

Numbers Sheet Name	Numbers Table Name	Excel Worksheet Name
1a) Emergency	Table 1	1a) Emergency
1a) Emergency	Table 1	1a) Emergency
1b) urgent 72hrs	Table 1	1b) urgent 72hrs
2) up to 1_12	Table 1	2) up to 1_12
3) up to 3_12	Table 1	3) up to 3_12
4) over 3_12	Table 1	4) over 3_12

Priority 1a - Emergency procedures to be performed in <24 hours. nb This prioritisation is about 'when and not by whom' - see notes below.											
General surgery (oesophago-gastric, HPB, coloproctology, breast, endocrine)	Emergency laparotomy - <i>Peritonitis/ Perforation/ Ischaemia/ Necrotising fasciitis/ Bleeding/Post operative complications</i> (eg anastomotic leaks/ bleeding) - not suitable for/ responding to endoscopic/ interventional radiology	Appendicectomy - complicated/ unresponsive to conservative Rx appendicitis	Intra-abdominal trauma - unsuitable for/not responding to conservative Rx	Drainage of localised sepsis/necrosis if not responding to conservative Rx (antibiotics/ Interventional radiology)	Benign Perforated oesophagus/ stomach - with survivable mediastinitis/ peritonitis	Acute airway obstruction - thyroid					
OMFS	Haemorrhage from maxillary/mandibular trauma not responsive to conservative Rx (reduction and IR)	Dental Sepsis - not responding to conservative Rx and threatening life/ airway/sight/ brain.	Orbital Compartment Syndrome/Muscle Entrapment - threatening sight	Jaw Dislocation - not responding to conservative Rx							
Reconstructive plastic surgery including burns and hands	Major burns - Airway management/ resuscitation/ escharotomies/ amputations/Toxic Shock	Chemical burns - especially Eye/ Hydrofluoric acid >2%/	Necrotising Fasciitis - any site	Soft tissue infection - any site (especially closed compartments/ joints) not responding to conservative Rx	Revascularisation/ re-implantation/ failing free flap - any site	Washout open wound/fractures/ infected/grossly contaminated (human/animal/ contaminated) wounds - any site	Removal of prosthesis/expander for fulminant infection				
Urology	Renal obstruction with infection - not responding to conservative Rx	Renal/ureteric trauma requiring open surgery	Bladder trauma requiring open surgery	Genital trauma/ amputation/ priapism (24hrs)	Fournier's gangrene	Haematuria/ uncontrolled haemorrhage - causing haemodynamic instability and unresponsive to conservative Rx					
Trauma and orthopaedics	Fractures - Open/Neurovascular and/or Skin compromise/Hip/ Long bone (inc. femoral shaft)/Pelvic and/or Spinal fixation in polytrauma	Septic arthritis - natural/prosthetic joint	Dislocated joints	Compartment syndrome							
ENT	Airway obstruction - Cancer/Foreign body/Sepsis	Neck trauma with vascular/visceral/ airway injury	Nasal/ear button battery removal	Life threatening middle ear conditions	Orbital cellulitis						
Neurosurgery	Traumatic Brain injury - unsuitable for conservative RX	Spinal Trauma with instability and or neurological dysfunction	Intra-cranial haemorrhage - not responding to conservative RX	Acute raised Intra cranial pressure/ Hydrocephalus (recoverable stroke/ tumour) - not suitable for conservative Rx	Cauda Equina Syndrome - Clinically and radiologically confirmed and not suitable for conservative Rx	Acute spinal cord compression -with neurological dysfunction - including MSCC					
Cardiothoracic surgery	Ruptured bronchus	Myocardial infarction - imminent death	Empyema with sepsis	Aortic dissection	Acute presentation of ventricular septal defect	Acute mitral valve disease	Chest Trauma				
Vascular surgery	Vascular injury/ occlusion (Limb and gut - including infected diabetic foot)	Uncontrolled external haemorrhage - any site/source	Ruptured AAA								
Paediatric general and urological surgery	Neonatal Malformations needing emergency correction (life threatening) - <i>Oesophageal Atresia, Gastroschisis, Anorectal Malformations</i>	Emergency Laparotomy- (Neonatal) - <i>Necrotising Enterocolitis (NEC), Perforation, Malrotation</i>	Emergency laparotomy - (Infant/ child) - <i>Peritonitis/ Perforation/ Intussusception/ Ischaemia/ Necrotising fasciitis/ Bleeding</i> (not responding to conservative Rx)/ <i>Post operative complications</i> (eg anastomotic leaks/ bleeding)	Appendicectomy - complicated or unresponsive to conservative Rx	Thoracotomy / Chest Drain Insertion /Video Assisted Thorascopic Surgery (VATS) for Empyema	Strangulated inguinal hernia	Acute Scrotal Exploration (suspected Testicular Torsion)	Trauma Thoracotomy	Trauma Laparotomy	Removal of Infected Central Line	Renal Obstruction with infection - not responding to Conservative Rx
Paediatric orthopaedic surgery	Septic arthritis/ osteomyelitis	Fractures - Open/ Neurovascular compromise/Skin compromise	Dislocated joints	Compartment syndrome							
