

### Recommendations from the EAU Neuro-urology Guidelines Panel applicable during the COVID-19 pandemic

Diagnosis				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
	<ul style="list-style-type: none"> <li>Imaging</li> </ul>		<ul style="list-style-type: none"> <li>Suspected Progressive Renal Impairment</li> </ul>	<ul style="list-style-type: none"> <li>Suspected Sepsis</li> </ul>
Level of evidence	Expert advice		Expert advice	Expert advice
<b>COVID-recommendation</b>	All routine investigations including blood tests and ultrasound scans should be postponed EXCEPT where they need to be undertaken for patients with urosepsis requiring hospitalisation or in patients going into renal failure.		Prioritise the investigation and treatment – assess on a case-by-case basis.	Emergency treatment according to local sepsis protocols.
Treatment				
Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
	<ul style="list-style-type: none"> <li>Medical Treatment</li> <li>Invasive procedures</li> <li>Surgical treatment</li> </ul>			<ul style="list-style-type: none"> <li>Blocked catheter</li> </ul>
Level of evidence	Expert advice	Expert advice		Expert advice
<b>COVID-</b>	Defer hospital attendance.			Instruction in catheter

<b>recommendation</b>	Adjustments to medications may be carried out via telephone or video consultation All routine invasive procedures should be postponed including urodynamic studies All elective surgical treatment should be postponed. These patients should be managed with medications and other therapies including catheterisation for the duration of the pandemic.			unblocking to patients and their relatives may be considered; however, patients who have blocked catheters must be seen and managed on an urgent basis to avoid potentially serious complications like autonomic dysreflexia.
<b>Follow up</b>				
<b>Priority category</b>	<b>Low Priority</b>	<b>Intermediate Priority</b>	<b>High priority</b>	<b>Emergency</b>
Definition	Clinical harm very unlikely if postponed 6 months	Clinical harm possible if postponed 3-4 months but unlikely	Clinical harm very likely if postponed > 6 weeks	Life threatening situation
	<ul style="list-style-type: none"> <li>Hospital Follow-up</li> </ul>			
Level of evidence	Expert advice			
<b>COVID-recommendation</b>	Defer - Telephone clinics should be undertaken to try to pick up any serious issues ensuring that only the patients who need urgent attention are brought to the hospital.			
<b>General considerations</b>				
The aim is to keep neuro-urological patients out of the hospital environment as much as possible. A significant proportion would be considered as a high-risk				

group in the current circumstances. However, virtual clinics could be undertaken to pick up urgent issues and allow them to be dealt with in the most safe and effective manner. It is imperative to follow the local protocols and guidelines in the context of locally available resources.