



### Surgery Prioritization Strategy – Typical Ophthalmic Case\*

Emergent	Urgent	Semi-Urgent	Semi-Elective	Elective										
<ul style="list-style-type: none"> <li>• Endophthalmitis</li> <li>• Intraocular foreign body</li> <li>• Open globe</li> <li>• Cantholysis/canthotomy</li> <li>• Orbital cellulitis</li> <li>• Orbital cellulitis/abscess</li> <li>• Acute dacryocystitis</li> <li>• Canalicular lacerations</li> <li>• Traumatic extraocular muscle tear</li> <li>• Compressive optic neuropathy</li> <li>• Orbital decompression for vision loss</li> <li>• Orbital abscess</li> <li>• Anterior chamber tap</li> <li>• Angle closure glaucoma</li> </ul>	<ul style="list-style-type: none"> <li>• Temporal artery biopsy</li> <li>• Retinal detachment - macula on</li> <li>• Exam under anesthesia for tumor, infection, retinal detachment</li> <li>• Corneal foreign body</li> <li>• Ocular surface reconstruction with progressive melting, impending perforation, Descemetocoele</li> <li>• Nasolacrimal duct probe for infection</li> <li>• Lid, facial lacerations</li> <li>• Orbital, facial fractures</li> <li>• Retrobulbar injection for pain</li> <li>• Neonatal dacryocystocele</li> <li>• Lid Lacerations</li> <li>• Orbital Fractures</li> <li>• Tarsorrhaphy for corneal compromise</li> <li>• Orbit/eyelid/intraocular malignancy</li> <li>• Enucleation for pain, infection, tumor</li> <li>• Evisceration for pain, tumor</li> <li>• Exenteration for infection</li> <li>• Optic nerve sheath fenestration</li> <li>• Anterior chamber washout for hyphema</li> <li>• Remove/revise aqueous drainage implant</li> <li>• Infantile glaucoma</li> <li>• Flat anterior chamber</li> <li>• Phacomorphic glaucoma</li> <li>• Glaucoma, uncontrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Infantile cataract</li> <li>• Adult cataract unable to drive, work, fall risk, or intolerable anisometropia</li> <li>• Pediatric cataract at risk for amblyopia</li> <li>• Intravitreal injection</li> <li>• Brachytherapy</li> <li>• Drain choroidal(s)</li> <li>• Infantile ptosis</li> <li>• Retinal detachment - macula off</li> <li>• Proliferative diabetic retinopathy</li> <li>• Proliferative vitreoretinopathy</li> <li>• Macular hole</li> <li>• Retisert placement</li> <li>• Enucleation for melanoma</li> <li>• Basal cell, squamous cell cancer of eyelids and conjunctiva</li> <li>• Glaucoma procedures (all) if progressing</li> <li>• Bleb leak</li> <li>• Hypotony/cyclodialysis cleft</li> <li>• Corneal biopsy for undiagnosed corneal ulcer</li> <li>• Conjunctival biopsy for cicatrizing conjunctivitis</li> <li>• Ocular surface reconstruction</li> <li>• Pediatric corneal transplant at risk for amblyopia</li> <li>• Corneal transplant unable to drive or with pain</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric cataract - less critical for impact on amblyopia or ADL</li> <li>• Childhood strabismus</li> <li>• Adult cataract - less critical/disabling impact on ADL</li> <li>• Corneal transplant- no pain, less critical/disabling impact on ADL</li> <li>• Progressive pterygium</li> <li>• Glaucoma with stable VF, nerve</li> <li>• Infantile ptosis</li> <li>• Epiphora</li> <li>• Symptomatic entropion</li> <li>• Adult strabismus with diplopia</li> <li>• Epiretinal membrane</li> </ul> <p><i>Definitions of Procedures</i></p> <table border="1"> <tr> <td><i>Emergent</i></td> <td>If delayed would present a substantial threat to visual function</td> </tr> <tr> <td><i>Urgent</i></td> <td>If delayed beyond several hours to several days, would present a substantial threat to visual function</td> </tr> <tr> <td><i>Semi-urgent</i></td> <td>If delayed beyond several days to several weeks, would result in significant and permanent compromise to visual function or intolerable limitation on daily activities</td> </tr> <tr> <td><i>Semi-elective</i></td> <td>Delay beyond 6-12 weeks would result in significant and potentially permanent functional compromise to form or non-life sustaining function</td> </tr> <tr> <td><i>Elective</i></td> <td>Any procedure for a medical condition that does not in the foreseeable future threaten life, limb, and/or bodily function</td> </tr> </table>	<i>Emergent</i>	If delayed would present a substantial threat to visual function	<i>Urgent</i>	If delayed beyond several hours to several days, would present a substantial threat to visual function	<i>Semi-urgent</i>	If delayed beyond several days to several weeks, would result in significant and permanent compromise to visual function or intolerable limitation on daily activities	<i>Semi-elective</i>	Delay beyond 6-12 weeks would result in significant and potentially permanent functional compromise to form or non-life sustaining function	<i>Elective</i>	Any procedure for a medical condition that does not in the foreseeable future threaten life, limb, and/or bodily function	<ul style="list-style-type: none"> <li>• Adult strabismus without diplopia</li> <li>• Adult ptosis</li> <li>• Blepharoplasty</li> <li>• Ectropion</li> </ul>
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Surgery performed in an ambulatory surgery center (ASC) setting will likely have less impact on medical resources than hospital outpatient departments and inpatient work and may follow locally modified start rules. In general, ophthalmic surgery has some features reducing demand on resources, such as:

- Nearly all outpatient
- Most with only sedation anesthesia
- No blood demand
- Small operating teams

\*This listing is not exhaustive. Diagnoses not listed would fit where similar conditions are listed. This prioritization strategy is based upon the timing rules for each description listed above.