BAETS Prioritisation advice for Paediatric Endocrine Surgery during Covid-19 crisis

1. Priority level	1a	1b	2	3	4
Thyroid	Acute Airway Obstructio n from Thyroid pathology	Tumour or goitre causing mild or moderate stridor	Diagnosed or suspected thyroid malignancy High risk MEN2 patients where a delay in prophylactic thyroidectomy is likely to result in the development of malignancy Uncontrolled thyrotoxicosis where non surgical not suitable Biopsy under G/A for clarification of potential malignant diagnosis	Prophylactic thyroidectomy in medium risk MEN2 patients	Surgery for uncomplicated benign thyroid disease
Parathyroid			Hyperparathyroidism associated with corrected calcium > 3.0 mmol/l who cannot be controlled with medical management Suspected parathyroid carcinoma. Repeated hospital admissions for medical management of hyperparathyroidism	Patients with recurrent and symptomatic renal stones +- associated sepsis	Other parathyroid surgery
Adrenal			Phaeochromocytoma in patient with diagnosed medullary carcinoma Malignant adrenal tumour of any type Adrenal cushings	Phaeochromocytoma diagnosed when screening in MEN	Other adrenal surgery

Priority level 1a Emergency - operation needed within 24 hours to save life

Priority level 1b Urgent - operation needed with 72 hours

Based on: urgent / emergency surgery for life threatening conditions such as obstruction, bleeding and regional and / or localised infection permanent injury / clinical harm from progression of conditions such as spinal cord compression

Priority level 2 Surgery can be safely deferred for up to 4 weeks - elective surgery with the expectation of cure

Based on: urgency of symptoms / complications such as local compressive symptoms / biological priority (expected growth rate) of individual cancers

Priority level 3 Surgery that can be delayed for up to 3 months with no predicted negative outcome

Priority level 4 Surgery that can be delayed for more than 3 months with no predicted negative outcome

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