

T&O Surgical Prioritisation

Prioritisation should always include a consideration of both the disease specific factors **and** the general well-being of the patient.

1a – Within 24 hours – threat to life or limb without immediate/ emergency treatment

	Tumour	Infection	Acute Trauma	Sequelae of Trauma or Surgery	Other Pathology
Trauma & Orthopaedics (Adult & Paediatric)		Necrotising fasciitis Septic arthritis Osteomyelitis, abscess or acute infected prosthesis/ implant with systemic sepsis	Some injuries require immediate management or treatment within six to twelve hours and more detailed prioritisation guidance is being developed by the BOA. <ul style="list-style-type: none"> Management of pelvic or limb haemorrhage not controlled by non-operative measures Stabilisation procedures for patients with multiple injuries, including pelvic, spinal & long bone fixation Fracture with compromised skin or open fractures, distal ischaemia or neurological deficit Compartment syndrome Debridement of contaminated wounds Acute joint dislocations (native or prosthetic) Fragility femoral fractures, including hip fractures (within 36 hours) 	Post-operative bleeding or neurological abnormality Post-operative compartment syndrome	Slipped Upper Femoral Epiphysis
Spinal Surgery (T&O or neurosurgery)		Epidural abscess	Stabilisation of spinal fracture that is unstable or associated with neurological abnormality	Epidural haematoma	Cauda equina syndrome or acute cord compression with neurological compromise
Hand Surgery (T&O or plastic surgery)		Soft tissue infection of the hand	Fracture with compromised skin (open fractures or threatened skin), distal ischaemia or neurological deficit Compartment syndrome Debridement of contaminated wounds Acute joint dislocations		

1b – Within 72 hours – potential for loss of life or limb or permanent reduction in function if not treated urgently

	Tumour	Infection	Acute Trauma	Sequelae of Trauma or Surgery	Other Pathology
Trauma & Orthopaedics (Adult & Paediatric)		<p>Abscess or soft tissue collection without systemic sepsis</p> <p>DAIR for acute infected prosthesis without systemic sepsis</p>	<p>Acute fractures not suitable for non-operative management. Some fracture fixation may safely be delayed beyond 72 hours at the discretion of the managing team (e.g. for further investigations or to allow the soft tissue envelope to improve) but surgery should be performed as soon as practical (more detailed prioritisation guidance is being developed by the BOA).</p> <p>Surgery for patients who have had an unsuccessful trial of non-operative management (e.g. loss of position) should be scheduled within 72 hours of the decision to operate.</p> <p>When scheduling surgery with limited resources, consider prioritising:</p> <ul style="list-style-type: none"> • Pelvic ring fractures • Rib fractures • Displaced long bone and intra-articular fractures • Peri-prosthetic fractures • Pathological fractures • Lower limb fragility fractures that preclude mobility and do not require more urgent treatment • Elbow, forearm and femoral fractures in children that do not require more urgent treatment <p>Debridement & closure of uncontaminated wounds</p> <p>Acute tendon rupture (biceps, triceps, quadriceps, patella, Achilles) within 7 days</p> <p>Orthoplastic reconstructive procedures for open fractures</p>	<p>Sequential procedures for management of wounds and fractures (e.g. delayed primary closure)</p> <p>Removal of/ attention to exposed metalwork</p> <p>Definitive amputation for severe injury</p>	
Spinal Surgery (T&O or neurosurgery)			Stabilisation of spinal fracture not associated with neurological abnormality		
Hand Surgery (T&O or plastic surgery)			<p>Primary tendon or nerve repair</p> <p>Fingertip or nail bed repair or terminalisation</p> <p>Debridement & closure of uncontaminated wounds</p>	Sequential procedures for management of wounds and fractures (e.g. delayed primary closure)	

			Acute unstable fractures or dislocations not suitable for non-operative management		
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2 – Within 1 month – rapidly progressive disease process or injury where healing process will materially affect outcome if not treated urgently

