

## Covid-19 and urology

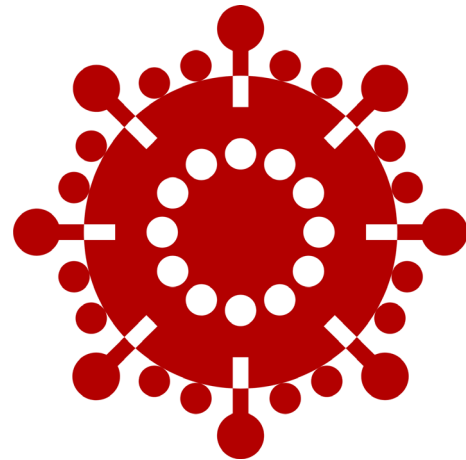
Following on from our blog (<https://www.bjuinternational.com/bjui-blog/covid-19-and-urology/>) and recent podcasts (<https://www.bjuinternational.com/podcasts/>) on how the coronavirus (Covid-19) is affecting urological operations in three countries: Italy, China and South Korea, we have put together a collection of the latest BJUI-published articles on the topic.

The first paper by Connor et al. [1] from Imperial College London discusses the potential costs to patients with cancer as outpatient activity is cancelled by NHS trusts in order to free up resources for Covid-19 patients. They recommend that virtual clinic consultations take place in the first instance, and these are now well established in most institutions.

The second article by Ahmed et al. [2], from King's Health Partners, London, UK, discusses the state of play at the end of March 2020, with all non-urgent elective surgical procedures having been put on hold for 3 months to free-up hospital beds and theatre staff. The discharge process for surgical inpatients has been accelerated and hospital staff are being redeployed from non-essential services. But what impact will this have on the anxiety and mental health of those patients missing out on treatment for their cancers, infertility or incontinence?

In a comprehensive review, Puliatti et al. [3] describe what we know about the SARS-CoV-2 virus so far and what has been done, at least within Europe, to cope with the pandemic. It is thought that kidney cells are particularly prone to invasion by the virus, as evidenced by the numbers of kidney dysfunction cases in COVID-19 patients, and this may be attributable to the presence of angiotensin-converting 2 enzyme receptors on a small percentage of these cells to which the SARS-CoV-2 virus has an affinity. The article further discusses the difficulty for medical students and trainees, transplant clinics and oncology, focusing on China, Italy and the UK. It also outlines extra precautions that should be taken to limit virus transmission given the unknowns about its presence in blood, urine and faeces.

Returning to the subject of students, in particular in Italy, the paper by Porpiglia et al. [4] explains that residents are unable to practise as the areas in which they usually work have been suspended (benign pathologies, lower urinary tract surgery and andrology), as have case meetings and outpatient clinics, and major surgery is being carried out mainly by senior colleagues. Alternative teaching methods, via video link, are being introduced, such as [surgeryinmotion-school.org](http://surgeryinmotion-school.org), a well



established website showing recorded and live surgeries. The use of webinars for presentation of cases and social media, such as Twitter's Journal Club (<https://twitter.com/iurojc>), can allow such remote discussions to take place.

A further article on the use of virtual technology solutions by Karim et al. [5] highlights the forward thinking of urologists generally with their early uptake of robotic technologies; the next step could be championing teleproctoring and telementoring using augmented reality platforms such as Proximie (<https://www.proximie.com/>), allowing surgeons to communicate with each other and their patients in a timely yet safe way during the pandemic.

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## References

- 1 Connor MJ, Winkler M, Miah S. COVID-19 pandemic – is virtual urology clinic the answer to keeping the cancer pathway moving? *BJU Int* 2020. <https://doi.org/10.1111/bju.15061>
- 2 Ahmed K, Hayat S, Dasgupta P. Global challenges to urology practice during the COVID-19 pandemic. *BJU Int* 2020. <https://doi.org/10.1111/bju.15082>
- 3 Puliatti S, Eissa A, Eissa R et al. COVID-19 and urology: a comprehensive review of the literature. *BJU Int* 2020. <https://doi.org/10.1111/bju.15071>
- 4 Porpiglia F, Checucci E, Amparore D et al. Slowdown of urology residents' learning curve during the COVID-19 emergency. *BJU Int* 2020. <https://doi.org/10.1111/bju.15076>
- 5 Karim JS, Hachach-Haram N, Dasgupta P. Bolstering the surgical response to COVID-19: how virtual technology will save lives and safeguard surgical practice. *BJU Int* 2020. <https://doi.org/10.1111/bju.15080>