SUPPLEMENTAL MATERIALS

The following list of invasive procedures is meant as a general framework. This is not intended to be a comprehensive list. If you feel that your patient has exceptional circumstances, please use your best clinical judgment and contact your CQO, Department Chair and Chief of Anesthesia to adjudicate. Similarly, if you feel your patients undergoing cases in the urgent elective categories will require significant post-operative resources (prolonged ICU care, high blood transfusion requirements), please feel free to delay these procedures. All life threatening and limb threatening conditions are considered emergent and will continue to be performed and are not part of this list.

BREAST

Elective – Non-Urgent	Elective – Urgent
Any cosmetic or reconstructive procedure where delayed reconstruction is a reasonable option	Lumpectomy, mastectomy, sentinel node biopsy or axillary dissection for invasive breast cancer
	Same procedures for widespread DCIS only where concomitant invasive cancer is suspected
	Port placement for immediate chemotherapy need, but surgeons are asked to refer most of these to IR, which utilizes fewer OR related resources

CARDIOLOGY AND EP

Elective – Non-Urgent	Elective – Urgent
Diagnostic catheterizations in asymptomatic patients with low risk stress tests	Diagnostic cath in pts with ACS and TRS >3
PCI in patients with stable angina and low risk stress tests	Diagnostic cath in patients with worsening angina
Diagnostic pericardiocentesis (w/o evidence of hemodynamic compromise)	Peripheral angio/intervention in patients with CLI
RHC for surveillance of non-recent *transplant*	Carotid angio/intervention in symptomatic patients
Diagnostic carotid angio in asymptomatic patients	EVAR in asymptomatic patients (other than sudden expansion or dissection)
Peripheral angiography in claudicants	TAVR in patients with intact LVEF, no CHF, no syncope
Non-clinically driven angiography mandated in clinical trials	MitraClip in patients with CHF < NYHA 3
ACS with TRS 1-2	Afib with poorly controlled rate

Undifferentiated chest pain with HEART score <4	Lead Infections
CTO	PPM Battery Depletion in a dependent patient (Depletion defined as >6 weeks post ERI unless device trips to a symptomatic pacing mode)
PFO/ASD closure	ICD Battery Depletion in patient who receives therapy
Watchman	In-patients requiring devices prior to discharge
Afib ablations	In-patients requiring ablation for stabilization prior to discharge. Example post OP flutter, post transplant flutter, VT failing medical management
Elective SVT	
PVC ablations	

COLORECTAL

Elective – Non-Urgent	Elective – Urgent
Most anorectal surgery (except if the patient is in acute pain, bleeding heavily, or is suspected to have cancer)	Almost any surgery being done for cancer control
Surgery for pilonidal sinus (except acute abscess)	Subtotal colectomy for UC
High-resolution anoscopy for AIN	Surgery for patients with sepsis, abscess, bleeding or obstruction
Closure of colostomy or ileostomy (unless patient is having significant fluid loss requiring frequent hospitalization)	Ventral hernia repair when there is significant risk of incarceration (previous episodes)
Surgery for rectal prolapse	Surgery for colon volvulus which has been reduced but there is significant concern for recurrence
Proctectomy with IPAA (second stage after first stage subtotal colectomy for UC)	
Elective anterior resection for multiple attacks of diverticulitis	
Ileocolic and colon resections for Crohn's disease (except if the patient has perforation with abscess, poorly controlled sepsis, or high-grade obstruction)	
Ventral hernia repair when there is minimal risk of incarceration	
Surveillance colonoscopy	

CV

Elective – Non-Urgent	Elective - Urgent
CABG for stable angina	Aortic dissection
Mitral valve repair	Symptomatic aortic aneurysm
Asymptomatic aneurysm	AVR/TAVR for syncope and heart failure
Congenital repairs	CABG for unstable angina, IABP
Aortic valve replacement or TAVR for asymptomatic patients	Mitral repair/replacement for decompensating heart failure
	Valve replacement for endocarditis

