## NATIONAL ELECTIVE SURGERY URGENCY CATEGORISATION

GUIDELINE-APRIL 2015



#### ACKNOWLEDGEMENTS

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AHMAC would also like to acknowledge the contributions of the Australian surgical community, including surgeons from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Royal Australasian College of Surgeons (RACS) and affiliated surgical specialities:

Australian and New Zealand Association of Paediatric Surgeons Australian and New Zealand Society for Vascular Surgery Australian Orthopaedic Association Colorectal Surgical Society of Australia and New Zealand General Surgeon's Australia The Australian Society of Plastic Surgeons The Australian Society of Otolaryngology Head & Neck Surgery The Neurological Society of Australasia The Australian and New Zealand Society of Cardiac and Thoracic Surgeons Urological Society of Australia and New Zealand.





The Royal Australian and New Zealand **College of Obstetricians** and Gynaecologists

DERS IN EYE CARE

The Royal Australian and New Zealand College of Ophthalmologists



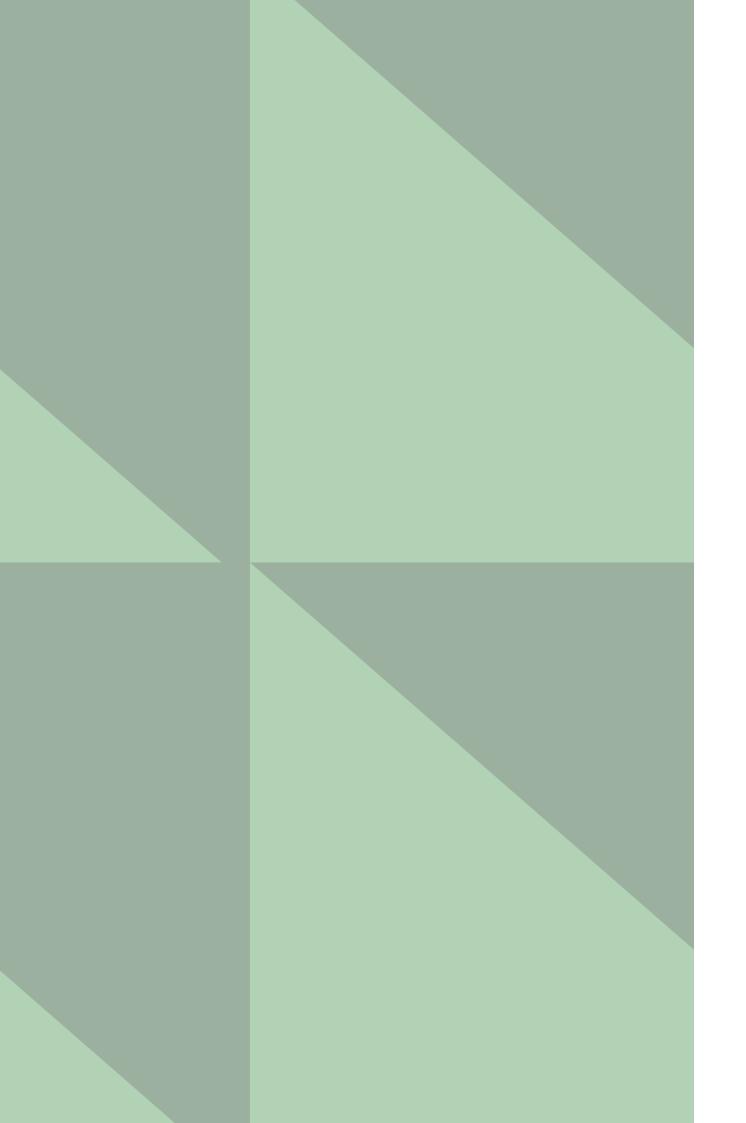
Australian Health Ministers' Advisory Council

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#### SUMMARY OF KEY POINTS

ONE

- The purpose of the guideline is to promote national consistency and comparability in urgency categorisation and improve equity of access for patients undergoing elective surgery.
- → The guideline acts as a reference for treating clinicians when assigning an urgency category for elective surgery procedures listed in the guideline.
- The nominated 'usual urgency category' is provided as a guide only for categorising selected procedures.
- In all circumstances the urgency category should be appropriate to the patient and their clinical situation and not influenced by the availability of hospital or surgeon resources.

