

Clinical Guide to Surgical Prioritisation in the recovery from the Coronavirus Pandemic

The current versions of the Guide and the RPM (designed to help reprioritise patients in p2-6 at the time of specified clinical reviews) are available to down load at https://fssa.org.uk/covid-19 documents.aspx

Where local arrangements for prioritisation are in place and working well, they should continue and the Guide used for reference to changing national priorities and to assess when local arrangements, therefore, need to be revised.

The relative priorities between patients listed with the same priority must be decided locally in relation to local NHS conditions and facilities available, including patients suitable for treatment at Surgical Hubs.

Elective surgical patients should have been pre-assessed, pre-habilitated as required and, ideally, fully vaccinated at least 2 weeks before their planned procedure. General anaesthesia should be avoided for at least 7 weeks after any form of Covid infection.

All patients on waiting lists shall be regularly reviewed to assess the need for re-prioritising.

P5 patients shall be actively reviewed and re-prioritised as necessary during late 2021/early 2022 and any patient waiting more than 104 weeks shall be reviewed, clinically.

History of the Guide.

This Guide was first produced at the request of NHS England at the start of the pandemic. It is produced by specialists in the procedures listed and is now updated bimonthly. It sets out what clinicians view as the relative priorities of conditions at the time it is posted.

P5/6 were added by NHS England October 2020 as part of the national validation of waiting lists. They are not included in the Guide because they are administrative categories and not based on the patient's clinical condition.

The Guide began as a short term expedient to the pandemic and was not intended for long term use, however, work is ongoing on how it could make a foundation for future, national waiting list coordination as result of the magnitude of the ongoing issues with access to care.

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

		e performed in <24 ho		- see notes below									
General surgery (including	Emergency laparotomy -	Appendicectomy - complicated/	Intra-abdominal trauma - unsuitable	Drainage of localised sepsis/necrosis - not	oesophagus/	Acute airway obstruction - thyroid	Solid organ transplants						
oesophago-gastric, HPB, coloproctology,	Peritonitis	unresponsive to conservative Rx	for/not responding to conservative Rx	responding to conservative Rx (antibiotics/	stomach - with survivable mediastinitis/		(including islets) - Follow NHSBT						
breast, endocrine, solid organ	Perforation			Interventional radiology)	peritonitis		guidance but if local MDT directed;						
transplant, bariatric)	Ischaemia Necrotising fasciitis						i) Deceased donor						
	Small and large bowel obstruction						ii) Deteriorating recipient with living donor.						
	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 (including paediatric dental	Haemorrhage from maxillary/mandibular		Orbital Compartment	Jaw Dislocation - not responding to	Oro-facial swelling requiring surgery								
treatments requiring GA)	trauma (including dental) not responsive to	unresponsive to conservative Rx and threat to life/airway/	Syndrome/Muscle Entrapment - threat	conservative Rx	associated with systemic infection unresponsive to								
	conservative Rx (reduction + IR)	swallow/sight/brain.	to digiti		conservative management								
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		Washout open wound/fractures/ infected/grossly	Removal of prosthesis/expander for fulminant						
and hands	resuscitation/ escharotomies/ amputations/Toxic	>2%		compartments/ joints/prostheses) not responding to	site	contaminated (human/animal/ contaminated)	infection						
	Shock			conservative Rx		wounds - any site							
Urology	Renal obstruction with infection - not responding to	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ testicular torsion/ amputation/priapism	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage -	Insertion of catheter under GA						
	conservative Rx			(>24hrs)		causing haemodynamic instability and							
						unresponsive to conservative Rx							
Trauma and orthopaedics (including spinal	Fractures - Open	Infection - Septic arthritis -	Dislocated joints	Compartment syndrome	Spinal Trauma with instability and/or neurological	Acute spinal cord compression - with neurological	Cauda Equina Syndrome - Clinically and						
surgery)	Neurovascular +/- Skin compromise	(natural or prosthetic joint)			dysfunction	dysfunction - including MSCC	radiologically confirmed.						
	Hip/femoral shaft (incl. fragility)	Other metalwork (including spine)											
	Long bone/Pelvic +/- Spinal fixation in	Epidural abscess/ haematoma											
ENT	polytrauma Airway obstruction -	Neck trauma with		Life threatening	Orbital cellulitis	Uncontrolled	Sinus surgery for						
	Cancer/Foreign body/Sepsis (including adeno-	vascular/visceral/ airway injury	battery removal Removal of sharp	middle ear conditions		epistaxis	impending catastrophe/failure to respond to						
	tonsillectomy for cardiopulmonary compromise/		foreign body from throat				medical Rx						
Neurosurgery (including spinal	inability to intubate.) Traumatic Brain injury - unsuitable	Intra-cranial haemorrhage - not	Acute raised Intra cranial pressure/	Cauda Equina Syndrome -	Myelomeningocoele								
surgery)	for conservative RX	responding to conservative RX	Hydrocephalus (recoverable stroke/ tumour) - not	Clinically and radiologically confirmed.									
			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/	Uncontrolled	Ruptured AAA	Diabetic foot sepsis									
vascular surgery	occlusion -	external haemorrhage - any	nuptured AAA	Diabetic foot sepsis	acute ischaemia.								
	i) Limb (incl. compartment syndrome)	site/source											
	ii) mesenteric												
Paediatric general	iii) AV fistula (incl. dialysis) Neonatal	Emergency	Emergency	Appendicectomy -	Thoracotomy/Chest	Strangulated	Acute Scrotal	Trauma	Trauma Laparotomy	Removal of Infected	Renal Obstruction -	Bladder outlet or	Urosepsis - not
and urological surgery (see also urology)	Malformations - Oesophageal	Laparotomy - (Neonatal) -	laparotomy - (Infant/child)	Complicated or unresponsive to conservative Rx	Drain Insertion/Video Assisted Thorascopic Surgery		Exploration (suspected Testicular Torsion)	Thoracotomy		Central Line	i) Infection/pain - not responding to		responding to conservative Rx.
