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COVID-19 pandemic and rare and complex urogenital diseases and conditions

Frank Van der Aa
Department of Urology
UZ Leuven



European
Reference
Network

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Urogenital Diseases



Main concerns

- To protect caregivers and patients from COVID-19
- To free personnel and working space as required according to the local pandemic situation
- To (re)schedule interventions without adding harm – continuity of care
- To deliver the necessary care, even for COVID-19 positive patients



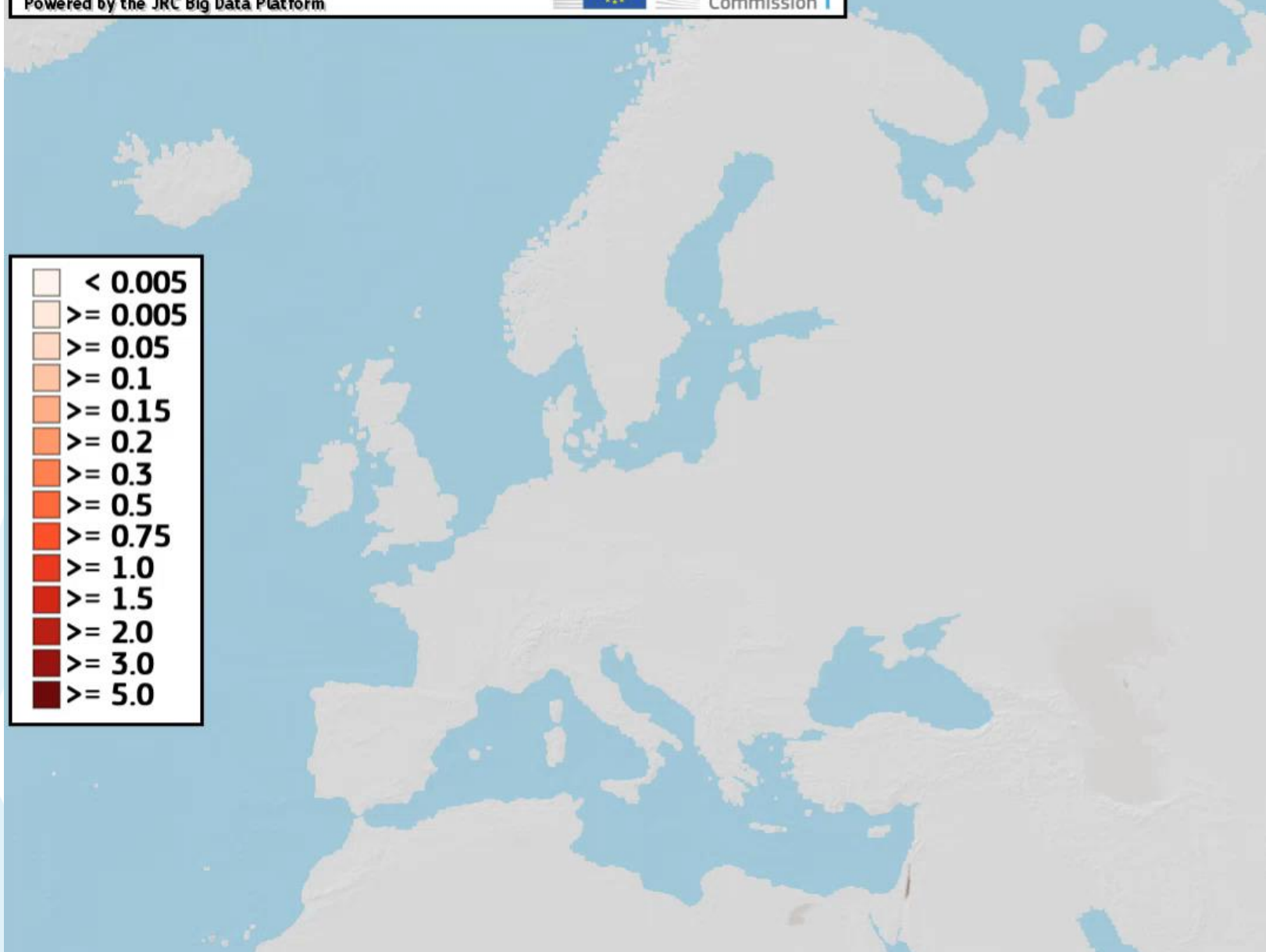
Main concerns



















- To protect caregivers and patients from COVID-19
- **Dynamic** (time and space)
- **Uncertainty** (anxiety – denial)
- To (re)schedule interventions without adding harm – continuity of care
- To deliver the necessary care, even for COVID-19 positive patients

