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# LIST OF PERMITTED PROCEDURES BY DAY SURGICAL CENTRE CLASSIFICATION

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Health Policies and Standards Department  
Health Regulation Sector (2024)

## LIST OF PERMITTED PROCEDURES BY DAY SURGICAL CENTRE CLASSIFICATION

| No.  | Speciality/Procedure Names                     | Minimum Health Facility Classification/Type (A, B, CM or C) |
|--|--|---|
| <b>Endoscopic Procedures (Upper and Lower GI) ( including polypectomy)</b> |  |   |
| 1.   | Colonoscopy                                    | B*  |
| 2.   | Gastroscopy                                    | B*  |
| 3.   | Esophagoscopy (Flexible)                       | B*  |
| 4.   | Sigmoidoscopy                                  | B*  |
| 5.   | Endoscopic ultrasound                          | B*  |
| 6.   | Capsule endoscopy                              | B*  |
| 7.   | Endoscopic Retrograde CholangioPancreatography | C   |
| 8.   | Esophagogastroduodenoscopy (EGD)               | CM  |
| <b>Endoscopic Procedures (Respiratory)</b>                                 |  |   |
| 9.   | Laryngoscopy (indirect)                        | CM  |
| 10.  | Bronchoscopy (flexible)                        | CM  |
| <b>Nasal Endoscopy (ENT)</b>   |  |   |
| 11.  | Sleep Endoscopy                                | C   |

\*Patients that require GA should be escalated to C.

**Note:** Thoracoscopy and laparoscopy can only be performed in a DHA licensed hospital setting.

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| No.                    | Speciality/Procedure Names   | Minimum Health Facility Classification/Type (A, B, CM or C) |
|------------------------|--|---|
| <b>General Surgery</b> |  |   |
| 1.                     | Ganglions  | A <sup>1</sup>  |
| 2.                     | Hair Transplant  | A <sup>1</sup>  |
| 3.                     | In-grown toe-nail  | A <sup>1</sup>  |
| 4.                     | Excision of skin and subcutaneous benign mass  | A <sup>1</sup>  |
| 5.                     | Drainage of Superficial Abscesses  | A <sup>1</sup>  |
| 6.                     | Circumcision <3 months old   | A   |
| 7.                     | Haemorrhoids treatments using laser under local anaesthesia                          | A   |
| 8.                     | Percutaneous Laser Ablation  | B   |
| 9.                     | Temporal artery biopsy   | B   |
| 10.                    | Hyperhidrosis  | B   |
| 11.                    | Circumcision >3 months old   | CM  |
| 12.                    | Port-a-catheter removal  | CM  |
| 13.                    | Anal procedures - dilatation/fissure/banding/<br>low anal fistula                    | CM  |
| 14.                    | Breast lump excision (benign)  | CM  |
| 15.                    | Excision varicocele  | CM  |
| 16.                    | Testicular fixation and Orchidopexy  | CM  |
| 17.                    | Varicose vein surgery  | CM  |
| 18.                    | Hernia repair – inguinal/epigastric/femoral/ incisional/umbilical                    | C   |
| 19.                    | Haemorrhoids including Incision and Excision of superficial<br>Thrombosed Hemorrhoid | C   |
| 20.                    | Pilonidal Sinus  | C   |

<sup>1</sup>These procedures can be performed in a polyclinic/speciality outpatient clinic using local anaesthesia.

**Note:** Appendectomy, Abdominoplasty, Bariatric and Laparoscopic surgery can only be performed in a DHA licensed hospital setting.

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| No.                     | Speciality/Procedure Names                   | Minimum Health Facility Classification/Type (A, B, CM or C) |
|-------------------------|--|---|
| <b>Vascular Surgery</b> |  |   |
| 1.                      | Endovenous laser Ablation                    | A   |
| 2.                      | Endovenous Laser Treatment- EVLT             | A   |
| 3.                      | Radiofrequency ablation (RFA)                | A   |
| 4.                      | Ultrasound guided foam sclerotherapy (UGFS). | A   |
| 5.                      | Temporal artery biopsy                       | B   |
| 6.                      | Varicose vein surgery                        | CM  |

| No.   | Speciality/Procedure Names        | Minimum Health Facility Classification/Type (A, B, CM or C) |
|---|-----------------------------------|---|
| <b>Neurosurgery/anaesthesia/pain management</b> |                                   |   |
| 1.  | Epidural Steroid Injections/Block | B   |
| 2.  | Selective Nerve Root injections   | B   |

| No.                             | Speciality/Procedure Names                                    | Minimum Health Facility Classification/Type (A, B, CM or C) |
|---------------------------------|---|---|
| <b>Interventional Radiology</b> |   |   |
| 1.                              | Diagnostic ultrasound   | A   |
| 2.                              | Ultrasound guided soft tissue / joints injections             | A   |
| 3.                              | Ultrasound guided varicose veins sclerotherapy /interventions | A   |

