Royal College of Obstetricians & Gynaecologists

Restoration and Recovery: Priorities for obstetrics and gynaecology

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A prioritisation framework for care in response to COVID-19

Version 3 – Annex 1 – Prioritisation Framework: Published Tuesday 20 April 2021

Prioritisation framework

This document has been produced with the assistance of the Specialist Societies of the RCOG. A full list of their websites is in Appendix I. Please ensure when considering the top-line recommendations in this document, attention is also given to topic-specific recommendations on the websites of these organisations.

The framework considers time periods within which it is deemed acceptable to deliver various commonly-received referrals and surgical procedures. This list is not exhaustive and is intended to provide assistance for those planning services:

- **Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology**
    - Emergency
    - Within 7 days
    - Within 14 days
    - Within 30 days
    - Beyond 30 days
- **Prioritisation for surgery in obstetrics and gynaecology**
    - Emergency (Priority 1A)
    - Within 72 hours (Priority 1B)
    - Up to 4 weeks (Priority 2)
    - Up to 3 months (Priority 3)
    - Beyond 3 months (Priority 4)

Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology: Emergency

Subspecialty	Assessment/procedure					
Benign gynaecology	Severe anaemia and/or haemodynamic compromise requiring emergency management from acute menstrual heavy bleeding	Outpatient management of Bartholin's and vulval abscesses	Acute pelvic pain, with or without fever, in a non-pregnant woman refractory to simple analgesia (i.e. suspected ovarian cyst accident; tubo-ovarian abscess)			
Early pregnancy and abortion care	Pain and heavy bleeding which may indicate complications of early pregnancy requiring urgent intervention, such as ectopic pregnancy or pregnancy of unknown location (with pain and/or bleeding)	Early pregnancy complication possibly requiring abortion for maternal compromise – e.g. sepsis, chorioamnionitis, severe pre-eclampsia, other physiological compromise	Women requesting surgical or medical abortion approaching the legal threshold (e.g. 23^{+6} weeks of gestation for all, 9^{+6} weeks [England and Wales]/11^{+6} weeks [Scotland] for medical abortion at home, 12–14 weeks where procedure not provided by local NHS beyond this)	Feticide to permit legal abortion where approaching legal limit and unable to perform procedure prior to this threshold	Haemorrhage or other complication of miscarriage or post-abortion	Severe hyperemesis gravidarum requiring admission for immediate rehydration
Gynaecological oncology: chemotherapy	Neutropenic sepsis post-chemotherapy	Acute abdomen including bowel obstruction/impending perforation/peritonitis from gynaecological malignancy or treatment				

Subspecialty	Assessment/procedure			
Gynaecological oncology: radiotherapy	Spinal cord compression from metastases	Brain metastases causing symptoms e.g. seizures	Heavy vaginal bleeding from gynaecological cancer – palliative radiotherapy	
Gynaecological oncology: surgery	Heavy vaginal bleeding from gynaecological cancer	Acute abdomen including bowel obstruction/ impending perforation/ peritonitis from gynaecological malignancy or treatment	Acute presentation with pleural effusion/pulmonary embolism/acute abdomen	
Reproductive medicine	Fertility preservation consultations for individuals facing sterilising treatment, referred by oncology			
Urogynaecology	Urinary retention			

Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology: Within 7 days

Subspecialty	Assessment/procedure			
Benign gynaecology	Any symptoms of postoperative complication of surgery in previous 14 days			
Early pregnancy and abortion care	Abortion – medical or surgical (all cases within 1 week of referral, NICE 2019)[1]	Manual vacuum aspiration for miscarriage		
Gynaecological oncology: chemotherapy	Staging of severely symptomatic disease with CT scan and MRI (within 72 hours)			
Gynaecological oncology: radiotherapy	Intrauterine brachytherapy following completion of external beam radiotherapy for cervical cancer			
Gynaecological oncology: surgery	Smear with invasion or glandular neoplasia (to achieve 28-day diagnosis target)	Post-menopausal bleeding (to achieve 28-day diagnosis target)	Ascites +/– mass +/– raised CA125 in a woman or girl who is clinically unwell	Significant heavy bleeding in a woman or girl with uterine or cervical mass
Reproductive medicine	Commencing ovarian stimulation for women facing sterilising treatment			
Urogynaecology	Serious pessary problems: fistulation			

CT, computerised tomography; MRI, magnetic resonance imaging.

