CEI SURGERY PRIORITZATION Updated March 17, 2020

This document is meant to serve as a guideline - rare urgent scenarios not described here should be evaluated on a case-by-case basis.
In the event there are surgeries of the same priority that compete for time, a decision for case order would be made be a one-on-one discussion between attending surgeons as per protocol.

	Acuity	Comprehensive	Cornea	Glaucoma	Pediatric Ophth	Oculoplastics	Oncology	Retina
1	Emergent – As soon as possible	Corneal/scleral laceration/open globe	Dehisced PKP Corneal/scleral perforation Corneal /scleral lacerations Open globe	Endophthalmitis Blebitis Acute angle closure glaucoma High IOP with pain/vomiting not responsive to initial treatment elsewhere Suprachoroidal hemorrhage Flat AC	NA	. Acute orbital hemorrhage with compressive optic neuropathy (canthotomy/canthol ysis/evacuation of hematoma)	NA	Endophthalmitis
2	Urgent – within 24 hours	Phacomorphic lens with high IOP Phacoanaphylactic lens	Phacomorphic lens with high IOP Phacoanyphylactic lens AC washout.	Eight ball hyphema Malignant Glaucoma Early childhood glaucoma High IOP - >40 Hypotony with kissing choroidals or in child	NA	Pediatric White-Eyed Blowout fractures with vasovagal issues – Fracture repair Orbital cellulitis – threatening vision or sinus thrombosis; orbital abscess drainage -(may actually be initially managed by on call team)	NA	Intraocular foreign body Acute Rhegmatogenous Retinal Detachment Malignant Glaucoma Lens induced glaucoma due to retained or dislocated lens

3	Priority – within 72 hours		NA	Tube erosion Bleb leak Hypotony in high risk eye (high myopia; buphthalmos, previous suprachoroidal hemorrhage, only eye) High IOP in high risk eye	New congenital glaucoma	Canalicular laceration repair	EUA for new retinoblastoma referral	Acute Rhegmatogenous Retinal Detachment, macula off ROP Laser ROP Surgery Advanced PDR
4	Soon - > 72 hours; less than 2 weeks	Phacomorphic lens with normal IOP	Excisional biopsy(and cry) for conjunctival malignancies Corneal biopsy or repair for undiagnosed cornea disease (melt, infection)	High IOP in moderate risk eye	Infant cataracts Glaucoma	Rapidly growing orbital or lid mass consistent with aggressive malignancy Acute, progressive orbital inflammation/severe thyroid eye disease – threatening vision Progressive vision loss due to pseudotumor cerebri requiring semi-urgent optic nerve sheath fenestration Patients needing temporal artery biopsy Recent orbital fractures – with entrapment, diplopia Severe lid malpositions threatening health of		Diagnostic vitrectomy Chronic Retinal Detachment Advanced PDR

						the eye and failing non-surgical intervention Acute dacryocystitis – (can be delayed to "elective" if already being managed on systemic antibiotics and clinic I&D)		
5	Non-elective 2-6 weeks	Cataract causing 20/200 or worse vision in the better eye due to cataracts.		Bleb revisions for cosmesis, dysesthesia Tubes /trabs in slowly progressive glaucoma, pts unable to come in sooner High IOP in low risk eye "Risk" refers to likelihood of significant vision damage if not treated in this time-frame, and adjusting for other factors such as monocular status, age etc.	Secondary IOL EUA	Orbital fractures > 1 month old Benign lid lesions – skin tags, telangiectasias, chalazia Very slow growing malignancy – (small BCCA) Stable thyroid eye disease Benign orbital masses	Enucleation for intraocular tumor Plaque insertion and removal for intraocular tumor Tantalum marker placement for intraocular tumor Fine needle aspirate biopsy for intraocular tumor Conjunctival excisional biopsy with cryotherapy Iridectomy/iridocyclectomy for intraocular tumor EUA for retinoblastoma patients with active tumors Intraocular melphalan	Macular hole Dislocated IOL

							injection for retinoblastoma EUA for stable retinoblastoma patients (varies from q4 weeks to q3 months) Excision/drainage of iris cyst	
6	Elective - greater than 6 weeks	-Cataract surgery other than phacomorphic or anaphylactic	PTK, LASIK, PRK, CXL, SuperK's, EDTAchela treatment, all forms of corneal transplants other than perforations: dehiscence, iridoplasties, Cataract and other lens surgeries other than phacokomorphic or anaphylactic.	Phaco (in pts with controlled IOP)	Adult and pediatric strabismus NLDO	Cosmetic concerns Brow ptosis/Dermatochalasis/Ptosis/Ectropion/ Entropion Epiphora Mild/chronic orbital inflammatory disease		Macular pucker Removal vitreous floaters