

## **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 Sickle 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.
- Inguinal hernias in infants <6mo
- UDT between age 9 months and 15 months
- 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