	Atresia, Gastroschisis,	Necrotising Entero- Colitis (NEC),	Peritonitis Perforation		(VATS) for Empyema		·				conservative Rx ii) Impaired renal		
	Anorectal Malformations	Perforation, Malrotation	Intussusception								function iii) Single kidney		
			Ischaemia Necrotising fasciitis								m, engle mane,		
			Bleeding (not responding to										
			responding to conservative Rx)										
			responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/										
Paediatric orthopaedic	Septic arthritis/ osteomyelitis	Fractures -	responding to conservative Rx) Post-operative complications (e.g.	Compartment syndrome	Slipped Upper Femoral Epiphysis								
		Fractures - Open Neurovascular	responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding)		Slipped Upper Femoral Epiphysis								
orthopaedic surgery (including spinal surgery)	osteomyelitis	Open Neurovascular compromise +/-Skin compromise	responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding) Dislocated joints	syndrome	Femoral Epiphysis								
orthopaedic surgery (including	osteomyelitis Neonate - Left heart obstructive lesions -	Open Neurovascular compromise +/-Skin compromise	responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding) Dislocated joints Neonate - Mixing lesions -	syndrome Neonate - Shunt/ stent -	Remoral Epiphysis Neonate - Arrhythmia	Infant - Right heart obstructive lesions -	lesions -	Child - Left heart obstructive lesions -	Child - Regurgitant lesions -				
orthopaedic surgery (including spinal surgery)	Neonate - Left heart obstructive lesions - HLHS (restrictive/intact atrial septum)	Open Neurovascular compromise +/-Skin compromise Neonate - Right heart obstructive lesions - PA-IVS	responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding) Dislocated joints Neonate - Mixing	Neonate - Shunt/ stent - Profound hypoxaemia/ occlusion/	Femoral Epiphysis Neonate -	obstructive lesions - Tetralogy of Fallot (cyanotic spells unresponsive to	lesions -						
orthopaedic surgery (including spinal surgery)	Neonate - Left heart obstructive lesions - HLHS (restrictive/intact atrial septum) Critical aortic stenosis/coarctation (unresponsive to	Open Neurovascular compromise +/-Skin compromise Neonate - Right heart obstructive lesions -	responding to conservative Rx) Post-operative complications (e.g. anastomotic leaks/bleeding) Dislocated joints Neonate - Mixing lesions - TGA (hypoxaemia for BAS/Intact IVS	Neonate - Shunt/ stent - Profound hypoxaemia/	Neonate - Arrhythmia CHB not responding	obstructive lesions - Tetralogy of Fallot (cyanotic spells unresponsive to medical Rx) Shunt/stent	lesions - Aortic (haemodynamically	obstructive lesions - MV prosthesis	Aortic (haemodynamically				
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Priority 1b - Proced	ures to be performed	in <72 hours.										
General surgery	ion is about 'when an Laparotomy -	Perianal abscess/	Urgent nutrition	Failed conservative	Breast sepsis -	Upper GI endoscopy	Bariatric surgery -					
(including oesophago-gastric, HPB,	Small bowel obstruction - not	other infection - not responding to conservative Rx.	compromise. Enteral nutrition	management of localised intra- peritoneal infection	without necrosis unresponsive to conservative Rx	for foreign body removal	Acute gastric band slippage/erosion.					
coloproctology,	responding to conservative Rx.		access Revision Bariatric	ľ			Acutely symptomatic internal hernia.					
transplant, bariatric)	iColectomy for acute severe ulcerative colitis - not		Surgery				intoma noma					
	responding to conservative Rx											
	Bowel obstruction not suitable for											
OMFS (including	stenting. Facial fractures - not	Complex trauma to	Severe dental pain									
paediatric dental treatments requiring GA)	suitable for conservative Rx	the primary and permanent dentition unsuitable for	(primary and permanent dentition)									
requiring any		treatment under local anaesthesia	1) Unresponsive to conservative Rx									
			2) Patients with special needs									
Reconstructive	Burns - requiring	Burns - full	(including metabolic) Burns - mid/deep	Soft tissue infection	Delayed primary	Primary tendon/	Unstable closed	Secondary closure	Finger tip/nail bed	Major limb trauma	Brachial plexus/	
plastic surgery including burns and hands	resuscitation.	thickness/deep dermal requiring debridement and	dermal with exposure of deep structures likely/	- all sites (especially closed compartments/		nerve repair - all sites.	fractures or joint injuries - unsuitable for conservative Rx	of washed out open wound/ fracture - any site	repair/terminalisation	reconstruction unsuitable for conservative Rx	major peripheral nerve injury -	
		closure	infection	joints/prostheses) not responding to conservative Rx			lor correct value is a	any one		osnos valivo i ix	Associated with major vessel injury	
Urology	Upper urinary tract obstruction	Renal stones - pain/impairment not	Penile fracture	Infected prosthesis - penile/testicular/	Peritoneal Dialysis Catheter Insertion							
		responsive to conservative Rx		ureteric stent								
T & O (including spinal surgery)	Fractures -	Spinal Trauma requiring	Definitive amputation following		Orthoplastic repair							
	i) Unsuitable for conservative/failed conservative Rx	stabilisation without neurological involvement	severe injury.	Retention (DAIR) for acute infected prosthesis without	Delayed primary closure							
	ii) Pathological			systemic sepsis.	Exposed metal work							
	iii) Peri-prosthetic											
	iv) Pelvic ring v) Rib											
	vi) Displaced long bone/intra-articular											
	vii) lower limb fragility fractures											
	requiring fixation to mobilise patient											
ENT	Other foreign body in nose/Airway	Orbital decompression	Acute mastoiditis and other middle ear	Traumatic injury to facial nerve palsy.	Traumatic injury to the pinna	- lymphoma where	Head and neck sepsis - not	MDT directed cancer debulking/biopsy -	medialisation for	Compound/complex fractures of the	Choanotomy for bilateral atresia	Cholesteatoma with complications
			conditions not responding to conservative Rx			core biopsy inadequate.	responding to conservative Rx.	Microlaryngoscopy +/- laser	severe aspiration	nose and sinuses		
Neurosurgery (including spinal surgery)	Depressed skull fracture	Traumatic brain injury - not responding to	Intracranial haemorrhage - no longer responding to	Acute raised Intra cranial pressure/	Battery change for spinal/deep brain/epilepsy	MDT directed paediatric brain tumour surgery						
Surgery)		conservative Rx - neurological	conservative Rx	(recoverable stroke/ tumour) - no longer	stimulators/pumps	tumour surgery						
Cardiothoracic	Empyema not	Coronany Arteny	Aortic Valve Disease	responding to conservative Rx Mitral Valve Disease	Myxoma - Emboli/	Chest Trauma						
surgery	Empyema not responding to Rx	Coronary Artery Disease - Unstable/ Rest ECG changes	- Deteriorating Symptoms /	- Deteriorating Symptoms /	Haemodynamically unstable	Chest Irauma						
		and not reposing to conservative Rx	Haemodynamically unstable	Haemodynamically unstable								
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischaemia	DVT thromobolysis for phlegmasia or end organ failure	Symptomatic AAA	Aortic dissection - Type B	Vascular Access - Revision of AV fistula					
				(Renal/Hepatic)			(dialysis) Central Venous Line					
							insertion for Oncology/Enteral					
							nutrition/Access for antibiotics/Dialysis					
Paediatric general	NI I . I											
and urological	Neonatal Malformations -	Laparotomy - small bowel obstruction	Laparotomy - Colectomy for colitis		Central Venous Line insertion for	Malignant tumour/ Lymph node biopsy	Pyloromyotomy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral	Exstrophy -	Hydronephrosis -	
			Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not	1	insertion for Oncology/Enteral nutrition/Access for		Pyloromyotomy			Exstrophy - Primary bladder closure	Hydronephrosis - Rapid progression	
and urological surgery (see also	Malformations -	bowel obstruction not responding to	Colectomy for colitis (Ulcerative Colitis/	- any site not responding to	insertion for Oncology/Enteral		Pyloromyotomy		Posterior Urethral	Primary bladder		
and urological surgery (see also	Malformations - Duodenal Atresia, Small bowel	bowel obstruction not responding to	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to	- any site not responding to	insertion for Oncology/Enteral nutrition/Access for		Pyloromyotomy		Posterior Urethral	Primary bladder		