[1] National Institute of Health and Care Excellence. Abortion care. NICE guideline 140. NICE; 2019 [https://www.nice.org.uk/guidance/ng140]

Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology: Within 14 days

Subspecialty	Assessment/procedure				
Benign gynaecology	Post-coital bleeding with abnormal, absent or overdue cervical screening (see also Gynaecological oncology below)	Pelvic mass, not previously identified as a fibroid	Vulval ulceration	Severe pelvic pain in women with endometriosis refractory to current medical treatments	
Early pregnancy and abortion care	Women with a history of recurrent miscarriage and who are pregnant	Abortion – medical or surgical where delay requested by the woman			
Gynaecological oncology: chemotherapy	Completion of staging investigations for women with gynaecological cancer set to undergo chemotherapy				
Gynaecological oncology: radiotherapy	Completion of staging investigations for women with gynaecological cancer set to undergo radiotherapy				
Gynaecological oncology: surgery	Cervical screening – high-grade CIN/ CGIN/BNC in glandular cells	Suspicious cervix	Post-coital bleeding, aged > 35 years, regardless of smear history	Symptoms concerning for recurrence in women with previous gynaecological malignancy	Women with symptoms suspicious of ovarian cancer with raised CA125 and abnormal ultrasound

Subspecialty	Assessment/procedure			
Colposcopy	Cervical screening – high-grade CIN/ CGIN/BNC in glandular cells	Suspicious cervix	Post-coital bleeding, aged > 35 years, regardless of smear history	
Paediatric and adolescent gynaecology	Imaging suggestive of Müllerian obstruction			
Vulval disease	Suspicious lesions – consider a 2 week wait (e.g. persistent [i.e. > 4 weeks] sore, ulceration, induration, lumps)			

CIN, cervical intraepithelial neoplasia; CGIN, cervical glandular intra-epithelial neoplasia; BNC, borderline nuclear change.

Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology: Within 30 days

Subspecialty	Assessment/procedure			
Benign gynaecology	Heavy menstrual bleeding causing symptomatic anaemia	Persistent intermenstrual bleeding, aged > 40 years	Pain in a non-pregnant woman with a normal pelvic ultrasound not adequately controlled with analgesia	Post-menopausal bleeding or breakthrough bleeding on HRT
Gynaecological oncology: chemotherapy	Commencing primary chemotherapy treatment for women with gynaecological cancer	Commencing chemotherapy treatment for women with recurrent gynaecological cancer	Response assessment to treatment, e.g. CT and MRI	
Gynaecological oncology: radiotherapy	Commencing primary radiotherapy treatment for cervical, vulval and other relevant suspected cancers			
Gynaecological oncology: surgery	Discussion of risk-reducing surgery following clinical genetics discussion	Post-coital bleeding, aged < 35 years, normal smear history (within 6 weeks but not routine)	Biopsy-proven VIN	
Reproductive medicine	Consultations for couples and individuals with infertility where the woman has a low ovarian reserve or is aged ≥ 40 years	Initiation of hormonal treatment for women with significant pelvic pain, for instance because of endometriosis		
Urogynaecology	Pessary problems/bleeding/ulceration	TWOC (postoperative or postnatal)	Examination and investigation of women with pessary and bleeding	Review of women with other pessary problems
Vulval disease	Uncontrolled flare-ups of inflammatory skin disease	Significant vulval pain resistant to standard analgesics		

HRT, hormone replacement therapy; CT, computerised tomography; MRI, magnetic resonance imaging; VIN, vulval intraepithelial neoplasia; TWOC, trial without catheter.

