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| --- | --- | --- | --- | --- | --- |
| Priority level | 1a | 1b | 2 | 3 | 4 |
| Thyroid | Acute Airway Obstruction from Thyroid pathology |  | Tumour or goitre causing mild or moderate stridor Undifferentiated /poorly differentiated thyroid cancer amenable to surgical treatment Medullary thyroid cancerThyroid cancer with metastatic nodal disease Uncontrolled thyrotoxicosis where medical treatment or radio iodine not suitable Uncontrolled Graves’ in PregnancyPatients with sight threatening thyroid eye disease | Other thyroid cancers (including diagnostic lobectomy) | Surgery for uncomplicated benign thyroid disease |
| Parathyoid  |  |  | Hyperparathyroidism associated with corrected calcium > 3.0 mmol/l who cannot be controlled with medical managementSuspected parathyroid carcinoma.Repeated hospital admissions for medical management of hyperparathyroidismPregnant women with significant hypercalcaemia (C.Ca> 2.85mmol/L) ideally in 2nd trimesterPost Transplant hypercalcaemia with deteriorating renal function  | Patients with recurrent and symptomatic renal stones +- associated sepsis | Other parathyroid surgery |
| Adrenal |  |  | Adrenal Cancer or Highly Suspicious Masses – includes malignant phaeochromocytoma Indeterminate Masses > 6cm especially those that have been shown to be increasing in size or hot (and non-functional) on PT scanAdrenal pathology requiring urgent surgery for severe endocrine complications e.g. refractory Cushing’s; Phaeochromocytoma with heart failure | Indeterminate Masses > 4cm, < 6cm with adrenal androgen excess or cortisol hypersecretionAdrenal Metastases -Rescan at 3 monthsand re-prioritise if progressing | 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**