and urological surgery (see also	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic	bowel obstruction not responding to	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to	- any site not responding to	insertion for Oncology/Enteral nutrition/Access for		Pyloromyotomy		Posterior Urethral	Primary bladder		
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and urological surgery (see also urology) Paediatric orthopaedic	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory	bowel obstruction not responding to conservative Rx Fractures -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to	- any site not responding to	insertion for Oncology/Enteral nutrition/Access for		Pyloromyotomy		Posterior Urethral	Primary bladder		
and urological surgery (see also urology)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/ peri-articular	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	- any site not responding to	insertion for Oncology/Enteral nutrition/Access for		Pyloromyotomy		Posterior Urethral	Primary bladder		
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Paediatric orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	- any site not responding to conservative Rx	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Lymph node biopsy			Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including spinal surgery)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper	Fractures - Displaced articular/ peri-articular Forearm/Elbow	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx	- any site not responding to conservative Rx Abortion -	insertion for Oncology/Enteral nutrition/Access for	Lymph node biopsy	Hysteroscopy - PMB with thickened		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology, pregnancy,	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage -	- any site not responding to conservative Rx Abortion -	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair -	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology,	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019:	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
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Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation -	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/	MDT Directed EUA and insertion of fiducial markers -	Hysteroscopy - PMB with thickened endometrium + not amenable to		Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx.	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Miscarriage - Patient stable - case selection	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) Laser PI	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of prematurity - retinal	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancording to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess Vitrectomy - i) Dropped lens	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case selection Cornea - Corneal transplant/	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulking - threat to sight	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) Laser PI ii) Unresponsive to medical Rx/laser	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of prematurity - tretinal -laser/intravitreal injection	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina -	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx.	Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case selection Cornea - Corneal transplant/ glueing iAmniotic membrane	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/lesion debulking -	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) Laser Pl ii) Unresponsive to	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of prematurity - retinal laser/intravitreal injection Examination under	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancording to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess Vitreoretinal retrial tear Vitreoretinal retrial tear Vitreoretinal retrial retrial tear Vitreoretinal retrial	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Miscarriage - Patient stable - case selection Cornea - Corneal transplant/ glueing iAmniotic membrane	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulging threat to sight Drainage of orbital abscess Eye removal - serious risk to health	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) Lyper Secondary - Drainage/diode laser	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steroids for inflammatory eye disease	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess Vitrectomy - i) Droped lens nucleus after cataract surgery ii) Detachment - macular on/recently off	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Exposed metalwork Miscarriage - Patient stable - case selection Corneal transplant/ glueing iAmniotic membrane graft - threat to sight	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debug designer debug designer de	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) User esponsive to medical Rx/laser Secondary - Drainage/diode laser - implies in the sight e) Other specialist	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - retinal injection Examination under anaesthesia - potential threat to	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric orthopaedic surgery (including urogynaecology (including urogynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess Vitrectomy - i) Detachment - macular on/recently off	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Exposed metalwork Miscarriage - Patient stable - case selection Corneal transplant/ glueing iAmniotic membrane graft - threat to sight	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulking - threat to sight Drainage of orbital abscess Eye removal - serious risk to health (e.g. sepsis)	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Glaucoma - Acute - i) User Pl ii) Undresponsive to medical Rx/laser Secondary - Draimage/diode laser - imminent risk to sight	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric corthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Palediatric orbital floor fracture with muscle entrapment a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess bartholin's abscess bartholin's abscess	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Exposed metalwork Miscarriage - Patient stable - case selection Corneal transplant/ glueing iAmniotic membrane graft - threat to sight c) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to;	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesional designation design	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Bladder-vagina e) Other specialist surgery in paediatric patients is included in the guidance above.	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric corthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every specialty	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/ peri-articular Forearm/Elbow Femoral Incision + drainage/ marsupialisation - Bartholin's abscess b) Any delay in treatment, especially of cancers, trauma and life threatening	Colectomy for colitis (Ulcerative Colitis/ Hirschsprung's) not responding to conservative Rx Exposed metalwork Exposed metalwork Miscarriage - Patient stable - case selection Corneal transplant/ glueing iAmniotic membrane graft - threat to sight c) Patients in p1b MUST be regularly reviewed clinically and re-prioritised	- any site not responding to conservative Rx Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesion debulking - threat to sight Drainage of orbital abscess Eye removal - serious risk to health (e.g. sepsis) d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Bladder-vagina e) Other specialist surgery in paediatric patients is included in the guidance above.	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric cardiac surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment a) This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed under every	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess Vitrectomy - i) Dropped Iens nucleus after cataract surgery ii) Datachment - macular on/recently off b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse	Cornea - Cornea - Patient stable - case selection C) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to; i) p1a if their clinical condition deteriorates. ii) p2 If their clinical condition improves	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesions debusing - threat to sight to health (e.g. sepsis) d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Bladder-vagina e) Other specialist surgery in paediatric patients is included in the guidance above.	