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)

With thanks to all the Surgical Associations, which have contributed and to the RCOG, RCOphth, RCPSG, RCSEd, RCSEng and RCSI
Coronavirus website guidance can be specialty specific. More detailed delivery, and (including Gynaecology, Paediatric cardiac, orthopaedic, urology) surgery

**Paediatric general surgery (including spinal)**
- Acute risk to sight/
- Bleeding
- Sepsis
- Pelvic/genital tract
- Ovary/pelvic mass
- Torted/ruptured bleeding requiring medical abortion at 11-14 weeks (restrictive/- notantroversion)

**Obstetrics and gynaecology surgery**
- Early pregnancy and medical Rx
- Medical abortion at 8-12 weeks (hypoxaemia - not responding to medical Rx)
- Medical abortion at 11-6 weeks [England & Wales] / 11+6 weeks (infant - 11+6 weeks)
- Post-operative ischaemia/

**Hepatobiliary surgery**
- Infection - not responding to conservative Rx
- Cauda Equina

**Paediatric thoracic surgery**
- Critical pulmonary obstructive lesions
- PA-VSD

**Paediatric cardiac surgery**
- HLHS
- Hypothermia
- Resection for congenital heart obstructive lesions
- TAPVD

**Surgical trauma**
- Uncontrolled haemorrhage - any site (especially site)
- Shock
- Chemical burns - conservative Rx and resuscitation/management

**Cardiac surgery**
- Acute airway injury
- Septic arthritis/>

**Plastic surgery**
- Necrotising fasciitis
- Major burns  - conservative Rx

**Hand surgery**
- Hydrofluoric acid

**Vascular surgery**
- Uncontrolled haemorrhage - any site
- Shock

**Orthopaedic surgery**
- Fractures - conservative Rx

**Emergency general surgery**
- Emergency procedures to be performed in <24 hours

**Emergency surgical specialties**
- Emergency surgery team

**Reproductive surgery**
- Reproductive surgery

**OMFS**
- Complications

**General surgery**
- Trauma Laparotomy

**General surgery**
- Substantial

**Coloproctology, HPB, oesophago-gastric**
- Anastomotic leaks/
- Complications

**Emergency department**
- Emergency department

**Obstetrics and gynaecology**
- Emergency

**Behavioural and psychological issues**
- Safeguarding
Please note:

In response to COVID-19, all surgical procedures have been prioritised to ensure that only those procedures deemed absolutely necessary for the patient’s immediate care are performed.

The priority matrix below is intended to be used in conjunction with a trauma matrix. It is not intended to prioritise surgical procedures within the delays described above. It is intended to provide a framework to help surgical teams decide which procedures are to be performed in response to COVID-19.

### Priority Matrix

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1a</td>
<td>Urgent procedures requiring immediate surgical intervention for the patient’s immediate care.</td>
</tr>
<tr>
<td>1b</td>
<td>Procedures to be performed in ≤72 hours.</td>
</tr>
<tr>
<td>2a</td>
<td>Procedures to be performed in 72-120 hours.</td>
</tr>
<tr>
<td>2b</td>
<td>Procedures to be performed in 120-180 hours.</td>
</tr>
<tr>
<td>3</td>
<td>Procedures to be performed in &gt;180 hours.</td>
</tr>
<tr>
<td>4</td>
<td>Non-urgent procedures.</td>
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</table>

### Example of Priority Matrix

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Priority Level</th>
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<tbody>
<tr>
<td>Lung cancer (non-metastatic)</td>
<td>1a</td>
</tr>
<tr>
<td>Laparotomy due to bowel obstruction</td>
<td>1a</td>
</tr>
<tr>
<td>Major trauma to the head</td>
<td>1a</td>
</tr>
<tr>
<td>Major trauma to the spine</td>
<td>1a</td>
</tr>
<tr>
<td>Major trauma to the extremities</td>
<td>1a</td>
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</table>

### Notes

- Procedures in priority 1a are to be performed immediately.
- Procedures in priority 1b are to be performed within 72 hours.
- Procedures in priority 2a are to be performed within 72-120 hours.
- Procedures in priority 2b are to be performed within 120-180 hours.
- Procedures in priority 3 are to be performed beyond 180 hours.
- Procedures in priority 4 are non-urgent and can be rescheduled as appropriate.

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**General surgery**

- Small bowel obstruction
- Colorectal cancer
- Appendicitis
- Gallstone disease
- Cholecystectomy

**Urology**

- Prostate biopsy
- Renal cell carcinoma
- Ureteric stent
- Bladder cancer
- Renal pelvis
tumor

**Surgical oncology**

- Cancer of the breast
- Cancer of the lung
- Cancer of the liver
- Cancer of the pancreas

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**Reconstructive surgery**

- HPB (including General surgery (n.b. This prioritisation is about ‘when and not by whom’ during the Covid19 Crisis - see notes below)

**Priority 1b - Procedures to be performed in ≤72 hours.**

- Bowel obstruction
- Laparotomy
- Acute mesenteric ischemia
- Nasal fracture
- Laceration of the face
- Traumatic brain injury
- Traumatic spinal injury
- Biliary obstruction
- Hepatic trauma
- Renal trauma
- Major limb trauma

