



Prioritisation of Colorectal Surgery during COVID-19

Intercollegiate advice on relative prioritisation across all surgical specialties is regularly updated and published by the British and Irish Royal Surgical Colleges and the full list is available on our website

[Full list](#)

This guidance covers the elective surgical priority levels:

- P2 for surgery that should take place within 4 weeks
- P3 for surgery that should take place within 3 months
- P4 for surgery that can be delayed for more than 3 months.

The ACPGBI has been reviewing priorities on a monthly basis and last year made some changes, essentially moving MDT directed cancer surgery to priority 2 and insisting that it is made clear that;

- All patients listed in any category are regularly reviewed clinically and re-prioritised if appropriate
- The relative priorities between cases listed in the same timeframe are decided locally in relation to facilities available and local COVID conditions
- Clinical condition and general fitness as well as time on a waiting list and patient preference may influence priority over and above the categorisation and should be decided by local processes.

The following table lists the priorities for elective colorectal procedures:

Surgical Priority Category during COVID-19	Colorectal Procedures
Priority 2	MDT directed cancer surgery- Multivisceral resections for locally advanced colon cancer Rectal cancer/liver metastases Salvage surgery for recurrent anal cancer Pelvic exenteration Strictureing or fistulating luminal Crohn's disease not responsive to endoscopic or medical treatments after optimisation of medication and nutritional status
Priority 3	Seton insertion for symptomatic anal fistula (including perianal Crohn's disease) Colectomy and proctectomy for colitis refractory to medical treatment (excluding acute severe colitis treated urgently) MDT directed full thickness rectal prolapse surgery
Priority 4 (see notes above)	Transanal or rectal resection for benign rectal polyp Colonic resection for benign colonic polyp Completion proctectomy for IBD Ileoanal pouch surgery Uncomplicated incisional hernias Abdominal wall reconstruction Reversal of Hartmann's procedure Closure of diverting ileostomy Non-urgent proctology procedures Pelvic floor conditions (neuromodulation/sphincter repair etc)

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