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|------------------------------|--|---|
| <b>Obstetrics/Gynecology</b> |  |   |
| 1.                           | Bladder distension   | A   |
| 2.                           | Colposcopic procedures   | A <sup>1</sup>  |
| 3.                           | Intrauterine Device insertion  | A <sup>1</sup>  |
| 4.                           | Vaginal foreign bodies (e.g. retained medical device, pessaries, tampons, menstrual caps)  | A   |
| 5.                           | Urethral dilatation  | B   |
| 6.                           | Cervical biopsies  | B   |
| 7.                           | Vaginoplasties, vulva repair and perineal repair   | CM  |
| 8.                           | Endometrial Biopsy   | CM  |
| 9.                           | Anterior and Posterior Colporrhaphy  | C   |
| 10.                          | Cautery to cervix  | C   |
| 11.                          | Dilatation and curettage   | C   |
| 12.                          | Endometrial ablation   | C   |
| 13.                          | Tension-free vaginal tape  | C   |
| 14.                          | Excision urethral caruncle   | C   |
| 15.                          | Fenton's procedure   | C   |
| 16.                          | Labial procedures/Bartholin's  | C   |
| 17.                          | Polypectomy  | C   |
| 18.                          | Hysteroscopy   | C   |
| 19.                          | Hysteroresectoscopy  | C   |
| 20.                          | Laparoscopic- diathermy endometriosis/division adhesions/aspirations ovarian cyst/dye test | C   |
| 21.                          | Labial Augmentation  | C   |
| 22.                          | Clitoral hood reduction  | C   |

<sup>1</sup>These procedures can be performed in a polyclinic/speciality outpatient clinic, with appropriate setting, using local anaesthesia.

**Note:** Hysterectomy, laparoscopic surgery and pelvic floor repair can only be performed in a DHA licensed hospital setting.

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| No.   | Speciality/Procedure Names                | Minimum Health Facility Classification/Type (A, B, CM or C) |
|---|---|---|
| <b>Oral Surgery</b>                               |   |   |
| 1.  | Apicoectomy                               | A   |
| 2.  | Biopsy of oral lesions/swellings          | A   |
| 3.  | Gum surgery                               | A   |
| 4.  | Excision of oral cysts                    | A   |
| 5.  | Exposure and bonding of impacted incisors | A   |
| 6.  | Exposure of impacted canines              | A   |
| 7.  | Removal of impacted canines               | A   |
| <b>Dental procedures in adults and pediatrics</b> |   |   |
| 8.  | Dental procedures under LA                | A <sup>1</sup>  |
| 9.  | Dental procedures under sedation          | B   |
| 10.   | Dental procedures under GA                | C   |

<sup>1</sup>These procedures can be performed in a polyclinic/speciality outpatient clinic with appropriate setting and using local anesthesia