- Where multiple procedures are being performed on one patient, the urgency category should be allocated to the primary procedure.
- → The guideline does not overrule State or Territory policies or directives and should be used and interpreted in conjunction with any such policies and directives.
- Where a discrepancy between the guideline and local policy occurs, local State or Territory policy will always take priority.

#### INTRODUCTION

#### Background

TWO

In 2012, the Royal Australasian College of Surgeons (RACS) and the Australian Institute of Health and Welfare (AIHW) worked together to develop national definitions for elective surgery urgency categories, at the request of the COAG Health Council (Health Ministers). The development of the national definitions resulted in a package of six integrated components proposed for adoption:

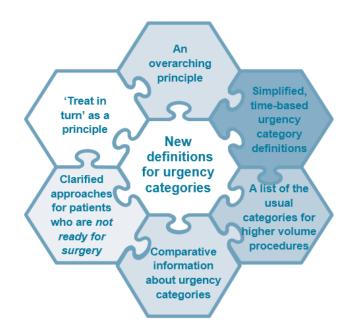
- A statement of an overarching principle for urgency category assignment
- 2. Simplified, time-based urgency category definitions
- 3. A listing of the usual urgency categories for higher volume procedures
- 4. Comparative information disseminated about urgency categorisation
- 5. 'Treat in turn' as a principle for elective surgery management
- Clarified approaches for patients who are not ready for surgery.

The national definitions are expected to facilitate access to elective surgery for patients according to clinical need, maximise equity of access, minimise harm associated with delayed access and support an appropriate balance between consistency of practice and clinical decision making when assigning an urgency category.

The full RACS / AIHW report can be found at the following website:

http://www.aihw.gov.au/publicationdetail/?id=60129543979

**Figure 1.** The national elective surgery urgency category definitions package.



Source: National definitions for elective surgery urgency categories, Australian Institute of Health and Welfare & Royal Australasian College of Surgeons, July 2013

#### Simplified clinical urgency categories

Previously, the definitions of urgency categories included reference to the potential for the patient's condition to deteriorate and become an emergency. The definition also referred to the extent to which it was causing pain, dysfunction or disability.

The new definitions of the urgency categories are based purely on the timeframe in which the procedure is clinically indicated, as judged by the treating clinician. The categories and timeframes were chosen because they can be intuitively meaningful for clinicians.

The simplified time based clinical urgency categories are as follows:

**Category 1:** Procedures that are clinically indicated within 30 days

**Category 2:** Procedures that are clinically indicated within 90 days

**Category 3:** Procedures that are clinically indicated within 365 days

#### **Clinical Consultation**

Expanding the work of the initial report, a further project was undertaken in 2014 to create a National Elective Surgery Urgency Categorisation Guideline. The Guideline was developed with input from the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

Existing categorisation guidelines from a number of States and Territories informed the initial draft, which was provided to the specialty groups for consideration and feedback. This feedback then informed the final version of the National Guideline presented in this document. The important principle acknowledged by the national project and strongly supported by all specialty groups and colleges is that this document is to act as a guide only. Assignment of clinical urgency categories is a clinical decision made by treating clinicians (see 'Guiding Principles').

#### Purpose

The purpose of categorising elective surgery patients by urgency category is to manage patient access equitably, so that priority is given to those who are assessed as having the greatest need. The purpose of the guideline is to support an appropriate balance between consistency of practice and clinical decision making when assigning an urgency category. It aims to enhance the overall elective surgery waiting list management with benefits for individual patients and their families, clinicians, elective surgery service managers and policy makers.