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric corthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Slipped Upper Femoral Epiphysis Laparotomy/ Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment a) This Prioritisation is a hour's WHEN and not BY WHON and n	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess Vitrectomy - i) Dropped Iens nucleus after cataract surgery ii) Datachment - macular on/recently off b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse	Cornea - Cornea - Patient stable - case selection C) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to; i) p1a if their clinical condition deteriorates. ii) p2 If their clinical	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesions debusing - threat to sight to health (e.g. sepsis) d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Bladder-vagina e) Other specialist surgery in paediatric patients is included in the guidance above.	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
Paediatric corthopaedic surgery (including spinal surgery) Paediatric cardiac surgery Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	Malformations - Duodenal Atresia, Small bowel obstruction Large bowel obstruction Congenital Diaphragmatic Hernia Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise Slipped Upper Femoral Epiphysis Laparoscopy Pelvic collection/ tubo-ovarian abscess (not responding to conservative treatment, incl. interventional radiology) Ectopic pregnancy (stable patient) Evacuation of haematoma/Repair wound dehiscence/ Evisceration/ Incisional hernia Pelvic pain >48 hours v) Bowel obstruction - Cancer not responding to conservative Rx. Trauma - Intraocular - foreign body Paediatric orbital floor fracture with muscle entrapment a) This Prioritisation is about 'WHEN and not BY Whom'. Splowe does not allow every procedure de be listed under every specialty performing it and it Does not indicate primacy of halvy specialty legitimately performing any procedure within their listed	bowel obstruction not responding to conservative Rx Fractures - Displaced articular/peri-articular Forearm/Elbow Femoral Incision + drainage/marsupialisation - Bartholin's abscess Vitrectomy - i) Dropped Iens nucleus after cataract surgery ii) Datachment - macular on/recently off b) Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse	Cornea - Cornea - Patient stable - case selection C) Patients in p1b MUST be regularly reviewed clinically and re-prioritised to; i) p1a if their clinical condition deteriorates. ii) p2 If their clinical condition improves	Abortion - All cases -NOS (From NICE 2019: ensure minimum delay and provide within 1 week) Adnexal - Orbital decompression/ lesions debusing - threat to sight to health (e.g. sepsis) d) Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis Fistula repair - Recto-vaginal/Bladder-vagina Bladder-vagina e) Other specialist surgery in paediatric patients is included in the guidance above.	MDT Directed EUA and insertion of fiducial markers - Cervical cancer staging and planning Paediatrics - Retinopathy of premartirity - tretinal injection Examination under anaesthesia - potential threat to sight	Hysteroscopy - PMB with thickened endometrium + not amenable to outpatient sampling Medical - Retina - Periocular/intravitreal steriods for inflammatory eye disease Temporal artery	Catheter Insertion	Posterior Urethral	Primary bladder		
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(including oesophago-gastric,	MDT Directed cancer surgery	MDT Directed cancer surgery	surgery -	MDT Directed breast cancer surgery and IBR, if appropriate	stricture/fistula not responsive to	responding to conservative Rx.	calcium >3.0mmol/l and/or not	pathology not responding to	Goitre - mild moderate stridor	bariatric surgery	Solid organ transplants (including islets) -			
coloproctology, preast, endocrine, solid organ	Pancreatic	cancer pathway patients (including diagnostic		fitness criteria -	Rx	(including orbital surgery for impending sight loss)		medical Rx (e.g. Cushing's/ phaeochromocytoma			Follow NHSBT guidance but if local MDT directed;	I		
pariatric)	Neuroendocrine tumour	Adrenal cancer including adrenal metastases	polyps; liver metastases Multi-visceral	Her2+ Pre-menopausal ER+ with higher risk (i.e., Grade 3, Low			admission.				i) Living donor			
	Metastases - NOS progressing on scan at 3/12.		resections for locally advanced colon cancer Salvage surgery for	ER, node +ve)										
			recurrent anal cancer Pelvic exenteration	er										
paediatric dental reatments equiring GA)	MDT Directed oropharyngeal/tonsil/ tongue cancer resection +/-	1) Causing diplopia/		treatment - Adult/ e paediatric		with pre-existing high medical need (e.g., Immune/								
	reconstruction.	occlusal problems 2) Delay will seriously	conservative Rx AND unsuitable for	unresponsive to		metabolic disorders, cardiac, diabetes, epilepsy, oncology, bisphosphonate								
		3) Primary dentition likely to effect permanent dentition	7	2) Under 3yrs of age3) 3 episodes of		treatment etc.)								
		requiring GA		acute infection 4) Social/ safeguarding needs.										
		Removal of	Burns -	MDT Directed Major		Brachial plexus/major				Secondary cleft and				
	dermal/otherwise dunhealed.	Removal of prosthesis - unresponsive to conservative Rx.	Reconstruction	soft tissue tumour resection - All sites	Primary resection directed by appropriate skin	peripheral nerve injury -	Eyelid closure/	digit excision (narrow pedicle/vascular		non-cleft speech				
			ii) Severe microstomia		cancer specialist MDT Directed further resection	suitable for observation. Exploration for								
			iii) Joint and neck contracture			paresis/pain/sensory impairment								
					ii) SLNB and all completion lymphadenectomies									
					iii) Electro- chemotherapy iv) ILP									
	testicular cancer surgery - non-	MDT directed penile cancer surgery including inguinal	bladder cancer surgery - invading	MDT Directed renal cancer surgery - not	MDT directed upper tract transitional cell cancer surgery	Cancer surgery - high risk carcinoma-in-	h inguinoscrotal	Retention	Partial Nephrectomy - single kidney	Visible haematuria - investigation	Ureteroscopy for stones	PD Catheter Insertion and hernia repair, if necessary,		
	metastatic.	node surgery.	bladder muscle.			situ.		Bladder neck stenosis post RARP. Catheter/Stent				pre-dialysis.		
spinal surgery)	Sarcoma surgery -	Solitary metastasis surgery - any site.	destructive bone			sites - NOS	Locked joints - any site - NOS	change Peripheral Nerve Decompression - any site (pain/weakness/		progressive	Infection i) 1st stage revision			
	any site		risk of fracture (e.g. Giant cell tumour)	articular ii) Osteochondral	i) Extensor disruption (including fractured, displaced patella)ii) Meniscal repair			muscle wasting - not responding to conservative Rx)	i) AC joint ii) Recurrent dislocations	neurological deficit	i) 1st stage revision acutely infected prosthesisii) Osteomyelitis			
				defect iii) Ankle/Foot iv) Olecranon	ii) Menisca _{-,}				iii) Any site where risk of serious consequences of		ii) Osteomyelitis without systemic sepsis			
				v) Removal of temporary metalwork	<				delay (e.g. loss of patient independence/loss of bone stock/risk of					
				vi) salvage amputation vii) Acute fixation					peri-prosthetic fracture).					
				failure vii) lower limb non- union affecting										
	malignancy -	nasopharyngeal/	MDT directed oropharyngeal	mobility MDT directed otological cancer		Organic foreign bodies in the ear.	MDT directed treatment of small, high grade salivary	treatment of sinus	Treatment of pharyngeal/	disease	Complex nasal obstruction with severe sleep	fracture (NOS) -		impending
				surgery.	P -		high grade salivary cancers.	cancers	oesophageal/airway stricture		severe sleep disordered breathing	ideally inside 14 g days according to local capacity	i) Children tracheostomy for	complications/loss of function.
										iii) Rapidly deterioration (incl. benign disease)				
													iv) Removal of infected implant not responding to conservative Rx.	
