Recommendations from the EAU Management of Non-neurogenic Male LUTS 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
	• Diagnostic evaluation of new patients with LUTS		• Suspected Renal Impairment • Suspected oncological causes of LUTS	
Level of evidence	Expert advice		Expert advice	
COVID-recommendation	Defer - Remote assessment may be possible depending on local resources and capacity.		Prioritise the investigation of LUTS when renal impairment and/or oncological causes are suspected.	
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
	• Conservative and pharmacological management of new patients with LUTS • Surgical Management of male LUTS	• Surgical Management of patients with urinary retention		
Level of evidence	Expert advice	Expert advice		
COVID-recommendation	If capacity allows then continue conservative and pharmacological management	Prioritise patients in retention as there is a significant risk of infection due to the presence of a		

	of male LUTS including nocturia, as normal. Prolong the use of conservative and pharmacological management options where possible until after the outbreak has been controlled. In the interim period use 5α-reductase inhibitors (5-ARIs) as monotherapy or in combination in men who have moderate-to-severe LUTS and an increased risk of disease progression. Delay initiation of desmopressin for the management of nocturia due to nocturnal polyuria where possible to avoid need for resource heavy follow-up. Delay surgical management of patients with moderate-to-severe LUTS depending on local resources and capacity.	catheter and the need to attend hospital for regular changing of the catheter. Alternatively instruct patients to do clean intermittent catheterisation.		
Follow up				
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
Follow-up	• Patients under treatment	• Patients who have recently	• Patients who are taking	• Patients who have begun

	who had at least one FU visit before	begun medical treatment and had no previous FU visit	desmopressin	taking desmopressin
Level of evidence	Expert advice		Expert advice	Expert advice
COVID-recommendation	Defer follow-up of patients under treatment who had at least one FU visit before Remote follow up may be possible depending on local resources and capacity.	Assess treatment efficacy and safety in patients who have recently begun medical treatment and had no previous FU visit Remote follow up may be possible depending on local resources and capacity.	Follow-up patients receiving desmopressin for serum sodium measurement. This can be done in primary care where possible.	In patients who have begun taking desmopressin, measure serum sodium concentration at day three and seven and after one month.
General considerations				
1) If capacity allows then remote consultations can proceed utilising all of the current recommendations. 2) Symptom scores and bladder diaries can be (e)-mailed out to patients. 3) Urodynamic investigation should be deferred. 4) If capacity allows then resources from primary care can be used.				