



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

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Specialty guides for patient management during the coronavirus pandemic

Clinical guide to surgical prioritisation during the coronavirus pandemic

11 April 2020 Version 1

This guidance describes levels of surgical priority, covering all surgical specialties with the exception of obstetrics and gynaecology and ophthalmology. Prioritisation for these disciplines will follow.

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: www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#cancer

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

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.

Numbers sheet name	Numbers table name	Excel worksheet name
1a) Emergency		
	Table 1	1a) Emergency
1a) Emergency		
	Table 1	1a) Emergency
1a) urgent 72 hrs		
	Table 1	1b) urgent 72hrs
2) up to 1/12		
	Table 1	2) up to 1_12
3) up to 3/12		
	Table 1	3) up to 3_12
4) over 3/12		
	Table 1	4) over 3_12

Emergency (24hrs) - Table 1a

General surgery (oesophago- gastric, HPB, coloproctology, breast, endocrine)	Emergency laparotomy (peritonitis/perforation/ischaemia/Necrotising fasciitis)	Emergency laparotomy - bleeding not responding to endoscopic / interventional radiology	Appendicectomy - complicated/unresponsive to conservative Rx appendicitis	Intra-abdominal trauma which cannot be managed conservatively	Laparotomy for post operative complications (eg anastomotic leaks/ bleeding)	Drainage of localised sepsis/necrosis if not responding to conservative Rx (antibiotics/ Interventional radiology)	Benign Perforated oesophagus/ stomach - with survivable mediastinitis/ peritonitis	Acute airway obstruction - thyroid						
Oral and faciomaxillary surgery	Haemorrhage from maxillary/mandibular trauma not responsive to conservative Rx (reduction and IR)	Dental Sepsis - not responding to conservative Rx and threatening life/ airway/sight/ brain.	Orbital Compartment Syndrome/Muscle Entrapment - threatening 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) 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/expandable 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/ amputation/ priapism (24hrs)	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to conservative Rx								
Trauma and orthopaedics	Fractures - Open/ Neurovascular compromise/Skin compromise/ Long Bone/Pelvis/Spine/Hip	Septic arthritis - natural/prosthetic joint	Dislocated joints	Compartment syndrome										
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									
Neurosurgery	Traumatic Brain injury - unsuitable for conservative RX	Traumatic spinal 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 - not suitable for conservative Rx	Acute spinal cord compression - not suitable for conservative Rx								
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 - including compartment syndrome and GIT)	Uncontrolled external haemorrhage - any site/source	Ruptured AAA											
Paediatric general and urological surgery	Neonatal Malformations needing emergency correction (life threatening) - Oesophageal Atresia, Gastroschisis, Anorectal Malformations	Emergency Neonatal Laparotomy - Necrotising Entero- Colitis (NEC), Perforation, Malrotation	Emergency laparotomy (peritonitis/perforation/ischaemia/Necrotising fasciitis)	Emergency laparotomy - bleeding not responding to conservative management	Laparotomy for post operative complications (eg anastomotic leaks/ bleeding)	Appendicectomy - complicated or unresponsive to conservative Rx	Thoracotomy / Chest Drain Insertion / Video Assisted Thorascopic Surgery (VATS) for Empyema	Laparotomy for intussusception	Strangulated inguinal hernia	Acute Scrotal Exploration (suspected Testicular Torsion)	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction with infection - not responding to Conservative Rx

Urgent (up to 72 hrs) — Table 1b

General surgery	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - colectomy for acute severe ulcerative colitis not responding to conservative Rx	Laparotomy - bowel obstruction not suitable for stenting.	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		
OMS	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 - any site (especially closed compartments/ joints) 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
Urology	Upper urinary tract obstruction	Renal stones - pain/ impairment not responsive to conservative Rx	Penile fracture	Infected prosthesis - penile/testicular/ stent						
T & O	Unstable articular fractures that will result in severe disability with conservative Rx	Pelvis fractures- unstable	Tibial fracture - high energy/displaced, unstable shaft.	Fractures - pathological	Lower limb frailty fractures (non-hip) - requiring fixation for early mobilization					
ENT	Uncontrolled epistaxis	Sinus surgery for impending catastrophe	Acute mastoiditis and other middle ear conditions not responding to conservative Rx (eg Cholesteatoma-complicated)	Traumatic/ cholesteotoma related facial nervc palsy	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.			
Neurosurgery	Traumatic brain injury - not responding to conservative Rx	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	Cauda Equina Syndrome - no longer responding to conservative Rx	Acute spinal cord compression - no longer responding to conservative Rx	Battery change for spinal/deep brain/ epilepsy stimulators/pumps			
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 ischamia							
Paediatric general and urological surgery	Neonatal Malformations needing urgent correction - Duodenal Atresia, Small bowel obstruction, Large bowel obstruction, Congenital Diaphragmatic Hernia, Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis / Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Drainage of obstructed renal tract	Malignant tumour or Lymph node biopsy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Pyloromyotomy
Paediatric Orthopaedic surgery	Slipped Upper Femoral Epiphysis	MDT Directed Suspected bone or soft tissue malignant tumours	Fractures - Displaced articular/ peri-articular/ Forearm/Femoral	Exposed metalwork						
Please note	Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Other Specialist Surgery in Paediatric patients is included in the guidance above.	Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)							

