



Time-Critical Elective Surgeries

Dental

TIME CRITICAL

- Patients with special healthcare needs that are immunocompromised or otherwise more susceptible to systemic spread of odontogenic infection.
- Facial swellings of odontogenic origin
- Severe pain that impacts normal daily activity
- Sequelae resulting from facial trauma

Oral Surgery

TIME CRITICAL

- Head and Neck Infections
 - Can be an emergency with potential airway compromise
- Maxillofacial Trauma
 - Mandible Fractures (< 72 hrs.)
 - Mid-face Fractures (< 72 hrs.)
 - Orbital Floor Fractures (can be urgent with entrapment)
 - Nasal Fractures (< 72 hrs.)
 - Dentoalveolar fractures (ASAP)
 - Soft tissue Lacerations (ASAP)
 - Dog Bite Injuries
 - Lip Lacerations, etc.

POTENTIALLY TIME CRITICAL

- Extraction of painful teeth
 - Potential to develop into head/neck infection

NON-TIME CRITICAL (can wait about 2 months)

- Asymptomatic impacted teeth
- Benign cyst/tumor removal
 - Mandible
 - Midface
- Routine Dental Treatment

Orthopedics

TIME CRITICAL (24 to 48 hours)

- Fracture care
 - Upper extremity
 - Lower extremity
 - Spine
- Slipped capital femoral epiphysis
- Dislocations
- Infection
 - Osteomyelitis
 - Septic Joints
 - Post op infection
- Threat to life or limb
 - Compartment syndrome
 - Myositis/fasciitis
 - Vascular injury
 - Soft tissue injury
 - De-gloving
 - Contaminated wound
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TIME SENSITIVE (No more than 2 weeks)

- Foreign body removal
- Club foot in active casting program
- Joint aspiration under sedation
- Hardware failure or skin issues with hardware
- Biopsy of bone or soft tissue lesion
- AVN of hip
- Laceration with tendon, nerve or vessel injury
- Crush injuries (ex. Hand or Feet)
- Intra-articular loose body

TIME SENSITIVE (30 days and the outcomes start to deteriorate)

- Mehta Casts
- Displaced Meniscal Tears
- Newborn and toddler hip dysplasia

Ophthalmology

TIME CRITICAL

- Trauma (ocular or orbital)
- Orbital abscesses
- Infant or childhood cataract (let me know if you need my explanation for this, but any pediatric ophthalmologist would concur)
- Glaucoma
- EUA needed for possible sight-threatening infections or tumors
- ROP surgery/laser
- A procedure that is being done in coordination with another surgical specialty (whose procedure cannot wait two months)
- Complications from previous eye surgery not covered by the above classifications

Otolaryngology (ENT)

TIME CRITICAL

- Otolaryngology
 - Acute onset facial nerve palsy with SOM or mastoid findings
 - Acute mastoiditis
 - Complications of cholesteatoma, or mastoiditis (epidural abscess)
- Rhinology
 - Control of sudden CSF leak from nose after trauma or surgery
 - Life threatening epistaxis
 - Complications of fungal sinusitis
 - ORIF of midface fractures
- General ENT
 - ORIF Mandible fractures
 - Foreign body in the esophagus
 - Foreign body in the airway
 - Hemorrhage in post op tonsil or adenoid, or neck
 - T & A for severe OSA with significant desats., especially Sickie Cells
 - Bilateral myringotomy is very rare select ill children
- Airway
 - Tracheostomy for failure to extubate
 - Bronchoscopy for balloon dilatation to avoid a trach
 - Removal of an airway stent
 - Botox for severe life threaten aspiration
 - Bronchoscopy for collapsed lung despite aggressive pulm management
 - Emergency intubation

Pediatric Surgery

- Esophageal atresia with or without tracheo-esophageal fistula
- Pulmonary or mediastinal lesions which are symptomatic
- Esophageal stricture needing dilation
- GERD needing fundoplication
- GT or GJ tube placements or replacements (especially for aspiration or failure to thrive)
- Malrotation without volvulus
- Symptomatic biliary stone disease – including symptomatic (significant symptoms like weight loss or severe pain/frequent emesis) cholelithiasis, recent gallstone pancreatitis, choledocholithiasis
- Intra-abdominal masses or cysts which are symptomatic or large enough to be at risk for developing symptoms
- Meckel's diverticulum symptomatic for bleeding or infection
- Severe constipation or obstipation (with severe symptoms like feeding intolerance, etc.) requiring rectal washout, botox injection, or rectal biopsy
- Stoma revisions (where feeding is interrupted or sepsis risk)
- Biopsy or excision of neoplasm – including thyroid masses suspicious for neoplasm
- Ovarian cysts or masses with concern for neoplasm
- Symptomatic hernias of any location – ventral, umbilical, inguinal being the most common, can also include hiatal hernias, internal hernias, etc.
- PD catheters
- Foreign body in soft tissue

Plastic Surgery

TIME CRITICAL

- Craniofacial Surgery
 - Treatment of craniosynostosis in early life
 - Distraction for newborn acute airway obstruction to avoid tracheostomy
- Cleft Surgery
 - Lip and palate repair ideally should be completed by 18 months of age to maximize speech outcomes.
- Microsurgery
 - Cases related to acute trauma (i.e. lower extremity coverage)
- Lumps, bumps, skin lesions
 - At the individual discretion of the surgeon and concern for a malignancy

Urology

TIME CRITICAL (emergency cases)

- Testis torsion (scrotal exploration, etc.)
- Ureteral/renal stone with obstruction and/or infection
- Trauma
- Priapism (irrigation and possible shunting)
- Urinary retention when catheter insertion had been attempted and failed (cysto possible S-P tube)

TIME SENSITIVE (potential for harm if not done within two months)

- Ureteral stones already stented > 6-8 weeks (ureteroscopy and lithotripsy)
- Tumor/ cancer surgery
- Ureteral stone patients given a trial of passage with uncontrolled symptoms (ureteroscopy, definitive treatment)
- Posterior urethral valves (cysto/ablation of valves)
- Vesicoureteral reflux with break through febrile infections
- Hydronephrosis with evidence of progression, loss of function and/or infection