(including spinal surgery)	tumour surgery (including for	MDT directed spinal tumour surgery	Acute/chronic pain syndromes - (e.g. trigeminal neuralgia)										conservative Hx.	
surgery) Cardiothoracic	(including for metastases) MDT directed	Unstable Non ST	trigeminal neuralgia) - unresponsive to conservative Rx	Unstable coronary	,	Pneumothorax not								
surgery		Unstable Non ST elevated MI	Aortic steriosic		heart condition	Pneumothorax not responding to conservative Rx								
Vascular surgery	Cancer Chronic severe limb ischaemia - no neurology	AAA i) >7cms diameter		i) Arteriovenous graft										
		ii) >5.5cm if already waited >3/12		(AVG)										
and urological surgery (see also urology)	Stoma Closure to manage intestinal failure with liver	Infant with Billary Atresia - bladder exstrophy		surgery for Nephroblastoma/ Neuroblastoma/	stricture/fistula/ optimise medication/ nutrition	Gastrostomy for nutritional support.	Fundoplication for GOR for previous life threatening complication/		Vesico-ureteric reflux - case selection	severe BXO/meatal	Recurrent UTIs - renal scarring/ hypertension	infection – not responding to	- high risk of renal deterioration recurrent symptoms/ renal impairment	As part of cancer/
Paediatric	disease / complications MDT Directed	MDT Directed		Rhabdomyosarcoma CETV -			repeated aspirations					responding to conservative Rx		transplant treatment
orthopaedic surgery	Suspected bone or soft tissue malignant tumours	Suspected, t aggressive, benign bone tumour	·	Initial management including tenotomies					** not	-1	- Const	· · · · · · · · · · · · · · · · · · ·		
surgery	obstructive lesions - i) <i>Aortic stenosis</i>	heart obstructive lesions -	TGA (Intact IVS for		Neonate - ALCAPA - (Optimise medical		Infant - Right heart obstructive lesions -			Child - Left heart obstructive lesions -	Child - Right heart	- lesions -	Child - Fortan candidate - (increasing cyanosis/	
	(valvuloplasty/ valvotomy) ii) Coarctation (case	PA-IVS (case		(decision for pasing)		LVOTO (impaired	Tetralogy of Fallot		lesions - Mitral (not responding to		obstructive lesions -	Mitral (not	symptoms) prioritise	
	selection of	selection RF perforation/ductal	ASO/VSD with mixing for ASO+VSD)	(decision for pasing)		LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/	(Cyanotic spells cyanosis <80%) Shunt/stent	responding to medical Rx, >6 months of age)	Mitral (not responding to medical Rx, raised RVP)	function/symptoms) Aortic stenosis (impaired function/	obstructive lesions -	Mitral (not responding to medical Rx/raised RVP)		
	approach and timing) iii) HLHS (Norwood/	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal	mixing for ASO+VSD) TAPVD (echo evidence of obstruction)	(decision for paoing)		LVOTO (impaired function/symptoms) Aortic stenosis -	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR,	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised	symptoms) prioritise	
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Obstetrics and Gynaecology	approach and timing) iii) HLHS (Norwood/ Hybrid) MDT redirected cancer surgery –	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/-	mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx) Paediatric and	(decision for paoing)		LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR,	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function)	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	symptoms) prioritise	
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Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	approach and timing) iii) HLHS (Norwood/ Hybrid) MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity Oncology - MDT directed treatment for; Ocular/ocular surface tumours Enucleation - advanced melangmancies/ tumours Intravitreal injections	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer i) Retinal detachment - macular off > 2 weeks ii) Acute vitreous haemorrhage - suspected retinal	mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx) Paediatric and adolescent – i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye	Cataract - i) Intumescent extraction ii) Angle closure glaucoma - threat to	Cornea - Amniotic membrane graft - non-healing ulcer	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biV repair -increasing cyanosis, shunt/stent stenosis >9 months of age)) Paediatrics - i) Congenital cataract ii) Keratoplasty for congenital corneal opacity shunt/stent stenosis >9 months of age))	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age) i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/progressive neovascularisation iii) Periocular and intravitreal steroid	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function) Strabismus – Sudden loss of	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	symptoms) prioritise	
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Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	approach and timing) iii) HLHS (Norwood/ Hybrid) MDT redirected cancer surgery — Cervical - i) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity Oncology - MDT directed treatment for; Ocular/ocular surface tumours Enucleation - advanced melaignancies/ tumours Intravitreal injections - radiation maculopathy +/- ocular tumours	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer i) Retinal detachment Vitrectomy - ii) Retinal detachment superplasia/cancer	mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx) Paediatric and adolescent – i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for	Cataract - i) Intumescent extraction ii) Angle closure glaucoma - threat to	Cornea - Amniotic membrane graft - non-healing ulcer	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biV repair -increasing cyanosis, shunt/stent stenosis >9 months of age)) Paediatrics - i) Congenital cataract ii) Keratoplasty for congenital corneal opacity sill stenosis iii) Superficial keratectomy - atopic plaque iv) Drainage surgery - glaucoma (< 2 weeks) v) Surgery/plaque	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age) i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function) Strabismus – Sudden loss of	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	symptoms) prioritise	
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology	iii) HLHS (Norwood/Hybrid) MDT redirected cancer surgery – Cervical - i) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity Oncology - MDT directed treatment for; Ocular/ocular surface tumours Enucleation - advanced melanoma/other malignancies/tumours Intravitreal injections - radiation maculopathy +/-ocular tumours PDT/External beam Radiotherapy - ocular metastases - threat to sight a) This Prioritisation is	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer i) Retinal detachment Vitrectomy - i) Retinal detachment vitrectomy - ii) Route vitreous haemorrhage - suspected retinal break/unknown iii) Dislocated lens implant with poor vision in other eye b) Any delay in treatment,	mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx) Paediatric and adolescent – i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality c) Patients in p2 who have not been	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/-retinal laser for iris/angle rubeosis d) Safeguarding issues must be	Cataract - i) Intumescent extraction ii) Angle closure glaucoma - threat to sight e) Other specialist surgery in	LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired function) f) Private sector aesthetic surgery	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/ shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis >9 months of age)) Paediatrics - i) Congenital cataract ii) Keratoplasty for congenital corneal opacity siii) Superficial keratectomy - atopic plaque iv) Drainage surgery - glaucoma (< 2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of developing amblyopia g) Additional weighting may be	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, assessment of AVVR, >6 months of age) i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/progressive neovascularisation iii) Periocular and intravitreal steroid injection for macular	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function) Strabismus – Sudden loss of	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	symptoms) prioritise	