Prioritisation of indications for outpatient assessment and procedures in obstetrics and gynaecology: Beyond 30 days

Subspecialty	Assessment/procedure								
Benign gynaecology	Pelvic mass, previously identified as a fibroid	Heavy menstrual bleeding not causing significant anaemia	Persistent intermenstrual bleeding, age < 40 years	Pelvic pain/ dyspareunia	Presumed benign ovarian cyst seen on pelvic ultrasound	Vaginal discharge/ sexual health concerns (following exclusion of STI)	Fertility control (e.g. intrauterine contraceptive devices, sterilisation requests)	Menopause and HRT	Presumed benign lower genital tract lesions
Gynaecological oncology: surgery	Referral from another centre for continued follow-up of previous cancer	Cervical polyp	Persistent inadequate smears or referral to hospital cervical screening clinic for other reasons	Fertility treatment for couples and individuals where the woman has a normal ovarian reserve and aged < 40 years. However, delays owing to commissioning arrangements make early treatment imperative for many					
Colposcopy	Colposcopy referrals for: low-grade cervical screening/high-risk HPV-positive; persistent high-risk HPV-positive with normal cytology/high-risk HPV-positive with normal cytology following previous treatment (test of cure; within 6 weeks)				Non-urgent clinical indications – review of cervix, (cytology sampling requirement in colposcopy – within 6 weeks)				
Paediatric and adolescent gynaecology	Concerns about labial appearance	Primary amenorrhoea	Other complex genitourinary conditions requiring gynaecology input (e.g. complex congenital urology)	Transition of children with differences of sex development from paediatric services	New referral for an adult with differences of sex development				

Subspecialty	Assessment/procedure						
Reproductive medicine	Consultations for couples and individuals where the woman is aged < 40 years and has a normal ovarian reserve (within 3 months)	Fertility treatment for couples and individuals where the woman has a low ovarian reserve or is aged ≥ 40 years (within 3 months)	Fertility treatment for couples and individuals where the woman has a normal ovarian reserve and is aged < 40 years (within 6 months)				
Urogynaecology	Routine change of pessary	Suprapubic catheter change	Procidentia	Recurrent UTI	Prolapse and incontinence	Insertion of pessary for procidentia	
Vulval disease	Consultations for vulval disease						

STI, sexually transmitted infection; HRT, hormone replacement therapy; HPV, human papillomavirus; UTI, urinary tract infection.

Prioritisation for surgery, inpatient care and chemotherapy/radiotherapy in obstetrics and gynaecology: Emergency (within 24 hours) – Priority 1A

Subspecialty	Assessment/procedure				
Benign gynaecology	Laparoscopic/open surgery for torsion of ovary	Laparoscopic/open drainage of pelvic/genital tract sepsis in an unwell patient not responding to antibiotics where interventional radiology is not available, failed or not feasible Necrotising fasciitis	Laparoscopy/laparotomy/vaginal surgery for genital tract trauma (e.g. vaginal tear, pelvic/vulvovaginal haematoma)	Laparoscopic/open/vaginal surgery for intra-abdominal bleeding arising from ovarian cyst accident: torsion, cyst rupture or postoperative (e.g. from an oncological procedure, emergency procedure)	
Early pregnancy and abortion care	Surgical management of miscarriage if bleeding heavily and unstable	Surgical or medical abortion for severe pre-eclampsia, other physiological compromise and maternal compromise – e.g. sepsis, chorioamnionitis, physiological compromise and complications of abortion	Surgical abortion where approaching legal threshold (e.g. 23^{+6} weeks of gestation for England/Scotland/Wales, 12–14 weeks where procedure not provided by local NHS beyond this) Feticide (approaching legal limit)	Laparoscopic/open surgery for ectopic pregnancy if clinically unstable or at an advanced stage	Cases where cervical preparation has been administered (misoprostol/mifepristone/osmotic dilators)

