|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority level | 1a | 1b | 2 | 3 | 4 |
| Thyroid | Acute Airway Obstruction from Thyroid pathology | Tumour or goitre causing mild or moderate stridor  | Diagnosed or suspected thyroid malignancyHigh risk MEN2 patients where a delay in prophylactic thyroidectomy is likely to result in the development of malignancyUncontrolled thyrotoxicosis where non surgical not suitableBiopsy 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 managementSuspected 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 carcinomaMalignant adrenal tumour of any typeAdrenal 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**