Up to 1 month - Table 2

General surgery	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)	Parathyroidectomy - calcium >3.0mmol/l and/or not responding to conservative Rx, especially pregnancy/post-transplant/repeated admission.	MDT Directed adrenal cancer surgery	Adrenalectomy - pathology not responding to medical Rx (eg Cushing's/ phaeochromocytoma)	MDT Directed breast cancer resection - ER negative/Her2+/ premenopausal ER+ with adverse biology
OMS	MDT Directed oropharyngeal/tonsil/ tongue cancer resection +/- reconstruction.	Facial Fractures causing diplopia/ occlusal problems	Mandibular/maxillary orthognathic surgery - airway compromise unresponsive to conservative Rx AND unsuitable for tracheostomy - adults and children	Dental extractions - Adult and paediatric if unresponsive to conservative Rx (severe pain/ infection)	Craniofacial - ocular complication/Raised Intracranial Pressure				
Reconstructive plastic surgery including burns and hands	Burns- Mid/deep dermal/otherwise unhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Burns- reconstruction for severe eyelid closure problems/ microstomia/joint and neck contracture	MDT Directed Major soft tissue tumour resection (all sites)	MDT Directed Skin cancer resection - All sites. 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 renal cancer surgery -not bleeding.	MDT directed upper tract transitional cell cancer surgery	MDT directed bladder Cancer surgery -high risk carcinoma-in-situ.	MDT directed inguinoscrotal sarcoma surgery	Acute Urinary Retention - Bladder neck stenosis post RARP.	Partial Nephrectomy - single kidney
T & O	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/peri-prosthetic/ osteochondral defect/Ankle/Foot/ olecranon/Not Otherwise Specified	Knee extensor disruption (including fractured, displaced patella)	Tendon rupture - hamstring/displaced Achilles/rotator cuff	Locked joints - any site	Nerve Decompression - any site (pain not responding to conservative Rx)	Arthroplasty - lower limb (where delay will prejudice outcome)
ENT	EUA/biopsy for malignancy - hypopharynx/ larynx	MDT directed nasopharyngeal 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	
Neurosurgery	MDT directed brain tumour surgery (including gamma knife for metastases)	MDT directed spinal tumour surgery	Spinal surgery - degenerative/ progressive spinal syndromes with impending neurological compromise.	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 Biliary Atresia - bladder exstrophy	Inguinal hernia under 3/12 of age	MDT Directed surgery for Nephroblastoma/ Neuroblastoma/ Rhabdomyosarcoma	Crohn's Disease - stricture/fistula/ optimise medication/nutrition	Circumcision for severe BXO	Renal transplant	Renal Stent Removal/Exchange	
Paediatric Orthopaedic surgery	MDT Directed Suspected, aggressive benign bone tumour	Meniscal repair							
Please note	Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Other Specialist Surgery in Paediatric patients is included in the guidance above.	Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)						

Up to 3 months - Table 3

General surgery	MDT directed resection of colon cancer	MDT directed resection of rectal cancer	MDT Directed hepatobiliary/ pancreatic/ oesophagogastric/ GI Stromal tumour cancer surgery	MDT Directed thyroid cancer surgery - including diagnostic lobectomy.	Renal stones - symptomatic, including sepsis not responding to conservative Rx	MDT directed adrenal resections - intermediate masses a) >4cm<6cm) with hypersecretion (Cortisol/androgen) b) metastases - progressing on scan at 3/12.	MDT directed breast cancer resection - premenopausal ER+ without adverse biology	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have settled with conservative Rx	Parathyroidectomy - symptomatic renal stones/Sepsis not responding to conservative Rx .
OMS	MDT directed resection of head and neck skin cancer - moderately/ well differentiates with no metastases.	MDT directed salivary gland tumours (low grade).								
Reconstructive plastic surgery including burns and hands	Burns- reconstruction for eyelid closure/ microstomia/joint and neck contracture	Limb contractures								
Urology	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).					
T & O	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 - biceps/ hamstring	Revision surgery for loosening/impending fracture.	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		
ENT	CSF fistula repair	Symptomatic mucocoele (eg diplopia/recurrent infection)	Cochlear implant in pre-verbal profound hearing loss where delay will impact on long term outcome.	MDT directed otological cancer surgery.						
Neurosurgery										
Cardiothoracic surgery	Stable Non ST Elevation MI									
Vascular surgery	AAA >5.5cm and <7cm in diameter									
Paediatric general and urological surgery	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 appendectomy for recurrent symptoms	Cholecystectomy					
Paediatric Orthopaedic surgery	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotomies	Limb length discrepancy/ malalignment							
Please note	Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Other Specialist Surgery in Paediatric patients is included in the guidance above.	Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)							

