Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic

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

It is essential that all patients listed in any category are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising.

The relative priorities between cases listed in the same time frame will need to be decided locally in relation to facilities available and local Covid conditions.

The ‘RPM’ form, included in the footer of the guide, is designed to help review and reprioritise cases in p1b-4.

The Guide is a short term expedient to the pandemic and not for long term use.

Both the Guide and the RPM are available to download at [https://fssa.org.uk/covid-19_documents.aspx](https://fssa.org.uk/covid-19_documents.aspx)

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSG, RCSEd, RCSEng and RCSI.
PLEASE NOTE:

Ophthalmology

Gynaecology

Vascular surgery

Cardiothoracic surgery

ENT surgery

Urology

Plastic surgery

Reconstructive breast, endocrine)

Coloproctology, oesophago-gastric,

Priority 1a - Emergency procedures to be performed in <24 hours

THIS lid lacerations)

haemorrhage/burns rupture/orbital injuries/globe

life Acute risk to sight/

Complications of Genital tract trauma

Necrotising fasciitis

Peritonitis

Emergency - not responding to medical Rx.

Bleeding anastomotic leaks

features of incipient bowel obstruction

Small and large

Necrotising fasciitis

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<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Priority 1: Non-COVID surgery should be performed at the earliest possible opportunity.</th>
<th>Priority 2: Procedures to be performed in &lt; 1 months. BE REVIEWED</th>
<th>Priority 3: Procedures to be performed in 1 - 3 months. BE REVIEWED</th>
<th>Priority 4: Procedures to be performed in &gt; 3 months. BE REVIEWED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ophthalmology</strong></td>
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<tr>
<td>Congenital corneal opacification</td>
<td>High score suggests unfavourable outcome, with high risk of developing permanent amblyopia due to loss of binocularity</td>
<td>Low score suggests an unfavourable outcome, with low risk of developing permanent amblyopia due to loss of binocularity</td>
<td>Moderate score suggests an unfavourable outcome, with moderate risk of developing permanent amblyopia due to loss of binocularity</td>
<td>Minimal score suggests a favourable outcome, with minimal risk of developing permanent amblyopia due to loss of binocularity</td>
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<tr>
<td>Strabismus - surgery</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
</tr>
<tr>
<td>Ocular/ocular complications</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
</tr>
<tr>
<td>Ocular/ocular tumours</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
</tr>
<tr>
<td>Intravitreal injections</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
</tr>
<tr>
<td>Vitreoretinal surgery</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td><strong>Cardiovascular</strong></td>
<td></td>
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<tr>
<td>Ebstein's anomaly</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Tetralogy of Fallot</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Mitral (not AVSD)</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Aortic (impaired function/symptoms)</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Aortic stenosis</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Mitral (not AVSD)</td>
<td>1a/1b</td>
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<tr>
<td><strong>Neurology</strong></td>
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<tr>
<td>Intracranial bleeding</td>
<td>1a/1b</td>
<td>2/3</td>
<td>3/4</td>
<td>4</td>
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<tr>
<td>Haemorrhagic stroke</td>
<td>1a/1b</td>
<td>2/3</td>
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<tr>
<td><strong>Vascular surgery</strong></td>
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<tr>
<td>Neurovascular surgery</td>
<td>1a/1b</td>
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<tr>
<td><strong>Surgical</strong></td>
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<tr>
<td>Plastic and reconstructive surgery</td>
<td>1a/1b</td>
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<td><strong>Obstetrics</strong></td>
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**PLEASE NOTE:** More detailed criteria and documents can be found on the NSGMLTD website: [link](https://example.com/detailed-guidelines)
General surgery (including gastro-intestinal, urology, plastics, breast, endocrine)

MDT directed breast cancer surgery including 1A/1B - Large primaries can be staged:

Cytotoxin - Adjuvant Therapy - 1A

Tumours:

- Breast - Operative facility
- Breast - Biopsy facility
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