**Note:** Maxillofacial procedures can only be performed in a DHA licensed hospital setting.

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| No.                        | Speciality/Procedure Names  | Minimum Health Facility Classification/Type (A, B, CM or C) |
|----------------------------|---|---|
| <b>Orthopaedic Surgery</b> |   |   |
| 1.                         | Serial casting for limbs/spine deformities  | B   |
| 2.                         | Implant Removal (Minor)   | B   |
| 3.                         | DeQuervains release   | B   |
| 4.                         | Trigger finger/thumb release  | B   |
| 5.                         | Tenolysis of trigger Finger (One, Two)  | B   |
| 6.                         | Dupuytren's Contracture   | B   |
| 7.                         | Claw Toe Reconstruction (One toe, Two Toes)   | CM  |
| 8.                         | Closed Reduction of Fracture/ Dislocation   | CM  |
| 9.                         | Closed Reduction + Percutaneous Fixation  | CM  |
| 10.                        | Amputation of digit   | CM  |
| 11.                        | Carpal Tunnel decompression   | CM  |
| 12.                        | Examination under anaesthesia   | CM  |
| 13.                        | Correction of Hallux Valgus (Soft Tissue)   | CM  |
| 14.                        | Bunionectomy  | CM  |
| 15.                        | Open Reduction of Fracture/Fixation (Small Bone)  | CM  |
| 16.                        | Tendon repair (Minor)   | C   |
| 17.                        | Anthrodesis of small joints   | C   |
| 18.                        | Arthroscopic procedures (Meniscal of the knee, Meniscectomy, Chondroplasty of the knee, Pilca excision, lateral release of the knee, patella MPFL reconstruction, medial plication, micro fracture of ankle or knee, anterior fat pad decompression, shoulder, subacromial decompression of the shoulder, decompression of calcified tendinitis, slap lesion debridement/repair, debridement/loose body removal of the knee/shoulder/elbow/wrist and ankle. | C   |

**Note:** Intramedullary nailing and plating of long bones can only be performed in a DHA licensed hospital setting.

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| No.                            | Speciality/Procedure Names                                | Minimum Health Facility Classification/Type (A, B, CM or C) |
|--------------------------------|---|---|
| <b>Otolaryngology (E.N.T.)</b> |   |   |
| 1.                             | Biopsy mouth/tongue/ear                                   | A   |
| 2.                             | Submucous diathermy                                       | B   |
| 3.                             | Laryngoscopy (indirect)                                   | B   |
| 4.                             | Pharyngoscopy/oesophagoscopy (Flexible)                   | B   |
| 5.                             | Cautery/out fracture inferior turbinate                   | CM  |
| 6.                             | Division tongue-tie                                       | CM  |
| 7.                             | Intranasal polypectomy                                    | CM  |
| 8.                             | Excision lymph nodes                                      | C   |
| 9.                             | Functional Endoscopic Sinus (FESS) Surgeries              | C   |
| 10.                            | Uvuloplasty   | C   |
| 11.                            | Myringotomy   | C   |
| 12.                            | Grommet insertion, tympanoplasty and simple mastoidectomy | C   |
| 13.                            | Antrostomy  | C   |
| 14.                            | Tympanoplasty   | C   |
| 15.                            | Uvulectomy  | C   |
| 16.                            | Removal submandibular calculus                            | C   |

**Note:** Rhinoplasty and tonsillectomy can only be performed in a DHA licensed hospital setting.



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|----------------------|-------------------------------|---|
| <b>Ophthalmology</b> |                               |   |
| 1.                   | Cataract extraction           | A   |
| 2.                   | BCC Excision and skin graft   | A   |
| 3.                   | Sling Procedure               | A   |
| 4.                   | Blepharoplasty                | A   |
| 5.                   | Chalazion excision            | A   |
| 6.                   | Conjunctiva Biopsy            | A   |
| 7.                   | Cryotherapy                   | A   |
| 8.                   | Ectropion and Entropion       | A   |
| 9.                   | Electrolysis                  | A   |
| 10.                  | Enucleation                   | A   |
| 11.                  | Epilation of lashes           | A   |
| 12.                  | Evisceration                  | A   |
| 13.                  | Gold Weight Insertion         | A   |
| 14.                  | Hughes Flap and Release       | A   |
| 15.                  | Intraocular lens implantation | A   |
| 16.                  | Intravitreal injection        | A   |
| 17.                  | LASIK and LASEK               | A   |
| 18.                  | Lacrimal repair               | A   |
| 19.                  | Lensectomy                    | A   |
| 20.                  | Peripheral Indectomy          | A   |
| 21.                  | Pterygium excision/grafting   | A   |
| 22.                  | Ptosis                        | A   |
| 23.                  | Punctal Plug Insertion        | A   |
| 24.                  | Second Stage Reconstructions  | A   |
| 25.                  | Syringe and Probe (adult)     | A   |

|     |   |   |
|-----|---|---|
| 26. | Strabismus surgery                          | A |
| 27. | Tarsorrhaphy                                | A |
| 28. | Temporal Artery Biopsy                      | A |
| 29. | Three Snip Procedure                        | A |
| 30. | Trabeculectomy (glaucoma)                   | A |
| 31. | Keratoconus                                 | A |
| 32. | Keratoplasty (corneal transplant)           | C |
| 33. | Vitreotomy                                  | A |
| 34. | Syringe and Probe (paediatric)              | A |
| 35. | Blended Vision                              | A |
| 36. | Small incision lenticule extraction (SMILE) | A |
| 37. | Corneal crosslinking                        | A |
| 38. | Corneal topography                          | A |
| 39. | Fundus photography                          | A |
| 40. | Phacoemulsification                         | A |
| 41. | Squint                                      | A |