ENDOCRINE

Elective – Non-Urgent	Elective – Urgent
Most benign thyroid disease (including Graves' controlled on med, toxic nodules controlled)	Symptomatic adrenals - aldos, pheos
Parathyroid disease - primary hyperparathyroidism with calcium <11 or 11.5 (approaching 12 is dangerous and may need admission); most secondary hyperparathyroidism (dialysis patients that will need a few days admissions post- op)	Thyroid cancer with cervical mets, large thyroid cancer with concern for airway involvement
Small non-invasive thyroid cancers depending on type	Benign thyroid with significant compressive symptoms (airway narrowing etc)
	Parathyroid disease - primary with very high calcium with potential for seizure or coma

GENERAL AND BARIATRIC SURGERY

Elective – Non-Urgent	Elective – Urgent
Elective bariatric (sleeve gastrectomy, gastric bypass, elective band removal, elective revision for weight regain)	Urgent bariatric (revision for marginal ulcer, partial obstruction, pain, etc.)

Elective hernia (minimal-moderate symptoms)	Very symptomatic hernia (substantial pain, interference with ADLs, etc.)
Low-grade anti-reflux (purely elective Nissen)	Nissen for Barrett's esophagus, severe reflux with aspiration, etc.
Elective benign endocrine (benign, asymptomatic)	GI surgery for malignancy, presumed malignancy, including large GIST, etc.
Elective gallbladder	GI surgery for acute infection or severe symptoms (active diverticulitis, ongoing partial obstruction, etc.)
Elective colon (quiescent diverticulitis)	Urgent gallbladder (acute cholecystitis, bile duct obstruction, etc.)
Elective lumps/bumps	Lumps/bumps with concern for malignancy
Interval appendectomy	Lymph node biopsy for R/O cancer
	Port a cath insertion for cancer

<u>GI AND ENDOSCOPY</u>

Elective – Non-Urgent	Elective – Urgent
Capsule studies	Cases that are time sensitive (cancer suspected or established) this may include selected EUS/FNA cases
Manometry and pH studies	Cases for acute symptoms (GI bleeding, biliary obstruction, dysphagia, etc.)
Screening colonoscopies	ER and Inpatient cases (GI bleeding, ERCPs)
Surveillance colonoscopies and EGD	Feeding tubes in acute dysphagia and malnutrition (usually in an inpatient with acute need for enteral feeding)
EGDs for known stable diseases like chronic GERD, chronic dyspepsia and surveillance for Barrett's without dysplasia with no alarming symptoms	Stents for acute perforations and obstructions
EGDs in preparation for bariatric surgery or other non-emergent surgeries	

NEUROSURGERY

Elective – Non-Urgent	Elective – Urgent
Degenerative spine	Progressive or highly symptomatic conditions that should undergo treatment within one or two weeks to avoid permanent neurological or other deficits (brain tumor causing visual loss, hemiparesis, etc)
Asymptomatic or slowly progressive conditions such as Chiari	
Slow growing benign tumors	

OB/GYN

Elective – Non-Urgent	Elective – Urgent
Urinary incontinence	Post-op complications (bleeding/ pain/ urinary retention/ ureteral injury, etc.)
Hysterectomy for non-acute blood loss or pain	D&C for miscarriage
	D&C for postpartum hemorrhage
	Hysterectomy for postpartum hemorrhage
	Cesarean section
	Cerclage
	GYN cancer- vulvar, vaginal, cervical, uterine, ovarian- treatment and staging
	Severe dysplasia- Cold knife cone or D&C, hysteroscopy, vulvar or vaginal biopsy
	Acute vaginal bleeding with anemia unresponsive to medical management- hysterectomy or D&C
	Irreducible prolapse with urinary retention not able to be managed with catheter- Hysterectomy and prolapse surgery
	Ovarian torsion