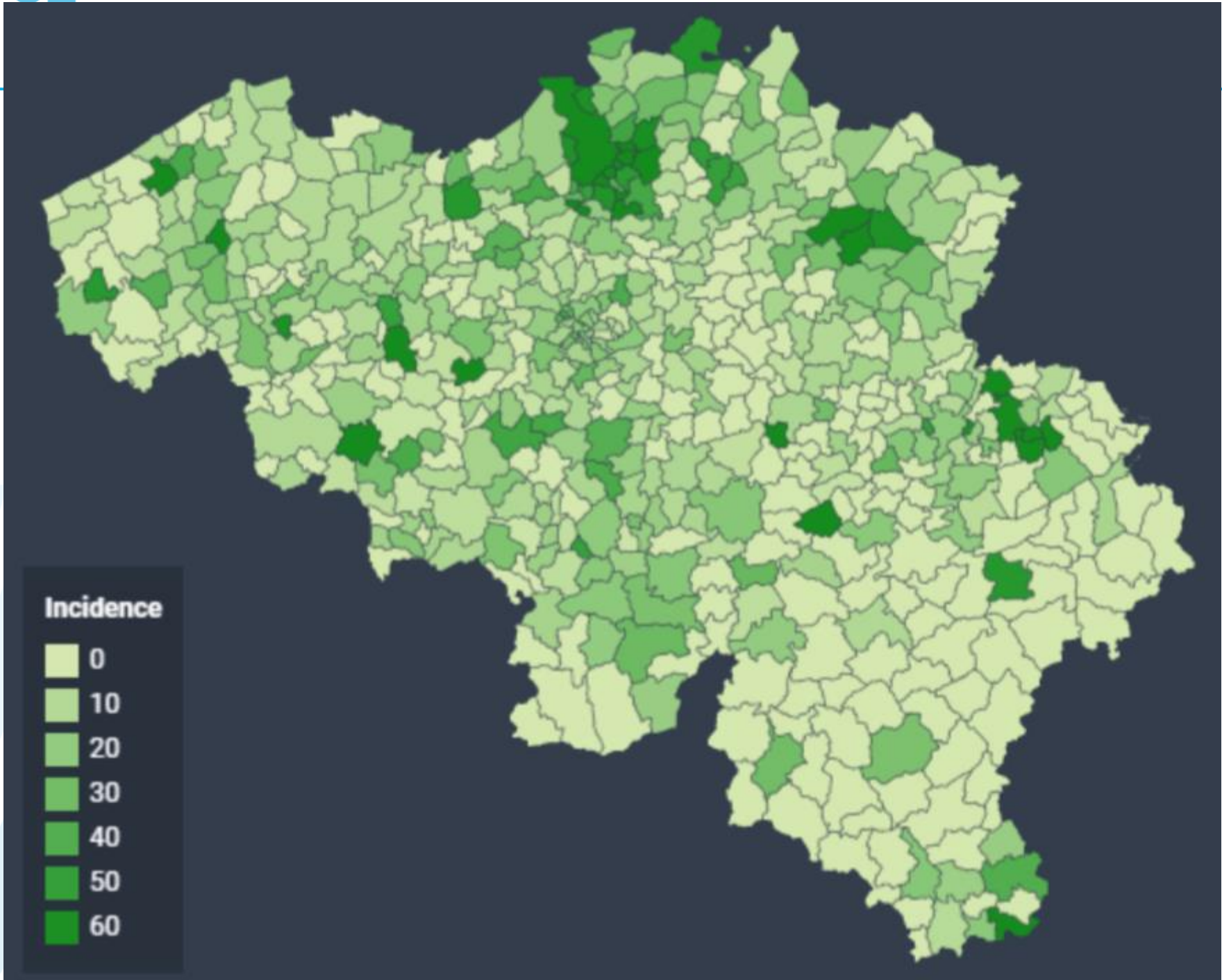


New COVID-19 cases in the previous 7 days per 1,000 inhabitants 22/02/2020 - 25/07/2020