Obstetrics and Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine) Ophthalmology Ophthalmology	iii) HLHS (Norwood/Hybrid) MDT redirected cancer surgery - Cervical - ii) Intrauterine brachytherapy - all stages i) Early stage surgery Uterine - High grade/High risk Ovarian - i) Suspicious pelvic mass ii) Debulking of advanced ovarian cancers dependent on chemo regimen, local fitness criteria and HDU/ITU capacity Vulval/vaginal - primary resection Suspected germ cell tumours Recurrent gynaecological cancers - according to local fitness criteria and HDU/ITU capacity Oncology - MDT directed treatment for; Ocular/ocular surface tumours Enucleation - advanced melanoma/other malignancies/ tumours Intravitreal injections - radiation macular tumours PDT/External beam Radiatory Hocular tumours PDT/External beam Radiatory Hocular tumours Intravitreal injections - radiation macular tumours PDT/External beam Radiatory Hocular tumours PDT/External beam Radiat	selection RF perforation/ductal stent/shunt) PA-VSD (Case selection ductal stent/shunt) Tetralogy of Fallot (Case selection ductal or RVOT shunt) Critical pulmonary stenosis (balloon valvuloplasty) Ebsteins anomaly (duct dependent blood flow) Hysteroscopy +/- endometrial Bx for endometrial hyperplasia/cancer i) Retinal detachment - macular off > 2 weeks ii) Acute vitreous hacute vitreous hacuter off > 2 weeks ii) Acute vitreous hacuter off > 1 supperplasia/cancer bi) Acute vitreous hacuter off > 2 weeks ii) Acuter vitreous hacuter off > 2 weeks iii) Acuter off > 2 weeks iiii) Acuter off > 2 weeks iiii) Acuter off >	mixing for ASO+VSD) TAPVD (echo evidence of obstruction) Common arterial trunk (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx) Paediatric and adolescent — i) Non-obstructive vaginal septum/ septate hymen ii) EUA/vaginoscopy for suspected vaginal abnormality Adnexal - i) Protect ocular surface ii) MDT directed treatment for eyelid orbital tumours	Glaucoma - Drainage - threat to sight (also see cataract) i) Very high IOP ii) Only eye Intravitreal injection +/r-retinal laser for iris/angle rubeosis d) Safeguarding issues must be considered in all those attending with trauma and acute surgical	e) Other specialist surgery in paediatric patients is included in the guidance above.	LVOTO (impaired function/symptoms) Aortic stenosis - (impaired function/symptoms) Coarctation (Impaired function) f) Private sector aesthetic surgery	(Cyanotic spells cyanosis <80%) Shunt/stent dependent pulmonary blood flow (pre BCPC -increasing cyanosis/ shunt/stent stenosis >6 months of age) Shunt/stent dependent pulmonary blood flow (biV repair - increasing cyanosis, shunt/stent stenosis >9 months of age)) Were a superficial conneal opacity iii) Superficial conneal opacity iii) Superficial conneal opacity iii) Prainage surgery - glaucoma (<2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of operations of a superficial conneal opacity glaucoma (<2 weeks) v) Surgery/plaque -retinoblastoma vi) Brow suspension - risk of operations of a superficial connection opacity glaucoma (<2 weeks) v) Surgery/plaque - retinoblastoma vi) Brow suspension - risk of operations of operations operations of the connection operation operations of the connection operations of the connection operation operations of the connection operation operations of the connection operation operations op	responding to medical Rx, >6 months of age) AVSD (FTT, not responding to medical Rx, / assessment of AVVR, >6 months of age) i) Intravitreal injections for wet, age related macular degeneration >2/52 ii) Laser for active/progressive responding to medical Rx, assessment of AVVR, >6 months of age)	Mitral (not responding to medical Rx, raised RVP) Aortic (impaired function) Strabismus – Sudden loss of	function/symptoms) Aortic stenosis (impaired function/ symptoms) MV prosthesis (increased gradient/	obstructive lesions - RV-RA conduit (impaired function/	Mitral (not responding to medical Rx/raised RVP) Aortic (impaired	symptoms) prioritise	
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Priority 3 - Procedu	res to be performed i	n < 3 months.									
_	on is about 'when an Colectomy/ proctectomy for	Seton insertion - symptomatic anal fistulae (incl. perianal Crohn's)	MDT directed breast cancer surgery and	-	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have previously settled with conservative Rx	Hernia - presenting with complications that have previously settled with conservative Rx	MDT directed full thickness rectal prolapse surgery	MDT Directed bariatric surgery i) Significant/multiple end organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight loss/comorbidities.	Solid organ transplants (including islets) - Follow NHSBT guidance but if local MDT directed; i) Stable recipient with living donor	Thyroid / Parathyroid Hyperparathyroidism with progressive end organ changes Thyrotoxicosis Graves) with active eye disease
OMFS (including paediatric dental treatments requiring GA)	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 - before canine root 2/3 formed.	Dental extractions/ treatment - Adult/ paediatric. 1) Medical condition with special risk if dental infection develops. 2) Age 3yrs or older with recurrent pain/ infection. 3) Delay in treatment detrimental to eruption/outcome of permanent dentition.							
Reconstructive plastic surgery including burns and hands	Burns - Reconstruction i) Microstomia ii) Joint contracture iii) Neck contracture	Limb contractures (including Dupuytrens with rapid progression/ macerated skin)	Primary cleft repair - i) Cleft lip repair - child 3-6 months of age ii) Cleft palate repair - child <12 months of age	4) Learning needs +/- autism. Secondary cleft and non-cleft speech surgery - child less than 5 yrs 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 - i) 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)	0,1	MDT Directed penile cancer surgery (low grade and premalignant).	Bladder outflow obstruction in catheterised males.					
T & O (including spinal surgery)	Hip Avascular Necrosis (night pain/		Tendon/ligament - Reconstruction/ tenodesis - any site	Revision surgery i) Loosening without impending fracture. ii) Recurrent joint instability iii) Delayed union iv) Late reconstruction following trauma/ infection.	MDT Directed Benign or malignant bone/soft tissue lesion - NOS	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked joint- i) ACL/other reconstruction ii) Removal of loose body	Removal of metalwork/implants - NOS	Spinal Surgery – i) Injection/ decompressive surgery for intractable radiculopathy. ii) Progressive deformity (Adult)	Arthroplasty/ Arthrodesis/other procedure - i) 1st or single stage for chronic infection ii) Revision second stage iii) Joint collapse/ rapid reduction in mobility/progressive aseptic loosening/ night pain preventing sleep)	
ENT	CSF fistula repair	Expanding mucocoele without infection/NOS	Cochlear implant - Adults - NOS.	Cholesteatoma - NOS	Micro-Laryngoscopy Airway compromise - NOS (including papilloma/RRP/ Subglottic stenosis)	Endoscopic treatment of pharyngeal pouch with severe dysphagia	Mucocoele/Sinus surgery - NOS	Adeno-tonsillectomy - OSA (NOS)	Tympanoplasty for progressive retraction	iv) NOS Vestibular surgery with significant disability	Suppurative otitis media with impending complications/loss of function.
Neurosurgery (including spinal surgery)	MDT directed spinal tumour surgery - No neurological compromise										
Cardiothoracic surgery Vascular surgery Paediatric general	Stable Non ST Elevation MI AAA i) >5.5cm (within 8/52) Congenital Malformations with	Vascular access - i) AVF (2-3/12 before starting dialysis) Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive	Interval appendicectomy for	Cholesystectomy	Fundoplication for GOR - failure to	Orchidopexy for undescended testis	Daytime urinary incontinence -	Penile anomalies -	Varicocoele/	MDT Directed
and urological surgery (see also urology)	delayed Management - Hirschsprung's Disease initially managed with washouts.	mins of age	(FTT)	recurrent symptoms		thrive	undescended testis	obstructive cause suspected.	(e.g., mega prepuce but not hypospadias.)	Hydrocoele - large + symptomatic.	i) Significant/multiplend organ failure. ii) To facilitate MSK surgery/Hernia Surgery listed in p3 iii) Overdue balloon removal. iv) Revision to stop excessive weight loss/comorbidities.
