This guidance has been updated from the original version published on 11 April 2020. The main changes are the inclusion of material related to spinal surgery and paediatric cardiac surgery.

This guidance describes levels of surgical priority, covering all surgical specialties with the exception of obstetrics and gynaecology and ophthalmology. Guidance for these disciplines is available separately, with links provided below.

Patients requiring surgery during the COVID-19 crisis have been classified in the following groups:

**Priority level 1a Emergency** - operation needed within 24 hours

**Priority level 1b Urgent** - operation needed within 72 hours

**Priority level 2 Surgery that can be deferred for up to 4 weeks**

**Priority level 3 Surgery that can be delayed for up to 3 months**

**Priority level 4 Surgery that can be delayed for more than 3 months**

These time intervals may vary from usual practice and may possibly result in greater risk of an adverse outcome due to progression or worsening of the condition, but we have to work within the resources available locally and nationally during the crisis.


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


For guidance on the prioritisation of ophthalmic procedures and restoration of ophthalmology services please refer to [https://www.rcophth.ac.uk/about/rcophth-covid-19-response/rcophth-guidance-on-restoring-ophthalmology-services/](https://www.rcophth.ac.uk/about/rcophth-covid-19-response/rcophth-guidance-on-restoring-ophthalmology-services/)

The current guidance is designed primarily to assist a variety of professionals involved in the care of surgical patients. This categorisation will help:

- managers to plan the allocation of surgical resources
- individual surgical specialties to appreciate the needs of other specialties when resources are stretched
- facilitate the development of regional surgical networks to sustain the delivery of surgery in a timely fashion.

It is imperative that patients do not get lost in the system. Clear records of patients whose care is deferred must be held and co-ordinated.

In time, understanding the extent of work that has been deferred will help with planning the measures that need to be taken to reduce the inevitable increase in waiting times and the size of waiting lists that will occur in all surgical specialties.

Please note: Any delay in treatment, especially of cancers, trauma and life threatening conditions, may lead to adverse outcomes.
### Paediatric Cardiac Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Priority</th>
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<tbody>
<tr>
<td>Neonatal Cardiopulmonary programme/</td>
<td>Priority 1a</td>
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<tr>
<td>Hypoplastic left heart syndrome (especially</td>
<td>left heart</td>
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<tr>
<td>Diaphragmatic hernia</td>
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<td>Post-anomalous pulmonary venous connection</td>
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<td>Truncus arteriosus</td>
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<td>Transposition of great arteries</td>
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<td>Single ventricle</td>
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<td>Hypoplastic left heart syndrome</td>
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<td>Intact atrial septum</td>
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<td>Heterotaxia</td>
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<table>
<thead>
<tr>
<th>Speciality</th>
<th>Summary</th>
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</thead>
<tbody>
<tr>
<td>General Surgery excluding oncology, ENT, ophthalmology, plastic surgery</td>
<td>Inpatient patients (ICU or high dependency)</td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>Patients under 18 years old</td>
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<tr>
<td>Plastic/Reconstructive Surgery</td>
<td>Patients requiring plastic surgery</td>
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<tr>
<td>Vascular Surgery</td>
<td>Patients requiring vascular surgery</td>
</tr>
</tbody>
</table>

**PLEASE NOTE:**

- These patients are those that require surgical intervention.
- These patients are those that require surgical intervention due to their clinical condition.
- **New** Specialist Surgical Pathways have been added to the guidance above.

- The following criteria must be considered in all those awaiting acute surgical procedures (e.g. a higher clinical condition/degree of illness): **Cancer**, **Infections**, **Unstable/Severely Unstable Condition**, **AUG**.
### Priority - procedures to be performed in a co-ordinated manner

**Gastrointestinal Surgery**
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Priority</th>
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<tbody>
<tr>
<td>Laparoscopic-assisted fundoplication for achalasia</td>
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<tr>
<td>Laparoscopic-assisted fundoplication for hiatal hernia</td>
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<tr>
<td>Laparoscopic-assisted fundoplication for gastroesophageal reflux disease</td>
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<td>Laparoscopic-assisted fundoplication for gastric ulcer</td>
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<td>Laparoscopic-assisted fundoplication for inflammatory bowel disease</td>
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<tr>
<td>Laparoscopic-assisted fundoplication for chronic pancreatitis</td>
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</tbody>
</table>