Subspecialty	Assessment/procedure							
Gynaecological oncology: chemotherapy	Metastatic spinal cord compression treatment	Superior vena cava occlusion treatment	Acute treatment toxicity – grade III and IV as per WHO classification[2]	Acute renal failure (either treatment or malignancy related)				
Gynaecological oncology: radiotherapy	Spinal cord compression	Severe haemorrhage						
Gynaecological oncology: surgery	Emergency laparotomy – bleeding not responding to endoscopic/ interventional radiology where there is reasonable expectation of surgery being curative and conservative measures have failed	Emergency laparotomy (peritonitis/ abscess/necrotising fasciitis)	Laparotomy for postoperative complications (e.g. anastomotic leaks/ bleeding)	Drainage of sepsis if not responding to antibiotics/ interventional radiology	Washout open wound/ infected/ grossly contaminated wounds	Revascularisation/ reimplantation /failing free flap (rare in gynaecological oncology)	Laparotomy/ laparoscopy for torted/ ruptured ovarian mass	Bleeding from molar pregnancy requiring initial or repeat evacuation or emergency hysterectomy
Maternity care	Emergency procedures (caesarean birth, Instrumental birth, perineal repair, manual removal of placenta, cervical cerclage, emergency laparotomy, emergency hysterectomy)							
Paediatric and adolescent gynaecology	Incision and drainage of imperforate hymen							

Subspecialty	Assessment/procedure			
Reproductive medicine	Fertility preservation for men undergoing sterilising treatment acutely – sperm storage	Oocyte collection for fertility preservation in women set to undergo sterilising treatment. Procedure occurs 34–36 hours after ovulatory trigger; timing of trigger depends on ovarian response to stimulation	Ovarian tissue storage for fertility preservation for women undergoing sterilising treatment	
Urogynaecology	Insertion of catheter for acute/ chronic urinary retention			

[2]. Parra-Herran C. Cervix General WHO classification. PathologyOutlines.com, 2020 [https://www.pathologyoutlines.com/topic/cervixWHO.html]. Accessed 6 April 2021.

Prioritisation for surgery, inpatient care and chemotherapy/radiotherapy in obstetrics and gynaecology: Urgent (within 72 hours) – Priority 1B

Subspecialty	Assessment/procedure			
Benign gynaecology	Laparoscopic or open drainage of a pelvic collection/ tubo-ovarian abscess not responding to antibiotics where interventional radiology is not available, failed or not feasible	Diagnostic laparoscopy for unresolved pelvic pain after 48 hours	Surgery for postoperative wound complications: evacuation of haematoma, repair wound dehiscence or evisceration, repair of incisional hernia	Incision and drainage/ marsupialisation of Bartholin's abscess
Early pregnancy and abortion care	Surgical management for ectopic pregnancy where clinically stable and no intra-abdominal bleeding	Surgical management of miscarriage if not suitable for a manual vacuum aspiration	Surgical abortion (all cases within 1 week of assessment, NICE 2019[1])	
Gynaecological oncology: chemotherapy	Acute hydronephrosis	Brain metastases treatment	Treatment of symptomatic pleural effusions/ascites (simple drainage/IPC insertion)	
Gynaecological oncology: radiotherapy	Radiotherapy for gynaecological malignancy	Palliative radiotherapy for pain or bleeding from gynaecological cancer	Radiotherapy for brain metastases from gynaecological cancer	
Gynaecological oncology: surgery	Fistula repair (rectovaginal, bladder-vagina). Emergency laparotomy for bowel obstruction of single transition point not responding to conservative treatment in individuals with ongoing treatment options (i.e. not end-stage setting)	Examination under anaesthesia and insertion of fiducial markers for cervical cancer staging and planning of treatment	Hysteroscopy for investigation of postmenopausal bleeding in woman with thickened endometrium and not amenable to outpatient sampling (referral to diagnosis target 28 days)	Emergency laparotomy – bleeding not responding to endoscopic/interventional radiology where there is reasonable expectation of surgery being curative and conservative measures have failed, but able to be temporised with transfusion, etc.
Urogynaecology	Surgical intervention for serious pessary problems (e.g. fistulation)			

IPC, indwelling pleural catheter.

[1] National Institute of Health and Care Excellence. Abortion care. NICE guideline 140. NICE; 2019 [https://www.nice.org.uk/guidance/ng140].

