Impact of coronavirus disease 2019 on urological healthcare

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The coronavirus disease 2019 (COVID-19) pandemic has altered Urologic practice and brought forth new challenges to maintain high level care in a safe environment. Contrary to earlier theories, the diseases' effects span the human body including the urinary system from exacerbating LUTS to potentially serious impacts on men's reproductive health [1–3]. Can *et al.* (pp. 141–145) and Dubin *et al.* (pp. 146–151) discuss some of COVID-19's specific impacts on LUTS and voiding dysfunction management as well as Men's Health. Solutions must be found across the spectrum of care from outpatient visits in clinic to in-patient surgeries in the operating room. In an office visit, both provider and patient must wear masks and maintain social distancing [4]. Fortunately, the pandemic acted as a catalyst in the adoption of telemedicine for less urgent consults, with face-to-face visits only occurring whenever necessary [5]. This topic is addressed at length by Rambhatla *et al*. (pp. 152–157) Most benign urologic procedures should be postponed until after the pandemic is over [6]. Hospitals in Wuhan reported postoperative mortality of up to 20% [7] in COVID-positive patients. Therefore, EAU Guidelines recommend triaging patients based on likelihood of harm. Its currently recommended that treatment be given when harm is likely if postponed for more than 6 weeks [8]. More detailed triaging practices are outlined by Ory *et al.* (pp. 131–140) in this issue. In emergent conditions, such as urinary retention or stone sepsis, attempts should be made to provide treatment under local anesthesia [6]. For procedures, such as radical prostatectomy where delay of treatment can lead to poor outcomes, extreme care should be taken to ensure maximum sterility in the operative environment. This includes preoperative isolation and testing for all personnel involved. Vaccination is highly recommended and will hopefully aid in finally ending this pandemic. The intricacies of urinary stone management are outlined by Shah *et al.* (pp. 158–164) The COVID-19 pandemic has had rapid and inevitable effects on urological health care systems. It is inevitable that we all need to adapt and change our practices based on continuously evolving changes.

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Conflicts of interest

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