#### **Guiding Principles**

- In all circumstances it is the responsibility of the treating surgeon to assign the urgency category.
- The urgency category should be appropriate to the patient and their clinical situation and not influenced by the availability of hospital or surgeon resources.
- The usual urgency category listed in this guide should be used to assign an urgency category unless a patient's clinical indications require earlier treatment.
- If a patient's clinical indications require the allocation of an alternative category to the usual urgency category listed in the guideline the treating surgeon should follow the escalation principles outlined in their respective State or Territory elective surgery policy.
- Where multiple procedures are being performed, urgency category should be allocated to the primary procedure.
- Patients with a malignant condition are usually considered to require treatment within 30 days (category 1).
- The National Guideline does not attempt to cover every surgical procedure.
- The National Guideline does not overrule State or Territory policies or directives and should be used and interpreted in conjunction with any such policies and directives.
- Treat in turn principle is to be applied when booking elective surgery patients. That is, patients are treated in accordance with their urgency category.

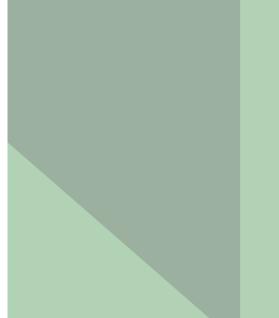
#### Implication for State and Territory Policies

In Australia, each State and Territory has an Elective Surgery Access Policy (or an equivalent thereof) that provides guidance to health services on management of elective surgery. The National Elective Surgery Urgency Categorisation Guideline is to be used in conjunction with State and Territory policy, noting that if there is a discrepancy between the National Guideline and local policy, State and Territory policy will always take priority.

Each jurisdiction has policies that provide guidance on types of procedures that can be performed in the public sector. These guidelines should be followed at all times. A commonly agreed principle across all jurisdictions is that no surgery should be performed in the public sector that is undertaken for purely aesthetic reasons, that is, with the sole intention of improving a patient's appearance or self-esteem. This guideline supports this principle.

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumours or disease. This is usually done to improve function, but may also be done to approximate a normal appearance. A number of procedures listed in this guideline fall into the category of reconstructive surgery and have been qualified with the words 'for reasons other than cosmetic'. Please refer to your local policy for further information.

### NATIONAL SELECTED COMMON ELECTIVE SURGERY PROCEDURES







### CARDIO THORACIC SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Congenital cardiac defect/s	2
Coronary artery bypass grafting	2
Heart valve replacement	2
Lobectomy / wedge resection / pneumonectomy	1
Pleurodesis	2

#### **GENERAL SURGERY**

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Anal fissure – surgery for	2
Axillary node dissection	1
Breast lump – excision and/or biopsy	1
Cholecystectomy (open/laparoscopic)	3
Cholecystectomy (open/laparoscopic) with biliary pancreatitis	1
Cholecystectomy (open/laparoscopic) with potential common bile duct stone or severe frequent attacks (two within 90 days)	2
Colectomy/anterior resection/large bowel resection	1
Fundoplication for reflux disease	3
Hemorroidectomy	3
Herniorrhaphy – femoral/inguinal/incisional/umbilical	3
Lipoma – excision of	3
Malignant skin lesion - excision of +/- grafting	1
Mastectomy	1
Obstructing hiatus hernia (para-oesophageal hernia)	2
Parotidectomy /submandibular gland - excision of	2
Parathyroidectomy	2
Pilonidal sinus surgery	3
Skin lesions (not malignant) - excision of	3
Thyroidectomy/hemi-thyroidectomy	2

### GYNAECOLOGY SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Bartholin's abscess drainage	1
Bartholin's cyst - removal of	3
Curettage and evacuation of uterus	1
Colposcopy	2
Cone biopsy	1
Endometrial ablation	3
Female sterilisation	3
Hysterectomy (abdominal / vaginal / laparoscopic)	3
Hysteroscopy, dilatation and curettage	2
Laparoscopy for dye studies / endometriosis	3
Large loop excision of the transformation zone cervix (LLETZ)	2
Mirena insertion	3
Myomectomy	3
Salpingo-oophorectomy / oophorectomy / ovarian cystectomy	2
Stress incontinence surgery	3
Vaginal repair – anterior / posterior	3
Warts - diathermy of	3

### NEUROSURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Carpal tunnel release	3
Cerebral haematoma – evacuation of	1
Cervical discectomy and fusion unless neurological deficit	3
Chiari malformation decompression	3
Common peroneal nerve release	2
Craniotomy for removal of tumour (neurological deficit)	1
Craniotomy for removal of benign tumour(no neurological deficit)	3
Craniotomy for ruptured aneurysm	1
Craniotomy for un-ruptured aneurysm	2
Cranioplasty	3
Discectomy with foot drop	1
Intracranial lesion (for example abscess/arteriovenous malformation) - removal of	1
Laminectomy	3
Muscle biopsy/temporal artery biopsy	1
Nerve decompression of spinal cord	2
Pedicle screw fusion	3
Posterior fossa decompression for haemorrhage, tumour or syrinx	1
Untethering of spinal cord	2
Ventricular peritoneal shunt for obstructive hydrocephaly	1
Ventricular peritoneal shunt for normal pressure hydrocephaly	2

### OPHTHALMOLOGY SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Blepharoplasty (for reasons other than cosmetic)	3
Cataract extraction (+/- intra-ocular lens insertion)	3
Cataract extraction (+/- intra-ocular lens insertion) with angle closure glaucoma	1
Cataract extraction (+/- intra-ocular lens Insertion) with severe disability	2
Chalazion – excision of	3
Corneal graft	3
Dacrocystorhinostomy	3
Ectropion – correction of	3
Examination of eye under anaesthesia	2
Probing of naso-lacrimal Duct	3
Pterygium – excision of	3
Ptosis - repair of	3
Squint - repair of	3
Trabeculectomy	2
Trabeculectomy with high intra ocular pressure	1
Vitrectomy (including buckling/cryotherapy)	2
Victrectomy (including buckling/cryotherapy) with retinal detachment or infection)	1

### ORTHOPAEDIC SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Anterior cruciate ligament reconstruction	3
Acromioplasty	3
Arthrodesis	3
Arthroplasty - revision of	2
Arthroscopy	3
Arthroscopy shoulder / sub acromial decompression	3
Bunion (hallux valgus) - removal of	3
Dupytrens contracture release	3
Exostosis – excision of	3
Fracture non-union - treatment of	2
Ganglion - excision of	3
Hammer/claw/mallet toe - correction of	3
Meniscectomy	3
Muscle or tendon length - change of	3
Nerve decompression	2
Osteotomy	3
Rotator cuff - repair of	3
Shoulder joint replacement	3
Shoulder reconstruction	3
Tendon release	3
Tenotomy of hip	2
Total hip replacement	3
Total knee replacement	3

### OTOLARYNGOLOGY HEAD AND NECK SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Adenoidectomy	3
Ethmoidectomy	3
Functional endoscopic sinus surgery	3
Laryngectomy	1
Mastoidectomy	3
Microlaryngoscopy	2
Myringoplasty/tympanoplasty	3
Myringotomy	3
Nasal cautery	3
Nasal polypectomy	3
Nasendoscopy	2
Panendoscopy	1
Parotidectomy/submandibular gland - excision of	2
Pharyngoplasty	3
Pharynx - excision of	2
Pressure equalising tubes (grommets) - insertion of	3
Radical neck dissection	1
Rhinoplasty (for reasons other than cosmetic)	3
Septoplasty	3
Stapedectomy	3
Sub-mucosal resection	3
Tonsillectomy (+/- adenoidectomy)	3
Turbinectomy	3

#### PAEDIATRIC SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Branchial apparatus remnant -removal of	2
Circumcision (for reasons other than cosmetic)	3
Congenital pulmonary lesion - removal of	1
Dermoid cyst - removal of	2
Fundoplication	2
Herniorrhaphy – epigastric/umbilical	3
Hydrocele – repair of	3
Hypospadias - repair of	2
Inguinal herniotomy/herniorrhaphy for age < 6 months	1
Inguinal herniotomy/herniorrhaphy for age > 6 months	2
Lingual or maxillary frenulum surgery	3
Neonatal surgery (eg hirschsprungs, anorectal, malrotation, oesophageal atresia)	1
Nephrectomy for congenital abnormality	2
Orchidopexy	2
Pectus surgery	3
Pyeloplasty	2
Pyogenic granuloma - removal of	1
Skin lesion- excision of	3
Thyroglosssal remnant – removal of	2
Toenail surgery	3
Ureteric - re-implantation	2