**Specialist Specific Surgery**

#### Gastrointestinal Surgery

- **Pediatric hepatobiliary surgery**
  - Laparoscopic-assisted fundoplication for achalasia
  - Laparoscopic-assisted fundoplication for hiatal hernia
  - Laparoscopic-assisted fundoplication for gastroesophageal reflux disease
  - Laparoscopic-assisted fundoplication for gastric ulcer
  - Laparoscopic-assisted fundoplication for duodenal ulcer
  - Laparoscopic-assisted fundoplication for small bowel diverticulitis
  - Laparoscopic-assisted fundoplication for Crohn's disease
  - Laparoscopic-assisted fundoplication for inflammatory bowel disease
  - Laparoscopic-assisted fundoplication for chronic pancreatitis

#### Thoracic Surgery

- **Pediatric cardiothoracic surgery**
  - Laparoscopic-assisted fundoplication for achalasia
  - Laparoscopic-assisted fundoplication for hiatal hernia
  - Laparoscopic-assisted fundoplication for gastroesophageal reflux disease
  - Laparoscopic-assisted fundoplication for gastric ulcer
  - Laparoscopic-assisted fundoplication for duodenal ulcer
  - Laparoscopic-assisted fundoplication for small bowel diverticulitis
  - Laparoscopic-assisted fundoplication for Crohn's disease
  - Laparoscopic-assisted fundoplication for inflammatory bowel disease
  - Laparoscopic-assisted fundoplication for chronic pancreatitis

#### Neurosurgery

- **Pediatric neurosurgery**
  - Laparoscopic-assisted fundoplication for achalasia
  - Laparoscopic-assisted fundoplication for hiatal hernia
  - Laparoscopic-assisted fundoplication for gastroesophageal reflux disease
  - Laparoscopic-assisted fundoplication for gastric ulcer
  - Laparoscopic-assisted fundoplication for duodenal ulcer
  - Laparoscopic-assisted fundoplication for small bowel diverticulitis
  - Laparoscopic-assisted fundoplication for Crohn's disease
  - Laparoscopic-assisted fundoplication for inflammatory bowel disease
  - Laparoscopic-assisted fundoplication for chronic pancreatitis

#### Plastics and reconstructive surgery

- **Pediatric reconstructive surgery**
  - Laparoscopic-assisted fundoplication for achalasia
  - Laparoscopic-assisted fundoplication for hiatal hernia
  - Laparoscopic-assisted fundoplication for gastroesophageal reflux disease
  - Laparoscopic-assisted fundoplication for gastric ulcer
  - Laparoscopic-assisted fundoplication for duodenal ulcer
  - Laparoscopic-assisted fundoplication for small bowel diverticulitis
  - Laparoscopic-assisted fundoplication for Crohn's disease
  - Laparoscopic-assisted fundoplication for inflammatory bowel disease
  - Laparoscopic-assisted fundoplication for chronic pancreatitis

### PLEASE NOTE:

- More detailed specialty specific guidance can be found on the NHS England website.
- Further information on the NHS England website can be accessed at [www.england.nhs.uk](http://www.england.nhs.uk).

**UPDATE DOCUMENT WILL BE REVIEWED MONTHLY**
### General surgery
- Oesophageal/gastric, rectal, coloproctology, breast, endocrine

### Thoracic surgery
- Pulmonary
- Cardiothoracic (including spinal neurosurgery)

### Vascular surgery
- Peripheral vascular

### Plastic surgery
- Burns
- Microsurgery
- Breast
- Endocrine
- Colorectal
- Hepatobiliary

### Digestive surgery
- Gastrointestinal
- Pancreatic

### Genitourinary surgery
- Urology
- Reconstructive

### Ear Nose and Throat surgery
- Otology
- Otolaryngology

### Ophthalmology
- Oculoplastics

### Orthopaedics
- Joint stabilisation

### Paediatric surgery
- Paediatric cardiac surgery
- Paediatric orthopaedic surgery

### Specialties
- Breast (occult carcinoma)
- Breast (broad spectrum)
- Colorectal cancer
- Breast (benign and intermediate masses)
- Breast (low grade)
- Breast (high grade)
- Breast (malignant)
- Breast (premalignant)
- Breast (low grade and lower risk)
- Breast (non-malignant)
- Breast (benign and intermediate masses)

### General surgical procedures
- Appendectomy for acute appendicitis
- Cholecystectomy
- Hernia repair
- Colorectal cancer surgery
- Breast cancer surgery
- Thoracic surgery