Paediatric orthopaedic surgery (including spinal surgery)	Hip subluxation/ dislocation (including Developmental Dislocation of the Hip (DDH) and neuromuscular conditions) Primary/revision/ relocation joint surgery	Childhood/ Adolescent spinal deformity Surgery/Injection for intractable radiculopathy	Limb length discrepancy/ malalignment	Reconstruction for established joint instability - post trauma (e.g., ACL/ Lateral ligament)							ioss/comorbialities.
Paediatric cardiac surgery Obstetrics and	Urogynaecology -	MDT Directed	Hysteroscopic/	BSO/salpingectomy	Hysterectomy - risk	Fertility -	Paediatric and				
Gynaecology (including urogynaecology, pregnancy, delivery, and reproductive medicine)	i) Suprapubic catheter change ii) Prolapse - bleeding/ulceration/ proci dentia/vault inversion iii) Genitourinary fistula	cancer treatment - Cervical Low volume cervical cancer completely excised at loop excision. Uterine Low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens.	Laparoscopic/Open Myomectomy/ Hysterectomy/ Endometrial ablation (significant anaemia + unresponsive to conservative Rx) i) Fibroids/Heavy menstrual bleeding (significant anaemia + unresponsive to conservative Rx) ii) Endometriosis - a) Severe symptoms unresponsive to medical Rx b) Bowel/ureteric obstruction - failed/unsuitable for stenting)	i) Risk reducing for BRCA1/2 + recent, normal CA125 and USS ii) Complex ovarian cyst - low risk of malignancy	reducing for Lynch Syndrome	i) Pelvic pathology effecting fertility (e.g., Fibroids/ Hydrosalpinx/ Endometriosis/ Uterine septum/ Adhesions) ii) Couples/ individuals where the woman has low ovarian reserve >40 years old.	adolescent – MDT directed i) Laparoscopic excision of obstructed uterine horn ii) Vaginal reconstruction for agenesis with menstrual obstruction				
Ophthalmology	Vitrectomy - i) Vitreous haemorrhage/ tractional retinal detachment ii) silicone oil removal - complications	ii) Entropion/ Ectropion - ocular surface damage iii) Eye removal - Non-malignant/low threat to health iv) Botulism injections for disabling blepharospasm	Glaucoma - i) Drainage - not otherwise specified ii) Selected laser trabeculoplasty	Cataract - Surgery/YAG laser i) Binocular vision <6/60/severely disabled (e.g. cannot work) ii) limiting management of other conditions - threat to sight		i) Retinal laser/ cryotherapy/ intravitreal injections - Retinal vascular conditions ii) Capsulotomy - visual axis opacity following congenital cataract surgery iii) Removal of loose corneal sutures in children (see also strabismus)	i.Intravitreal injections ii.Macular laser Photodynamic laser for central serous chorioretinopathy	i) Development binocularity in infantile squint ii) Surgery or botulinum injection for severe diplopia (e.g. cannot work)			
PLEASE NOTE: More detailed specialty specific guidance can be found on the NHSE website https:// www.england.nhs.u k/coronavirus/ publication/ specialty-guides/	allow every	lead to adverse outcomes.	reviewed clinically	considered in all those attending with trauma and acute surgical problems (e.g. NAI/domestic violence/abuse of the vulnerable)	e) Other specialist surgery in paediatric patients is included in the guidance above.	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.	within their existing 'P' group to allow them to enter into an approved, time dependent RCT providing that this does not lead to the distortion of clinical priorities within that 'P' group.				

(including oesophago-gastric, HPB, coloproctology, breast, endocrine, solid organ transplant, bariatric) OMFS (including paediatric dental treatments requiring GA)	DCIS (intermediate and low risk) Benign breast disease Delayed and revision breast reconstruction, if appropriate	Colonic resection - Benign colonic polyp Completion proctocolectomy for IBD	lleoanal pouch surgery	Diverting ileostomy closure	Uncomplicated incisional hernias	Hartmann's	Non-urgent proctology procedures	Transanal/rectal resection of benign rectal polyps.	Benign breast disease Delayed breast	Cholecystectomy - after biliary colic/cholecystitis.	Other benign upper UGI conditions (e.g., gallstones/other Benign disease).	Oesophagogastric reflux surgery	Other benign thyroid/parathyroid disease - uncomplicated	Other adrenal disease - uncomplicated	Abdominal wall reconstruction	MDT Directed bariatric surgery Lesser degrees o
pesophago-gastric, IAPB, coloproctology, preast, endocrine, colid organ ransplant, pariatric) DMFS (including paediatric dental reatments requiring GA) Reconstructive plastic surgery including burns	and low risk) Benign breast disease Delayed and revision breast reconstruction, if appropriate	Benign colonic polyp Completion proctocolectomy for									gallstones/other		disease -			
oloproctology, reast, endocrine, olid organ ransplant, ariatric) DMFS (including aediatric dental reatments equiring GA) Reconstructive lastic surgery ncluding burns	Benign breast disease Delayed and revision breast reconstruction, if appropriate	proctocolectomy for							Delaved breast							
olid organ ransplant, ariatric) DMFS (including aediatric dental reatments equiring GA) Reconstructive lastic surgery ncluding burns	disease Delayed and revision breast reconstruction, if appropriate								reconstruction, if		,		aneempneated			end organ failure
ariatric) AMFS (including aediatric dental reatments equiring GA) econstructive lastic surgery acluding burns	breast reconstruction, if appropriate								appropriate according to local							
PMFS (including aediatric dental reatments equiring GA) Reconstructive lastic surgery acluding burns	reconstruction, if appropriate								fitness criteria.							
DMFS (including paediatric dental reatments equiring GA) Reconstructive plastic surgery including burns	appropriate								Revision of breast reconstruction,							
OMFS (including paediatric dental reatments equiring GA) Reconstructive plastic surgery ncluding burns	according to local								,							
paediatric dental treatments requiring GA) Reconstructive plastic surgery including burns	fitness criteria															
paediatric dental treatments requiring GA) Reconstructive plastic surgery including burns																
requiring GA) Reconstructive plastic surgery including burns	All orthognathic Surgery	Dental extractions/ treatment - Adult/	MDT Directed Salivary Gland	Facial deformity - Post-traumatic/	Benign dental lesions - mandible/	Temporo-mandibular joint surgery										
Reconstructive Eplastic surgery including burns	3 ,	paediatric - NOS	Tumours - benign.	Cancer treatment	maxilla											
plastic surgery including burns	Burns - other	Limb trauma	Breast	All cleft lip and	Basal Cell	Excision of benign	NHS Cosmetic									
-			reconstruction -		Carcinoma - any site not compromising		Surgery									
		Other reconstruction	NOS		vital structures											
	Female urology for		Endourology -	MDT directed	MDT directed		Uncomplicated	Bladder outflow	Benign penoscrotal							
k	benign conditions	Surgery	Uncomplicated	prostate cancer surgery (low risk)	bladder cancer surgery - superficial	i) Uncomplicated	small/intermediate testicular lesions	surgery	surgery	asymptomatic						
	(e.g. incontinence/ prolapse/Sacral	Erectile dysfunction	stones/		transitional cell cancer	small/intermediate renal lesions										
	Nerve Stimulator/ fistula/urethral	Male fertility surgery	Percutaneous nephrolithotomy/			ii) Polycystic										
	diverticulum)	Urethral stricture	Pelviureteric			nephrectomy										
		Gender	obstruction													
		reassignment.														