**Priority 2a - Procedures to be performed in 72-120 hours.**

- Bowel obstruction
- Laparotomy
- Acute mesenteric ischemia
- Nasal fracture
- Laceration of the face
- Traumatic brain injury
- Traumatic spinal injury
- Biliary obstruction
- Hepatic trauma
- Renal trauma
- Major limb trauma

**Priority 2b - Procedures to be performed in 120-180 hours.**

- Bowel obstruction
- Laparotomy
- Acute mesenteric ischemia
- Nasal fracture
- Laceration of the face
- Traumatic brain injury
- Traumatic spinal injury
- Biliary obstruction
- Hepatic trauma
- Renal trauma
- Major limb trauma

**Priority 3 - Procedures to be performed in >180 hours.**

- Bowel obstruction
- Laparotomy
- Acute mesenteric ischemia
- Nasal fracture
- Laceration of the face
- Traumatic brain injury
- Traumatic spinal injury
- Biliary obstruction
- Hepatic trauma
- Renal trauma
- Major limb trauma

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**Other comments:**

- This prioritisation is not intended to prioritise surgical procedures within the delays described above. It is intended to provide a framework to help surgical teams decide which procedures are to be performed in response to COVID-19.
- The priority matrix below is intended to be used in conjunction with a trauma matrix. It is not intended to prioritise surgical procedures within the delays described above. It is intended to provide a framework to help surgical teams decide which procedures are to be performed in response to COVID-19.

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### Recovery Prioritisation Matrix (to use with cases on sheets 2-5)

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Priorities – Please note it will be prioritised in 3 phases.

1. Initial aim: To keep women and their partners as safe as possible.

2. To minimise the risk of further transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): hence, all patients must follow the advice of the Department of Health and Social Care.

3. To maintain access to non-coronavirus-related healthcare services.

PRIORITY ON VARIOUS SPECIALTY INTERVENTIONS - see table below

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<tr>
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<th>Category</th>
<th>Key Considerations</th>
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PLEASE NOTE: the above prioritisation can be contradicted by clinical need.

Option A: Involve the multidisciplinary team (MDT) to consider clinical benefits and risks.

Option B: Safeguarding - MDT directed care is an appropriate approach to support patient care and reduce the overall impact of the COVID-19 pandemic. This approach is supported by the Royal College of Obstetricians and Gynaecologists (RCOG) in their coronavirus guidance.

Option C: Any patient presenting with a new onset of symptoms should be treated as per current national guidelines.

Option D: The above prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

a) This prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

b) This prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

c) This prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

d) This prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

e) This prioritisation is about ‘when and not by whom’ during the COVID19 Crisis - see notes below

Option E: A priority score model is included in the table below. Score patients according to the table and use those scores to re-prioritise patients. Consider pre-existing conditions and the impact of the pandemic on patients’ health.

Option F: This RPM matrix is to be used only in the SMH and priority zones.

Option G: This RPM matrix is to be used only in the SMH and priority zones.

Option H: This RPM matrix is to be used only in the SMH and priority zones.

Option I: This RPM matrix is to be used only in the SMH and priority zones.

Option J: This RPM matrix is to be used only in the SMH and priority zones.

Option K: This RPM matrix is to be used only in the SMH and priority zones.

Option L: This RPM matrix is to be used only in the SMH and priority zones.

Option M: This RPM matrix is to be used only in the SMH and priority zones.

Option N: This RPM matrix is to be used only in the SMH and priority zones.

Option O: This RPM matrix is to be used only in the SMH and priority zones.

Option P: This RPM matrix is to be used only in the SMH and priority zones.

Option Q: This RPM matrix is to be used only in the SMH and priority zones.

Option R: This RPM matrix is to be used only in the SMH and priority zones.

Option S: This RPM matrix is to be used only in the SMH and priority zones.

Option T: This RPM matrix is to be used only in the SMH and priority zones.

Option U: This RPM matrix is to be used only in the SMH and priority zones.

Option V: This RPM matrix is to be used only in the SMH and priority zones.

Option W: This RPM matrix is to be used only in the SMH and priority zones.

Option X: This RPM matrix is to be used only in the SMH and priority zones.

Option Y: This RPM matrix is to be used only in the SMH and priority zones.

Option Z: This RPM matrix is to be used only in the SMH and priority zones.
**Priority 4 - Procedures to be performed in >3 months.**

(b) This prioritisation is about 'when and not by whom' during the Covid-19 Crisis - see notes below)

| General Surgery including urology, gynaecology, endocrinology, orthopaedic, plastic surgery, and ophthalmology | }
|---|
| MDT directed breast cancer surgery (including IBR if appropriate) | goodbye to most women's forms if and only if considered to be life-saving. 
| Complete pelvic exenteration for d3 NOS | to assess patients suitability for treatment. 
| Vaginal hysterectomy - vaginal | at least 6/12 months post op in the same ward. 
| Colposcopy | identified as urgent for immediate surgery. 
| Vaginal hysterectomy - vaginal or laparoscopic | in the medical setting. 
| Colposcopy | identified as urgent for immediate surgery. 
| Vaginal hysterectomy - vaginal or laparoscopic | in the medical setting. 
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