	Tumour	Infection	Acute Trauma	Sequelae of Trauma or Surgery	Other Pathology
Trauma & Orthopaedics (Adult & Paediatric)	<p>MDT-directed bone or soft tissue sarcoma surgery</p> <p>MDT-directed surgery for solitary bone or soft-tissue metastasis</p> <p>MDT-directed surgery for aggressive or destructive bone lesion with risk of fracture (e.g. giant cell tumour)</p>	<p>First stage revision procedure for acute infected prosthesis</p> <p>Osteomyelitis without systemic sepsis</p>	<p>Surgery for locked joint</p> <p>Meniscal repair</p> <p>Acute AC joint reconstruction</p>	<p>Surgery for acute failure of fracture fixation</p> <p>Removal of temporary metalwork (e.g. trans-articular fixation). Procedure may be scheduled for a specified time after initial fixation</p> <p>Non-union of the lower limb affecting patient mobility</p> <p>Amputation as a salvage procedure</p>	<p>Primary or revision arthroplasty, arthrodesis or bony/soft tissue procedure where there is:</p> <ul style="list-style-type: none"> • Rapid deterioration in function (e.g. recurrent dislocations requiring hospital admission, loss of independence in basic activities of daily living resulting in increased social care requirements) • Rapid loss of bone stock (e.g. impending peri-prosthetic fracture, need for more complex surgery such as grafting) <p>Peripheral nerve decompression where there is rapid progress of neurological symptoms, permanent numbness or muscle wasting</p> <p>Initial management of Congenital Talipes Equino-Varus (CTEV) including tenotomies</p>
Spinal Surgery (T&O or neurosurgery)	MDT-directed spinal tumour surgery				Surgery for spinal conditions with progressive neurological abnormality
Hand Surgery (T&O or plastic surgery)					

3 – Within 3 months – progressive disease process with likelihood of more extensive procedure or materially worse clinical outcome if not treated expeditiously

	Tumour	Infection	Acute Trauma	Sequelae of Trauma or Surgery	Other Pathology
Trauma & Orthopaedics (Adult & Paediatric)	MDT-directed surgery for sarcoma, metastasis or benign bone lesion that does not require more urgent treatment	First or single stage revision arthroplasty for chronic infection Staged second procedure for revision arthroplasty	Repair of acute cuff tear Ligament reconstruction (e.g. ACL)	Joint stabilisation procedure for recurrent dislocations Surgery for delayed union	Primary or revision arthroplasty, arthrodesis or bony/ soft tissue procedures where there is: <ul style="list-style-type: none"> • Joint collapse (e.g. AVN; post-trauma) • Rapid reduction in mobility • Joint instability • Progressive aseptic loosening • Increasing night pain precluding sleep Primary or revision joint relocation procedures in children that do not require more urgent treatment Surgery in children where growth impacts clinical outcome e.g. <ul style="list-style-type: none"> • Procedures for hip subluxation/ dislocation including Developmental Dysplasia of the Hip (DDH) and neuromuscular conditions • Surgery to correct limb length discrepancy or malalignment Removal of loose bodies causing intermittently locked joint
Spinal Surgery (T&O or neurosurgery)					Childhood/ adolescent spinal deformity surgery Injection or decompressive surgery for intractable radiculopathy
Hand Surgery (T&O or plastic surgery)					Congenital hand anomaly where delay will compromise outcome. Surgery for rapidly-progressive Dupuytren's contracture or other condition resulting in macerated skin

4 – Greater than 3 months – slowly progressing disease process where delay is unlikely to materially affect long-term clinical outcome

	Tumour	Infection	Acute Trauma	Sequelae of Trauma or Surgery	Other Pathology
Trauma & Orthopaedics (Adult & Paediatric)	Excision of benign bone or soft tissue lesions	Late reconstruction procedures		Reconstructive surgery for late sequelae of trauma Surgery for significantly delayed presentation of injury with established non-union but without instability, loosening or increasing deformity) Removal of uninfected implants not otherwise specified	Arthroplasty, arthrodesis or bony/soft tissue surgery not otherwise specified
Spinal Surgery (T&O or neurosurgery)	Slow growing spinal tumours without neurological compromise				Congenital spinal deformity without neurological compromise or refractory pain Adult spinal deformity surgery with progression
Hand Surgery (T&O or plastic surgery)				Reconstructive surgery for scarring etc.	