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|------------------------|---|---|
| <b>Plastic Surgery</b> |   |   |
| 1.                     | Excision of skin tag or local skin lesion   | A <sup>1</sup>  |
| 2.                     | Minor Scalp Surgery (lipoma, cyst, cut wounds)  | A <sup>1</sup>  |
| 3.                     | Face, neck and eyebrow lift   | A   |
| 4.                     | Blepharoplasty  | CM  |
| 5.                     | Belly button surgery (or umbilicoplasty/navel surgery)<br>(This procedure cannot be combined with mini adominoplasty) | C   |
| 6.                     | Breast implants and augmentation  | C   |
| 7.                     | Breast reduction (Total 800g for both breasts)  | C   |
| 8.                     | Breast asymmetry  | C   |
| 9.                     | Breast lift (small and medium)  | C   |
| 10.                    | Breast Tuberos  | C   |
| 11.                    | Calf, Cheek and Chin Surgery/implants   | C   |
| 12.                    | Ear surgery (otoplasty/pinnaplasty)   | C   |
| 13.                    | Liposuction (or lipoplasty/liposculpture) and fat transfer  | C   |
| 14.                    | Mini Abdominoplasty with no umbilicus transposition<br>(mini tummy tuck)  | C   |
| 15.                    | Arm lifting   | C   |
| 16.                    | Mini Thigh lifting  | C   |
| 17.                    | Male Gynecomastia   | C   |
| 18.                    | Non surgical cosmetic procedures  | A <sup>1</sup>  |

<sup>1</sup>These procedures can be performed in a polyclinic/outpatient clinic with appropriate setting.

### Note:

- Lip implants, breast reduction/reconstruction and abdominoplasty can only be performed in a DHA licensed hospital setting.
- Multiple surgical procedures in one setting should be avoided to minimize complications.

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| No.            | Speciality/Procedure Names                    | Minimum Health Facility Classification/Type (A, B, CM or C) |
|----------------|---|---|
| <b>Urology</b> |   |   |
| 1.             | Biopsies                                      | A   |
| 2.             | Intravesical botox injection                  | A   |
| 3.             | Circumcision < 3 months old                   | A   |
| 4.             | Rezum   | B   |
| 5.             | Urethral dilatation                           | B   |
| 6.             | Circumcision > 3 months old                   | CM  |
| 7.             | Locate/remove JJ stent                        | CM  |
| 8.             | Incision for urethrocele                      | C   |
| 9.             | Hypospadias repair                            | C   |
| 10.            | Congenital hernia repair                      | C   |
| 11.            | Epididymal cyst excision                      | C   |
| 12.            | Cysto-diathermy bladder                       | C   |
| 13.            | Excision Urethral caruncle                    | C   |
| 14.            | Excision hydrocele                            | C   |
| 15.            | Lithoclast                                    | C   |
| 16.            | Urethral Stricture                            | C   |
| 17.            | Fulguration of posterior urethral valve       | C   |
| 18.            | Ureteric stone laser lithotripsy              | C   |
| 19.            | Bladder neck incision                         | C   |
| 20.            | Prostate - Plasma kinetic vaporisation/biopsy | C   |
| 21.            | Orchidopexy, Testicular and penile prosthesis | C   |
| 22.            | Variocelectomy                                | C   |
| 23.            | Orchiectomy                                   | C   |
| 24.            | Cystoscopy                                    | C   |
| 25.            | Vasectomy*                                    | C   |

\* Any surgery leading to permanent sterility is impermissible except in life-threatening or with proven medical necessity. Temporary vasectomy is only permitted; under certain restrictions and conditions where a legitimate need for it, spouses' discretion, medical consultation and there is no aggression in the procedure which may prevent future pregnancies.