



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 patients with signs/symptoms of severe OSA (i.e. History of desaturations, obvious dyspnea, clinically significant sleep apnea). Due to the absence of sleep studies, we will rely on physician's judgement as to the presence of such findings.
 - 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