Prioritisation for surgery, inpatient care and chemotherapy/radiotherapy in obstetrics and gynaecology: Up to 4 weeks – Priority 2

Subspecialty	Assessment/procedure					
Benign gynaecology	Hysteroscopy (outpatient/ inpatient) and/or endometrial biopsy for diagnosis of suspected endometrial hyperplasia/cancer					
Gynaecological oncology: chemotherapy	Adjuvant and neoadjuvant chemotherapy treatment for newly-diagnosed gynaecological malignancy	Palliative chemotherapy treatment for symptomatic patients with relapsed disease	Concurrent chemoradiotherapy	First-line chemotherapy for advanced or recurrent cervical/ endometrial/ vulval cancers	Chemotherapy for second-line treatment	Neoadjuvant chemotherapy for locally advanced disease (within 2 weeks)
Gynaecological oncology: radiotherapy	Primary radiotherapy for cervical cancer	Primary radiotherapy for vulval cancer				
Gynaecological oncology: surgery	MDT recommended surgery for proven or suspected vulval/vaginal/cervical/uterine/ ovarian cancers	Wide local excision for high-grade VIN, VAIN	Surgery for high-grade CIN or early-stage cancer		Surgery for recurrence of gynaecological cancer	MDT recommended staging surgery for proven or suspected vulval/ vaginal/cervical/ uterine/ovarian cancers
Colposcopy	Surgery for high-grade CIN or VAIN					
Paediatric and adolescent gynaecology	Surgery for non-obstructive vaginal anomaly (longitudinal vaginal septum, septate hymen)	Examination under anaesthesia/vaginoscopy for suspected vaginal abnormality				

MDT, multidisciplinary team; VIN, vulval intraepithelial neoplasia; VAIN, vaginal intraepithelial neoplasia; CIN, cervical intraepithelial neoplasia.

Prioritisation for surgery, inpatient care and chemotherapy/radiotherapy in obstetrics and gynaecology: Up to 3 months – Priority 3

Subspecialty	Assessment/procedure				
Benign gynaecology	Hysteroscopic, laparoscopic or open myomectomy for fibroids causing significant anaemia and medical treatments ineffective or inappropriate	Hysteroscopy (outpatient/ inpatient) to investigate abnormal uterine bleeding or reproductive failure	Laparoscopic excision of endometriosis with bowel or ureteric obstruction where stenting is not available, failed or not feasible; or where there is significant pain uncontrolled with medical treatments (including GnRH analogues +/– addback HRT) or where such medical treatments are inappropriate (e.g. individual declines, adverse effects, contraindications)	Endometrial ablation or laparoscopic, vaginal or open hysterectomy for heavy menstrual bleeding/fibroids causing significant anaemia and medical treatments ineffective or inappropriate	
Gynaecological oncology: radiotherapy	Adjuvant radiotherapy for endometrial cancer (within 6 weeks of surgery)	Stereotactic radiotherapy for recurrent disease (within 6 weeks)			
Gynaecological oncology: surgery	Repeat local conisation procedures for stage IA1 cervical cancer (any age) or high-grade cervical precancer in women aged > 50 years Completion simple hysterectomy following successful local conisation (LLETZ) for IA1 cervical cancer	Procedures for low grade uterine cancer managed conservatively with LNG-IUS and/or oral progestogens	Risk reducing BSO or salpingectomy for *BRCA1/2* women with recent normal CA125 and ultrasound scan	Risk-reducing hysterectomy for women with Lynch syndrome	BSO for persistent complex ovarian cyst with low risk of suspicion of malignancy
Paediatric and adolescent gynaecology	Laparoscopic excision of obstructed uterine horn after MDT review	Reconstructive vaginal surgery for vaginal agenesis with menstrual obstruction after MDT review (e.g vaginal septae, OHVIRA)			

Subspecialty	Assessment/procedure			
Urogynaecology	Change of suprapubic catheter	Surgery for significantly bothersome prolapse (with bleeding/ ulceration) such as procidentia/ vault eversion not responding to conservative treatments	Surgical treatment for genitourinary fistulas	
Reproductive medicine	Surgical procedure required to allow fertility treatment to proceed where the woman has a low ovarian reserve or is aged ≥ 40 years			

GnRH, gonadotrophin-releasing hormone; HRT, hormone replacement therapy; LLETZ, large loop excision of the transformation zone; LNG-IUS, levonorgestrel-releasing intrauterine system; BSO, bilateral salpingo-oophorectomy; MDT, multidisciplinary team; OHVIRA, obstructed hemivagina and ipsilateral renal anomaly.