### PLASTIC AND RECONSTRUCTIVE SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Breast prosthesis – removal of (for reasons other than cosmetic)	2
Breast reconstruction (for reasons other than cosmetic)	3
Breast reduction (for reasons other than cosmetic)	3
Cleft lip and palate - repair of	3
Dupytrens contracture release	3
Lipoma – excision of +/-grafting	3
Lymphangioma – surgery for	3
Malignant skin lesion – excision of +/- grafting	1
Rhinoplasty (for reasons other than cosmetic)	3
Skin lesions, non-malignant – excision of	3
Scar revision (for reasons other than cosmetic)	3
Trigger finger / thumb release	2

### UROLOGICAL SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Bladder neck incision	3
Circumcision (for reasons other than cosmetic)	3
Cystectomy	1
Cystoscopy	3
Epididymal cyst - removal of	3
Hydrocele – repair of	3
Hyposadias - repair of	3
Lithotripsy	2
Meatoplasty	3
Nephrectomy	2
Orchidectomy	1
Orchidopexy	3
Prostatectomy (transurethral or open)	2
Prostate biopsy	1
Pyeloplasty	2
Retrograde pyelogram	2
Stone/s urinary tract - removal of	1
Uretero-pelvic junction – correction of	2
Ureters re-implantation	3
Ureteric stent – insertion of	1
Urethra - dilatation of	2

### VASCULAR SURGERY

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Abdominal or thoracic aortic aneurysm by any means	1
Amputation of limb	1
Bifurcated aortic graft	1
Carotid endarterectomy	1
Dialysis access surgery	2
Femoro-popliteal bypass graft	2
Varicose veins treatment by any means (for reasons other than cosmetic)	3

#### APPENDIX

# ALPHABETICAL LISTING OF ELECTIVE SURGERY PROCEDURES

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Abdominal or thoracic aortic aneurysm by any means	1
Acromioplasty	3
Adenoidectomy	3
Amputation of limb	1
Anal fissure – surgery for	2
Anterior cruciate ligament reconstruction	3
Arthrodesis	3
Arthroplasty – revision of	2
Arthroscopy	3
Arthroscopy shoulder / sub acromial decompression	3
Axillary node dissection	1
Bartholin's abscess drainage	1
Bartholin's cyst - removal of	3
Bifurcated aortic graft	1
Bladder neck incision	3
Blepharoplasty (for reasons other than cosmetic)	3
Branchial apparatus remnant -removal of	2
Breast lump - excision and/or biopsy	1
Breast prosthesis - removal of (for reasons other than cosmetic)	2
Breast reconstruction (for reasons other than cosmetic)	3
Breast reduction (for reasons other than cosmetic)	3
Bunion (hallux valgus) - removal of	3
Carotid endarterectomy	1
Carpal tunnel release	3
Cataract extraction (+/- intra-ocular lens insertion)	3
Cataract extraction (+/- intra-ocular lens insertion) with angle closure glaucoma	1
Cataract extraction (+/- Intra-Ocular Lens Insertion) with severe disability	2
Cerebral haematoma - evacuation of	1
Cervical discectomy and fusion unless neurological deficit	3
Chalazion – excision of	3
Chiari malformation decompression	3
Cholecystectomy (open/laparoscopic)	3
Cholecystectomy (open/laparoscopic) with biliary pancreatitis	1