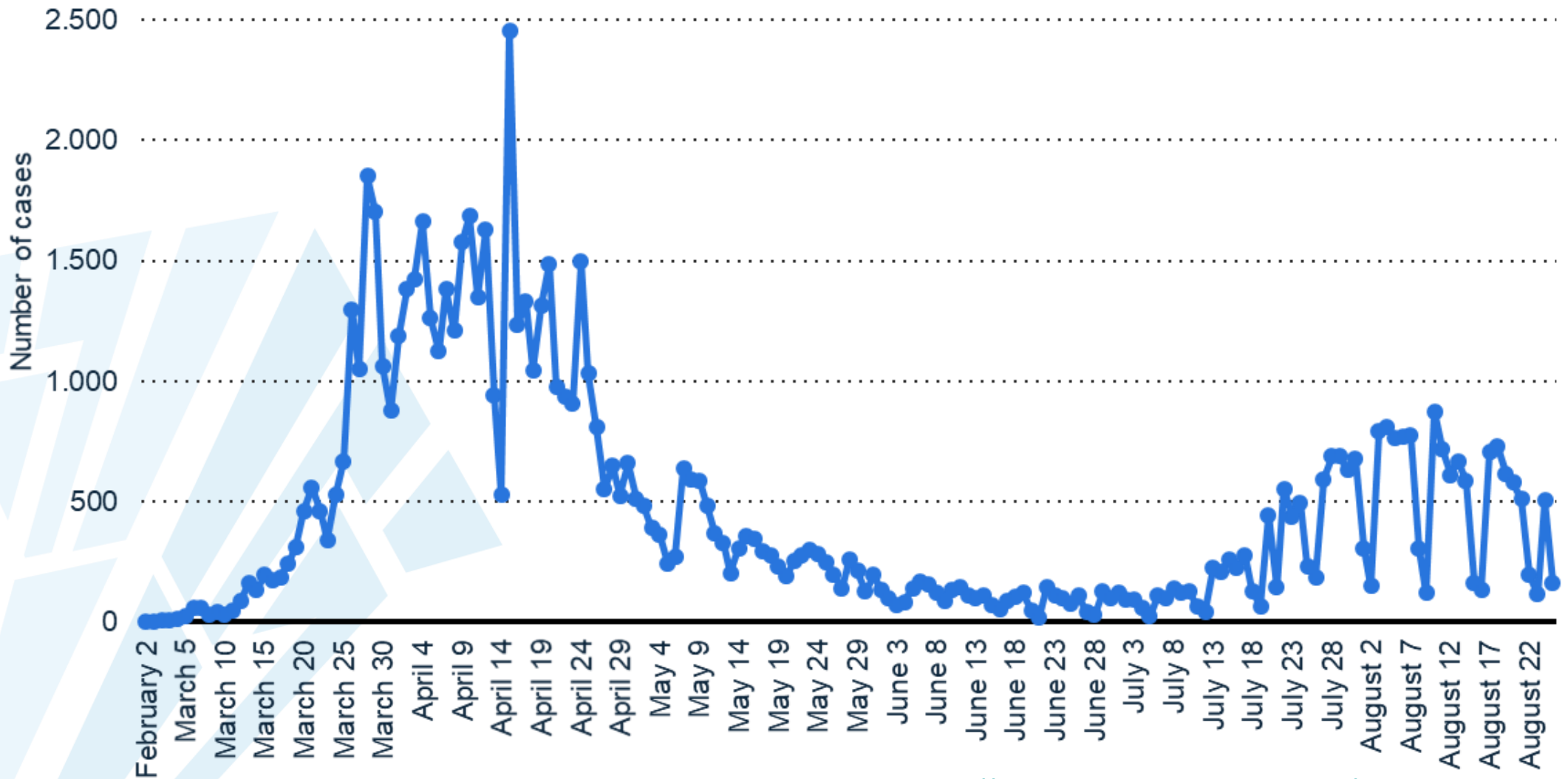
Covid-19 data from <https://webcritech.jrc.ec.europa.eu/covidst>
Powered by the JRC Big Data Platform



