

Cleveland Clinic Department of Urology Recommended Surgical Priority Tiers (COVID-19)

| 0 Emergency | 1 | 2 | 3 | 4 nonessential |
|--|---|---|---|--|
| Obstructed kidney/infection | Cystectomy – high risk CA | CAP GG3-5 or GG2 with more than 2 cores or tumor length > 5mm or Gleason 3+3 w >50% core positivity in number of cores or any PSA >10 | Cystectomy – not high risk | CAP GG1 or GG2 with 2 or fewer cores of max length <5mm |
| Urologic abscess/wound washout | Nephrectomy – IVC thrombus | RPLND | Partial Nx >4cm | Partial Nx SRM |
| Torsion | TURBT high risk | Radical Nx | TURBT low risk | Adrenalectomy (CA not suspected) and assymptomatic |
| Clot retention | Stage 2 sacral neuromodulation | Adrenalectomy (CA suspected) or symptomatic | Neurogenic cysto/Botox | Assymptomatic non-obstructing renal stone |
| Hemorrhage | Orchiectomy – CA | Urogenital/colovesical fistulas | Ureteroscopy for presumed low risk upper tract UC | Slings |
| Pregnant with obstruction | Nephroureterectomy | Adult ureteral reimplant or pyeloplasty | Stone with stent/neph tube or symptomatic | Pelvic organ prolapse |
| Cadaveric renal tx | Penile CA | BPH requiring indwelling catheter | Urethral diverticula | Sacral neuromodulation stage 1 or total |
| Urinary retention unable to place catheter | Asymptomatic ureteral stone | Stent change | Mesh removal/ sling incision | Artificial urethral sphincter |
| Penile fracture | Urethral Stricture with imminent obstruction | | Ureterolysis | Penile prosthesis |
| Infected prosthesis/device | Recto/pubo urethral fistula | | SNM IPG change | Infertility/non CA scrotal surgery |
| Priapism | Ureteroscopy for suspected high risk upper tract UC | | | Pediatric: reimplant, penile and benign testicular cases |
| | | | | Living donor renal tx |
| | | | | Vasectomy/circumcision |
| | | | | BPH on self cath or safely voiding |
| | | | | Urethral stricture no imminent obstruction |
| | | | | Buried penis |
| | | | | Peyronies |