	Arthroplasty/ arthrodesis - NOS,	Hand and Upper limb surgery - NOS	Metalwork removal - NOS	Degenerative spinal disease - no	Adult spinal deformity surgery	, 5	Late reconstruction for infection/trauma/									
	,			neurological compromise/	with progression		loosening - NOS									
				refractory pain												
ENT /	All other Rhinology	Suppurative otitis	All Ossicular	Tympanopasty -NOS	Grommets	Meatoplasty	Vestibular Surgery -			/ Laryngeal framewor		Uncomplicated	Adeno-tonsillectomy			
	(septoplasty/		Surgery/Middle ear implants				NOS		- benian vocal fold/			nasal fracture	- recurrent tonsillitis			
S	septorhinoplasty/ turbinate surgery)								(e.g. polyp/cyst/	aspiration)	Pharyngeal pouch		as per EBI criteria			
	turbinate surgery)								ectasia/paralysis)		Benign and					
Neurosurgery (Congenital spinal	Movement disorder	Lesioning/epilepsy	Normal pressure	Slow growing brain	Slow growing spinal	Benian intracranial	Paediatric			congenital					
(including spinal	deformity - no neurological	implants	surgery	hydrocephalus	tumours - no neurological	tumours - no	arteriovenous malformations/	craniofacial surgery -								
0	compromise/ refractory pain				compromise	compromise	tumours) - no neurological	vision/neurology/ raised ICP								
	renaciony pain						compromise	raised for								
	Stable coronary															
	disease	The section that		II	Mars Inc.											
Vascular surgery	Vein surgery	Thoracic outlet syndrome	Claudication	Uncomplicated AVMs	Vascular access -											
					AV fistula ligation/ removal with well											
					functioning renal allograft											
		Inguinal hernia (> 12		Cholecystectomy -	Stoma Closure	Benign lesion		Cosmetic foreskin	Epispadias	Gender dysphoria	Daytime urinary	Asymptomatic	MDT Directed			
	Sagittal Ano- Rectoplasty (PSARP)	mths of age)	haemoglobinopathy	after biliary colic/ cholecystitis		excision	(around 12 mths of age)	issues/ritual circumcision.			incontinence - all children >7yrs	hyrocoele	bariatric surgery			
urology) -	- after obstruction relieved	Other hernias - uncomplicated					13.7						Lesser degrees of end organ failure.			
		hernias (e.g., umbilical, epigastric)											Cha organ ranare.			
Paediatric (Congenital Talipes		Corrective surgery	Reconstruction for	Metalwork removal -											
orthopaedic E	Equino Varus (CTEV) - Late	management	for established deformity	established joint instability -	NOS											
	presenting/relapsed			excluding post trauma												
Paediatric cardiac																
surgery Obstetrics and	Urogynaecology	Hysteroscopy -	Laparoscopy -	Laparoscopic/Open	Laparoscopic/Open	Laparoscopic/Open	Symptomatic lower	Closure of Stoma	Fertility -	Paediatric and						
Gynaecology	Incontinence surgery		Investigation of	myomectomy -	or Vaginal hysterectomy -	cystectomy/	genital tract lesions (e.g. uninfected		Pelvic pathology	adolescent – MDT directed						
urogynaecology,		bleeding/ Reproductive failure	pelvic pain/	Fibroids not causing anaemia	Abnormal uterine		Bartholin's cyst)		effecting fertility (e.g., Fibroids/							
delivery, and	Prolapse surgery	(e.g. Levonorgesterol			bleeding	Ovarian cysts > 5 cm with a benign RMI)			Hydrosalpinx/	Vaginal reconstruction						
reproductive medicine)		releasing intrauterine system/endometrial	+/- symptomatic		Pain				Endometriosis/ Uterine septum/	(NOS)						
		resection/second generation	tubal disease		Symptomatic				Adhesions)	Clitoral reduction fo differences in sex	r					
		endometrial ablation)	Endometriosis - Superficial +/- deep		fibroids +/- endometrial				Couples/individuals where the woman	development						
		Uterine structural disorders	(without bowel/ ureteric obstruction/		hyperplasia				has normal ovarian reserve <40 years							
		(Polypectomy/	ovarian endometrioma)						old							
		Septoplasty/ Adhesiolysis/														
		Cervical niche)														
Ophthalmology	Vitreoretinal -	Adnexal -	Cataract -	Cornea -	Oncology -	Paediatrics -	Medical retina -	Glaucoma – Pl laser for								
	Vitrectomy - i) Macular epiretinal	Dacrocystorhinosto	YAG laser capsulotomy	Cross-linking - progressive	Reconstruction/ Debulking - Benign		Laser for severe pre-proliferative	narrow angles								
1.	membrane	Other surgery - NOS	'	keratoconus	tumours	function/NOS	diabetic retinopathy									
	ii) Silicone oil removal - not	Other surgery - NOS	visual reduction	Corneal graft -	Other oncology	Other Surgery - NOS										
	otherwise specified		Other surgery - NOS	significant binocular visual reduction	surgery - NOS											
	(NOS)			Other Surgery - NOS												
	iii) Other surgery - NOS															
	a) This		c) Patients in p4	d) Safeguarding	e) Other specialist		g) Additional									
More detailed F	Prioritisation is	treatment,			surgery in		weighting may be given to a patient									
	not BY Whom'.		reviewed clinically	those attending with trauma and	is included in the guidance above.	be considered on	within their existing 'P' group to allow									
website https://	allow every	conditions, may	being listed and re-	acute surgical		case-by-case	them to enter into									
	listed under every	lead to adverse outcomes.	prioritised as necessary.	problems (e.g. NAI/domestic violence/			an approved, time dependent RCT									
specialty-guides/	specialty performing it and it		Preservey Prioritization Michal (SEX) for weighting users of the SEME closed planty (P-4). Low = 1 Interviewdalm + 2 Septicant + 2 Reals in the Consider Acceptance (Septicant - 2) Rea	abuse of the vulnerable)			does not lead to									
] 	DOES NOT indicate primacy of ANY		The control of C			benefit should be prioritised where	the distortion of clinical priorities									
8	specialty legitimately		Symptoms Post			possible.	within that 'P'									
ļ.	performing any		Equation And Page and Agents (1) Market on Agents (2) Market on Agents (3) Market on Agents (4) Market on			A detailed risk	9 ab.									
t	procedure within their listed		Column Trials TOTAL SCORE			analysis should be undertaken and										
	competencies.		And the second s			to any potential										
			The RPM matrix is			effect on local NHS resources.										
			to be used ONLY to assess patients in													
			the SAME priority band. https://													
			fssa.org.uk/ covid-19 documen													