Paediatric cardiac surgery	Neonate - Left heart obstructive lesions - <i>HLHS</i> (restrictive/ intact atrial septum/ Norwood/hybrid)/ <i>Critical aortic stenosis/coarctation</i> (unresponsive to medical Rx)	Neonate - Right heart obstructive lesions - <i>PA-IVS/PA-VSD/Tetralogy of Fallot/critical pulmonary stenosis</i> (not responding to medical Rx)	Neonate - Mixing lesions - <i>TGA</i> (hypoxaemia for BAS/Intact IVS for ASO)/ <i>TAPVD</i> (clinically obstructed)/ <i>Common arterial trunk</i> (excess pulmonary blood flow, truncal regurgitation not responding to medical Rx)	Neonate - Shunt/ stent - (profound hypoxaemia/ occlusion/ thrombosis)	Neonate - Arrhythmia - CHB not responding to medical Rx.	Infant - Left heart obstructive lesions - <i>Coarctation</i> (Impaired function)	Infant - Right heart obstructive lesions - <i>Tetralogy of Fallot</i> (cyanotic spells unresponsive to medical Rx)/ <i>Shunt/ stent dependant pulmonary blood flow</i> (pre BCPC or pre bIV repair with profound hypoxaemia/ thrombosis/ occlusion)	Infant - Regurgitant lesions - <i>aortic</i> (haemodynamically unstable)	Child - Left heart obstructive lesions - <i>MV prosthesis</i> (Thombed)	Child - Regurgitant lesions - <i>aortic</i> (haemodynamically unstable)	
Please note	This Prioritisation is about 'WHEN and not BY Whom'. Space does not allow every procedure to be listed by specialty performing it and it DOES NOT indicate primacy of ANY specialty legitimately performing any procedure within their listed competencies.	Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.	Other Specialist Surgery in Paediatric patients is included in the guidance above.	Safeguarding issues must be considered in all those attending with trauma and acute surgical problems (e.g. NAI/ domestic violence/ abuse of the vulnerable)							

Priority 1b - procedures to be performed in <72 hours. nb This prioritisation is about 'when and not by whom' - see notes below.										
General surgery (oesophago-gastric, HPB, coloproctology, breast, endocrine)	Laparotomy - small bowel obstruction not responding to conservative Rx.	Laparotomy - colectomy for acute severe ulcerative colitis not responding to conservative Rx	Laparotomy - bowel obstruction not suitable for stenting.	Perianal abscess/ other infection - not responding to conservative Rx.	Urgent enteral nutrition access	Failed conservative management of localised intra peritoneal infection	Breast sepsis - without necrosis unresponsive to conservative Rx	Upper GI endoscopy for foreign body removal		
OMFS	Facial fractures - not suitable for conservative Rx									
Reconstructive plastic surgery including burns and hands	Burns - requiring resuscitation.	Burns- full thickness/deep dermal requiring debridement and closure	Burns- mid/deep dermal with exposure of deep structures likely/ infection	Soft tissue infection - any site (especially closed compartments/ joints) not responding to conservative Rx	Delayed primary closure of open wound/fracture- any site	Primary tendon/ nerve repair -all sites.	Unstable closed fractures or joint injuries - unsuitable for conservative Rx	Secondary closure of washed out open wound/ fracture- any site	Finger tip/nail bed repair / terminalisation	Major limb trauma reconstruction unsuitable for conservative Rx
Urology	Upper urinary tract obstruction	Renal stones - pain/ impairment not responsive to conservative Rx	Penile fracture	Infected prosthesis - penile/testicular/ stent						
T & O	Tibial fracture - high energy/displaced, unstable shaft/	Fractures - pathological and peri-prosthetic	Unstable articular fractures that will result in severe disability without operative fixation	Non-hip lower limb frailty fractures requiring fixation to mobilise patient	Spinal Trauma requiring stabilisation without neurological involvement					
ENT	Uncontrolled epistaxis	Sinus surgery for impending catastrophe	Acute mastoiditis and other middle ear conditions not responding to conservative Rx (eg Cholesteatoma-complicated)	Traumatic/ cholesteotoma related facial nervc palsy	Traumatic injury to the pinna	Lymph node biopsy - lymphoma where core biopsy inadequate.	Head and neck sepsis - not responding to conservative Rx.	MDT directed Cancer debulking/ biopsy - Microlaryngoscopy +/- laser	Vocal Cord medicalisation for severe aspiration	
Neurosurgery	Traumatic brain injury - not responding to conservative Rx	Traumatic brain injury - not responding to conservative Rx - neurological compromise	Intracranial haemorrhage - no longer responding to conservative Rx	Acute raised Intra cranial pressure/ hydrocephalus (recoverable stroke/ tumour) - no longer responding to conservative Rx	Cauda Equina Syndrome - no longer responding to conservative Rx	Acute spinal cord compression - no longer responding to conservative Rx	Battery change for spinal/deep brain/ epilepsy stimulators/pumps			