Prioritisation for surgery, inpatient care and chemotherapy/radiotherapy in obstetrics and gynaecology: Beyond 3 months – Priority 4

Subspecialty	Assessment/procedure								
Benign gynaecology	Hysteroscopic and associated interventions to treat heavy menstrual bleeding:LNG-IUS, endometrial resection, second generation endometrial ablation (outpatient/ inpatient)	Operative hysteroscopy for uterine structural disorders associated with abnormal uterine bleeding or recurrent miscarriage: polypectomy, myomectomy, septoplasty, adhesiolysis, cervical niche (outpatient/ inpatient)	Laparoscopy for investigation of pelvic pain or infertility	Laparoscopic tubal surgery for tubal factor infertility and/or symptomatic tubal disease	Laparoscopic excision of superficial and/or deep endometriosis without bowel or ureteric obstruction and/or ovarian endometrioma	Laparoscopic or open myomectomy for fibroids not causing anaemia	Laparoscopic, open or vaginal hysterectomy for abnormal uterine bleeding, pain, symptomatic fibroids and/or endometrial hyperplasia	Laparoscopic or open cystectomy or oophorectomy for ovarian cysts > 5 cm with a benign RMI	Surgery for symptomatic lower genital tract lesions (e.g. Bartholin's cyst)
Gynaecological oncology: surgery	Closure of stoma								
Paediatric and adolescent gynaecology	Reconstructive vaginal surgery for vaginal agenesis or stenosis without menstrual obstruction after MDT review	Clitoral reduction surgery for differences of sex development after MDT review							

Subspecialty	Assessment/procedure		
Urogynaecology	Surgical management for incontinence	Surgical management for prolapse	
Reproductive medicine	Surgical procedure required to allow fertility treatment to proceed, where the woman has a normal ovarian reserve and is aged < 40 years		

LNG-IUS, levonorgestrel-releasing intrauterine system; RMI, risk of malignancy index; MDT, multidisciplinary team.

Appendix I: RCOG Specialist Society links

Association of Early Pregnancy Units (AEPU): www.aepu.org.uk

Faculty of Sexual & Reproductive Healthcare (FSRH): www.fsrh.org

British Association of Perinatal Medicine (BAPM): www.bapm.org

British Fertility Society (BFS): www.britishfertilitysociety.org.uk

British Gynaecological Cancer Society (BGCS): www.bgcs.org.uk

British & Irish Association of Robotic Gynaecological Surgeons (BIARGS): www.biargs.org.uk

British Maternal & Fetal Medicine Society (BMFMS): www.bmfms.org.uk

British Menopause Society (BMS): www.thebms.org.uk

British Pregnancy Advisory Service (BPAS): www.bpas.org

British Society of Biopsychosocial Obstetrics and Gynaecology (BSBOG): www.bsbog.org

British Society for Colposcopy and Cervical Pathology (BSCCP): www.bsccp.org.uk

British Society for Gynaecological Endoscopy (BSGE): www.bsge.org.uk

British Society for Gynaecological Imaging (BSGI): www.bsgi.org.uk

British Society for Paediatric and Adolescent Gynaecology (BritSPAG): www.britspag.org

British Society for Study of Vulval Disease (BSSVD): www.bssvd.org

British Society of Urogynaecology (BSUG): www.bsug.org.uk

Institute of Psychosexual Medicine (IPM): www.ipm.org.uk

British Intrapartum Care Society (BICS): bicsoc.org.uk

British Association for Sexual Health and HIV (BASHH): www.bashh.org

DISCLAIMER: The Royal College of Obstetricians and Gynaecologists (RCOG) has produced this guidance as an aid to good clinical practice and clinical decision-making. This guidance is based on the best evidence available at the time of writing, and the guidance will be kept under regular review as new evidence emerges. This guidance is not intended to replace clinical diagnostics, procedures or treatment plans made by a clinician or other healthcare professional and RCOG accepts no liability for the use of its guidance in a clinical setting. Please be aware that the evidence base for COVID-19 and its impact on pregnancy and related healthcare services is developing rapidly and the latest data or best practice may not yet be incorporated into the current version of this document. RCOG recommends that any departures from local clinical protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

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