >50 yrs of age)</i> <i>Simple hysterectomy following local conisation (LLETZ)</i>	Hysteroscopic/ Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation <i>Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx)</i> <i>Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/ unsuitable for stenting)</i>	BSO/salpingectomy - <i>Risk reducing for BRCA1/2 + recent, normal CA125 and USS</i> <i>Complex ovarian cyst - low risk of malignancy</i>	Hysterectomy - risk reducing for Lynch Syndrome	Paediatric and adolescent - MDT directed <i>Laparoscopic excision of obstructed uterine horn</i> <i>Vaginal reconstruction for agenesis with menstrual obstruction</i>						
Ophthalmology	Vitreoretinal - Some Macular holes Vitreotomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	Adnexal - <i>Large mucocoele</i> <i>Entropion/Ectropion - ocular surface damage</i> <i>Eye removal - Non-malignant/low threat to health</i> Botulism injections for disabling blepharospasm	Glaucoma - <i>Drainage - not otherwise specified</i> <i>Selected laser trabeculoplasty</i>	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 - <i>Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions</i> <i>Capsulotomy - visual axis opacity following congenital cataract surgery</i> <i>Removal of loose corneal sutures in children</i> (see also strabismus)	Medical - Diabetic macula/ retinal vein/branch vein occlusion <i>i. Intravitreal injections</i> <i>ii. Macular laser</i> Photodynamic laser for central serous chorioretinopathy	Strabismus - Development binocularity in infantile squint Surgery or botulinum injection for severe diplopia (e.g. cannot work)				
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