### Electro surgical procedures
- Laser resection of head and neck skin
- Radiofrequency ablation of head and neck skin
- Thermotherapy

### Miscellaneous
- Plastic surgery for burns and hand

### T&O (including spinal surgery)
- Hip

### Neurosurgery
- Intracocular

### Cardiac surgery
- Valve repair

### Vascular surgery
- AAA repair

### Paediatric general and ophthalmological surgery
- Congenital anomalies

### Paediatric orthopaedic surgery
- Developmental Dysplasia of the Hip (DDH)

### Paediatric cardiac surgery
- Bicuspid aortic valve

### Other Specialist surgery
- OB/GYN

### Safeguarding
- Domestic violence/

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**PLEASE NOTE:**

Any delays in treatment, especially of acute surgical conditions, may lead to adverse outcomes.

**Safeguarding**

Information is included in the guidance above.

**Funding**

Information is included in the guidance above.

**Abuse**

Information is included in the guidance above.
**Priority 1: Procedures to be performed in Urgent setting**

(See Posters for details about which procedures are included in each priority group.)

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 2: Procedures to be performed in Urgent/Medium setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 3: Procedures to be performed in Urgent/Low setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 4: Procedures to be performed in >3 months**

Cholecystectomy

- Benign lesion
- Uncomplicated gallbladder disease
- choledocholithiasis
- UGI conditions (e.g. pylorospasm)

Fundoplication for reflux

- Benign lesion
- Uncomplicated gastroesophageal reflux disease

Hartmann’s reversal/

- Benign lesion
- Uncomplicated sigmoid diverticulitis

Rectal prolapse

- Benign lesion
- Uncomplicated rectal prolapse

Hypospadias repair

- Benign lesion
- Uncomplicated hypospadias

Surgical treatment of proximal obstructive uropathy

- Benign lesion
- Uncomplicated upper urinary tract reflux

Bladder outflow obstruction

- Benign lesion
- Pelviureteric junction obstruction

Benign lesion

- Benign lesion
- Benign lesion

**Priority 5: Procedures to be considered in Urgent setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 6: Procedures to be considered in Urgent/Medium setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 7: Procedures to be considered in Urgent/Low setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 8: Procedures to be considered in >3 months**

Cholecystectomy

- Benign lesion
- Uncomplicated gallbladder disease
- choledocholithiasis
- UGI conditions (e.g. pylorospasm)

Fundoplication for reflux

- Benign lesion
- Uncomplicated gastroesophageal reflux disease

Hartmann’s reversal/

- Benign lesion
- Uncomplicated sigmoid diverticulitis

Rectal prolapse

- Benign lesion
- Uncomplicated rectal prolapse

Hypospadias repair

- Benign lesion
- Uncomplicated hypospadias

Surgical treatment of proximal obstructive uropathy

- Benign lesion
- Uncomplicated upper urinary tract reflux

Bladder outflow obstruction

- Benign lesion
- Pelviureteric junction obstruction

Benign lesion

- Benign lesion
- Benign lesion

**Priority 9: Procedures to be considered in Urgent setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 10: Procedures to be considered in Urgent/Medium setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 11: Procedures to be considered in Urgent/Low setting**

General surgery (including oesophagogastric, ERCP, bariatric, breast, endocrine, vascular, neurosurgery, ENT, urology, including burns and plastic surgery)

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

Palliative surgery

- Palliative hip (DDH)
- Palliative rectoplasty
- Palliative sagittal ano

Vein surgery

- Severe complications/ life threatening conditions, or co-morbidities compromising vital structures
- Other severe complications/ life threatening conditions

**Priority 12: Procedures to be considered in >3 months**

Cholecystectomy

- Benign lesion
- Uncomplicated gallbladder disease
- choledocholithiasis
- UGI conditions (e.g. pylorospasm)

Fundoplication for reflux

- Benign lesion
- Uncomplicated gastroesophageal reflux disease

Hartmann’s reversal/

- Benign lesion
- Uncomplicated sigmoid diverticulitis

Rectal prolapse

- Benign lesion
- Uncomplicated rectal prolapse

Hypospadias repair

- Benign lesion
- Uncomplicated hypospadias

Surgical treatment of proximal obstructive uropathy

- Benign lesion
- Uncomplicated upper urinary tract reflux

Bladder outflow obstruction

- Benign lesion
- Pelviureteric junction obstruction

Benign lesion

- Benign lesion
- Benign lesion

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**PLEASE NOTE:**