ORAL MAXILLARY FACIAL

Elective – Non-Urgent	Elective - Urgent
Orthognathic surgery	Surgical treatment of maxillofacial infections
Surgery for OSAS	Surgical treatment of maxillofacial injuries
Cleft lip and palate repair	Surgery for head and neck cancer
Most TMJ surgery	Surgery for benign head and neck tumors/cyst that are expected to grow significantly in the next 3 months, or are currently symptomatic
Reconstructive surgery	Dental extractions for patient needing Chemotherapy, Radiation therapy, Organ transplant, Cardiac surgery (e.g., valve replacement)
Cosmetic surgery	TMJ dislocations
	Treatment of TMJ closed lock
	Removal of failed hardware

ORTHOPEDICS

Elective – Non-Urgent	Elective – Urgent
Some hip replacement	Any orthopedic condition where a delay in surgery would lead to a long-term disability
Some knee replacement	Nerve injury
Some arthroscopy	Malignancies
	Infection, especially acute, suppurative
	Progressive neurologic deficit
	Irreducible arthroplasty dislocation
	Impending ulceration or soft tissue breakdown
	Imminent failure of arthroplasty components or impending pathologic fracture

PLASTIC SURGERY

Elective – Non-Urgent	Elective – Urgent
Elective secondary breast reconstruction	Hand or reconstructive procedures where delay will lead to significant disability
Benign soft tissue mass excision	
Cleft lip and palate and cranioplasty procedures	
Elective hand non-emergent surgery	
Facial cosmetic surgery	
Fat grafting procedures	
Transgender vaginalplasty, facial aesthetic surgery, phalloplasty	
Breast reduction and augmentation	
Elective hernia or abdominal wall procedures where short term risk of strangulation is low	
Liposuction procedures	
Nasal procedures	
Congenital excisions or repair	

PSYCHIATRY

Elective – Non-Urgent	Elective Urgent
ECT	

SURGICAL ONCOLOGY

Elective – Non-Urgent	Elective – Urgent
Elective gallbladder: biliary colic, biliary dyskinesia in cancer patients	Resections for GI/HPB malignancies, CRS/HIPEC for peritoneal disease
Liver: symptomatic cysts	Soft tissue resections for suspected or known malignancies (sarcomas/melanomas)
Mild-moderately symptomatic hernias	GIST resections will be made on a case-by-case basis
Routine diagnostic laparoscopies	Diagnostic laparoscopies prior to initiation of neoadjuvant therapy (i.e. gastric cancer)

Soft tissue cases for benign/likely benign lesions	
Port placement by surgeon should be performed in conjunction with another operation for malignancy (diagnostic lap and port for gastric cancer), otherwise referred to IR as less resource intensive	

TRANSPLANT

Elective – Non-Urgent	Elective – Urgent
	Live kidney, depending on severity of illness of recipient
	Cadaveric kidney
	Cadaveric liver depending on ICU bed availability and blood bank availability

UROLOGY

Elective – Non-Urgent	Elective – Urgent
Pelvic floor	High risk of cancer progression
Slow growing malignancy	Risk of severe ongoing pain or disability
HIFU	Obstruction cases – ureter & kidney
TURP	PCNL – Kidney pelvis & ureter obstruction
Prostatectomy	Gross Hematuria with fulguration
Prostate Bx, HIU	Priapism
2nd look PCNL	Torsion
Cystoscopy	Nephrectomy
ESWL	Cystectomy
	Prostate cancer

VASCULAR SURGERY

Elective – Non-Urgent	Elective – Urgent
Routine dx angio	AV access for dialysis (consider delay if patient has existing functioning access)
Superficial vein treatment/ablations	Aneurysmal disease symptomatic and/or aneurysm >5.5cm
Non-infected wound management/debridement	Peripheral vascular disease: limb threatening ischemia, severe pain
	High grade carotid stenosis