Cardiothoracic surgery	Empyema not responding to Rx	Coronary Artery Disease -Unstable/ Rest ECG changes and not reposing to conservative Rx	Aortic Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Mitral Valve Disease - Deteriorating Symptoms / Haemodynamically unstable	Myxoma - Emboli/ Haemodynamically unstable	Chest Trauma				
Vascular surgery	Acute on chronic limb ischaemia	Symptomatic carotid disease	Amputation for limb ischamia							
Paediatric general and urological surgery	Neonatal Malformations needing urgent correction - Duodenal Atresia, Small bowel obstruction, Large bowel obstruction, Congenital Diaphragmatic Hernia, Congenital Pulmonary Airway Malformations (CPAMS) - respiratory compromise	Laparotomy - small bowel obstruction not responding to conservative Rx	Laparotomy - Colectomy for colitis (Ulcerative Colitis / Hirschsprung's) not responding to conservative Rx	Soft tissue infection - any site not responding to conservative Rx	Central Venous Line insertion for Oncology/Enteral nutrition/Access for antibiotics/Dialysis	Drainage of obstructed renal tract	Malignant tumour/ Lymph node biopsy	Peritoneal Dialysis Catheter Insertion	Resection of Posterior Urethral Valves	Pyloromyotomy
Paediatric orthopaedic surgery	Slipped Upper Femoral Epiphysis	MDT Directed Suspected bone or soft tissue malignant tumours	Fractures - Displaced articular/ peri-articular/ Forearm/Femoral	Exposed metalwork						
Paediatric cardiac surgery										
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Priority 3 - procedures to be performed in < 3 months. nb This prioritisation is about 'when and not by whom' - see notes below.										
General surgery (oesophago-gastric, HPB, coloproctology, breast, endocrine)	MDT directed resection of colon cancer	MDT directed resection of rectal cancer	MDT Directed hepatobiliary/pancreatic/oesophagogastric/GI Stromal tumour cancer surgery	MDT Directed thyroid cancer surgery - including diagnostic lobectomy.	Renal stones - symptomatic, including sepsis not responding to conservative Rx	MDT directed adrenal resections - intermediate masses a) >4cm<6cm) with hypersecretion (Cortisol/androgen) b) metastases - progressing on scan at 3/12.	MDT directed breast cancer resection - pre-menopausal ER+ without adverse biology	Cholecystectomy - post acute pancreatitis	Hernia - presenting with complications that have settled with conservative Rx	Parathyroidectomy - symptomatic renal stones/Sepsis not responding to conservative Rx .
OMFS	MDT directed resection of head and neck skin cancer - moderately/well differentiates with no metastases.	MDT directed salivary gland tumours (low grade).								
Reconstructive plastic surgery including burns and hands	Burns-reconstruction for eyelid closure/microstomia/joint and neck contracture	Limb contractures								
Urology	MDT directed prostate cancer surgery - high/intermediate risk	Stent removal/exchange	Haematuria - investigation for non-visible	MDT directed bladder cancer surgery (not invading muscle)	MDT Directed penile cancer surgery (low grade and premalignant).					
T & O	Hip Avascular Necrosis (night pain/collapse of the joint/going off their feet)	Frozen shoulder - severe and not responding to conservative Rx	Tendon reconstruction/tenodesis - biceps/hamstring	Revision surgery for loosening/impending fracture.	MDT Directed Benign bone/soft tissue lesion excision biopsy - not otherwise specified	MDT Directed primary sarcoma plus metastases surgery	Arthroscopic removal of joint loose body (Reversible symptoms preventing work)	Locked Knee - ACL/other reconstruction		
ENT	CSF fistula repair	Symptomatic mucocoele (eg diplopis/recurrent infection)	Cochlear implant in pre-verbal profound hearing loss where delay will impact on long term outcome.	MDT directed otological cancer surgery.	Micro-Laryngoscopy and papilloma resection (laser/microdebrider/coblation/steel)	Endoscopic treatment of pharyngeal pouch with severe dysphagia				
Neurosurgery										
Cardiothoracic surgery	Stable Non ST Elevation MI									
Vascular surgery	AAA >5.5cm and <7cm in diameter									
Paediatric general and urological surgery	Congenital Malformations with delayed Management - Hirschsprung's Disease initially managed with washouts.	Inguinal hernia 3-12 mths of age	Gastrostomy for Failure To Thrive (FTT)	Interval appendicectomy for recurrent symptoms	Cholecystectomy					
Paediatric orthopaedic surgery	Developmental Dislocation of the Hip (DDH) - Primary joint stabilisation	Congenital Talipes Equino Varus (CTEV) - Initial management including tenotomies	Limb length discrepancy/malalignment							
Paediatric cardiac surgery										
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