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Cholecystectomy (open/laparoscopic) with potential common bile duct stone or severe frequent attacks (two within 90 days)	2
Circumcision (for reasons other than cosmetic)	3
Cleft lip and palate - repair of	3
Colectomy/anterior resection/large bowel resection	1
Colposcopy	2
Common peroneal nerve release	2
Cone biopsy	1
Congenital cardiac defect/s	2
Congenital pulmonary lesion – removal of	1
Corneal graft	3
Coronary artery bypass grafting	2
Cranioplasty	3
Craniotomy for removal of tumour (neurological deficit )	1
Craniotomy for removal of benign tumour(no neurological deficit or mass effect)	3
Craniotomy for ruptured aneurysm	1
Craniotomy for un-ruptured aneurysm	2
Curettage and evacuation of uterus	1
Cystectomy	1
Cystoscopy	3
Dacrocystorhinostomy	3
Dermoid cyst- removal of	2
Dialysis access surgery	2
Discectomy with foot drop	1
Dupytrens contracture release	3
Ectropion – correction of	3
Endometrial ablation	3
Epididymal cyst - removal of	3
Ethmoidectomy	3
Examination of eye under anaesthesia	2
Exostosis – excision of	3
Female sterilisation	3
Femoro-popliteal bypass graft	2
Fracture non-union – treatment of	2
Functional endoscopic sinus surgery	3
Fundoplication for reflux disease	3
Fundoplication (paediatrics)	2
Ganglion - excision of	3
Hammer/claw/mallet toe - correction of	3

SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
Heart valve replacement	2
Hemorroidectomy	3
Herniorrhaphy – epigastric/umbilical (paediatrics)	3
Herniorrhaphy – femoral/inguinal/incisional/umbilical	3
Hydrocele – repair of	3
Hyposadias - repair of	3
Hypospadias - repair of (paediatric)	2
Hysterectomy (abdominal / vaginal / laparoscopic)	3
Hysteroscopy, dilatation and curettage	2
Inguinal herniotomy/herniorrhaphy for age < 6 months	1
Inguinal herniotomy/herniorrhaphy for age > 6 months	2
Intracranial lesion (for example abscess/arteriovenous malformation) – removal of	1
Laminectomy	3
Laryngectomy	1
Laparoscopy for dye studies / endometriosis	3
Large loop excision of the transformation zone cervix (LLETZ)	2
Lingual or maxillary frenulum surgery	3
Lipoma – excision of	3
Lithotripsy	2
Lobectomy / wedge resection / pneumonectomy	1
Lymphangioma – surgery for	3
Malignant skin lesion - excision of +/- Grafting	1
Mastectomy	1
Mastoidectomy	3
Meatoplasty	3
Menisectomy	3
Microlaryngoscopy	2
Mirena insertion	3
Myringoplasty/tympanoplasty	3
Myomectomy	3
Myringotomy	3
Muscle biopsy/temporal artery biopsy	1
Muscle or tendon length - change of	3
Nasal cautery	3
Nasal polypectomy	3
Nasendoscopy	2
Neonatal surgery (eg hirschsprungs, anorectal, malrotation, oesophageal atresia)	1
Nephrectomy for congenital abnormality	2

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Stress incontinence surgery3Sub-mucosal resection3Tendon release3Tenotomy of hip2Thyroglosssal remnant -removal of2Thyroidectomy/hemi-thyroidectomy2Toenail surgery3Tonsillectomy (+/- adenoidectomy)3Total hip replacement3Total knee replacement3Trabeculectomy with high intra ocular pressure1Trigger finger / thumb release2Turbinectomy3Unterbring of spinal cord2Ureteric re-implantation (paediatric)2Ureteric stent - insertion of2Urethra - dilatation of2Varicose veins treatment by any means (for reasons other than cosmetic)3Ventricular peritoneal shunt for obstructive hydrocephaly1Ventricular peritoneal shunt for normal pressure hydrocephaly1Victrectomy (including buckling/cryotherapy)1	SELECTED COMMON PROCEDURES	USUAL URGENCY CATEGORY
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with retinal detachment or infection)	Victrectomy (including buckling/cryotherapy)	2
Warts – diathermy of 3	Victrectomy (including buckling/cryotherapy) with retinal detachment or infection)	1
	Warts - diathermy of	3