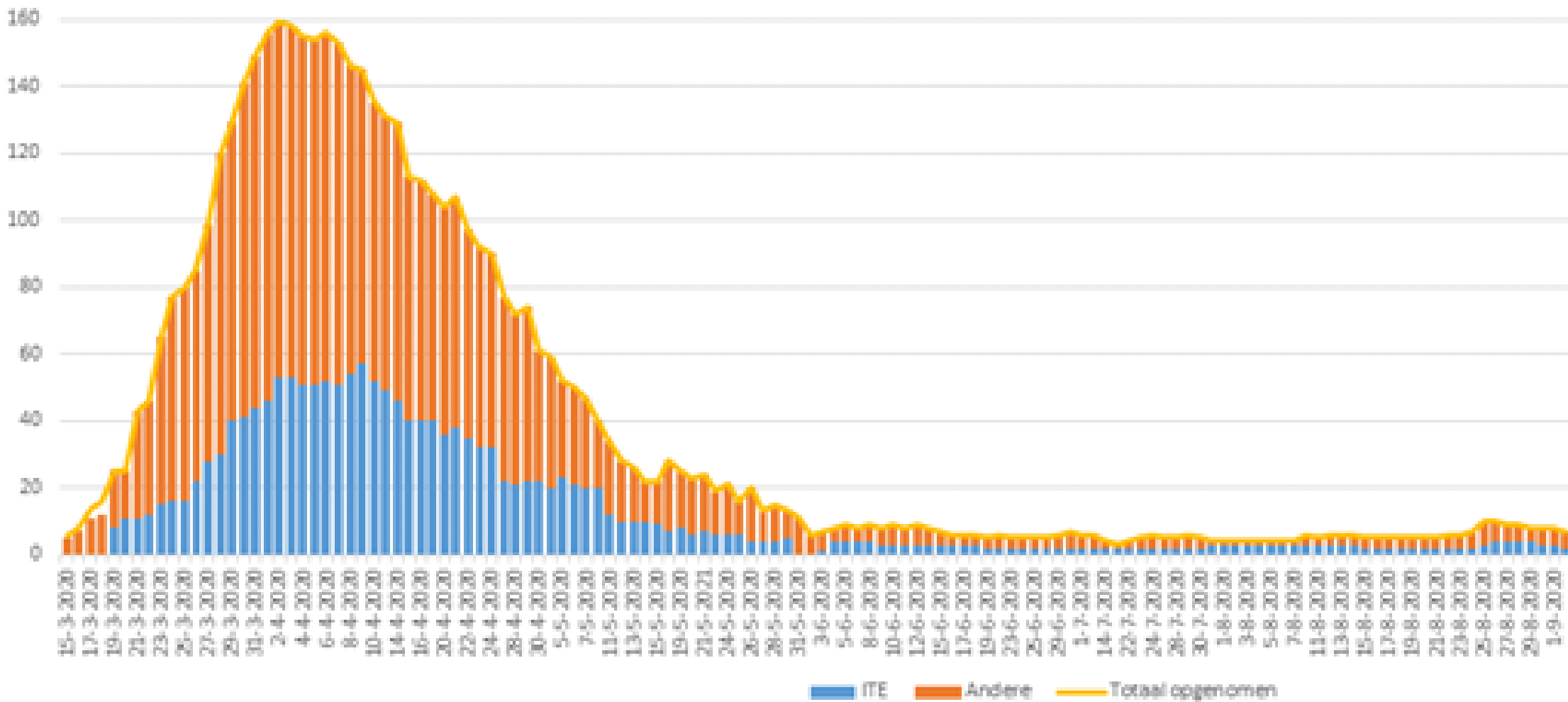
Municipality	Cases (Sum 7 days) ▾	Population	Incidence (Sum 7 days)
Antwerpen	967 	525,9K 	184 
Charleroi	42 	202,3K 	21 
Liège	42 	197,3K 	21 
Bruxelles/Brussel	38 	181,7K 	21 
Gent	30 	262,2K 	11 
Leuven	8 	101,6K 	8 

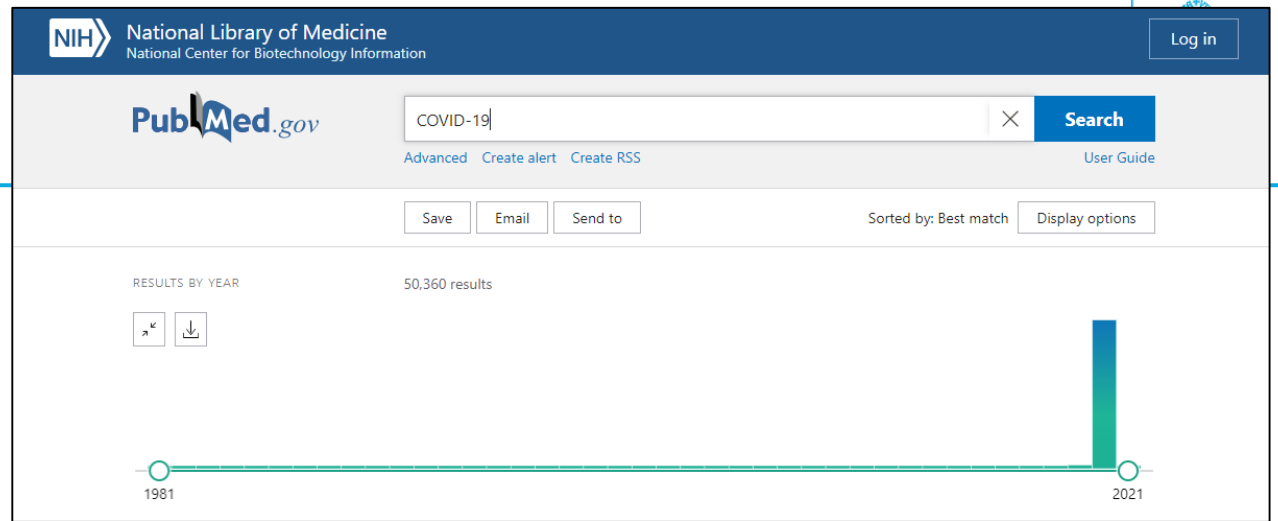


Belgium cases



UZ Leuven cases



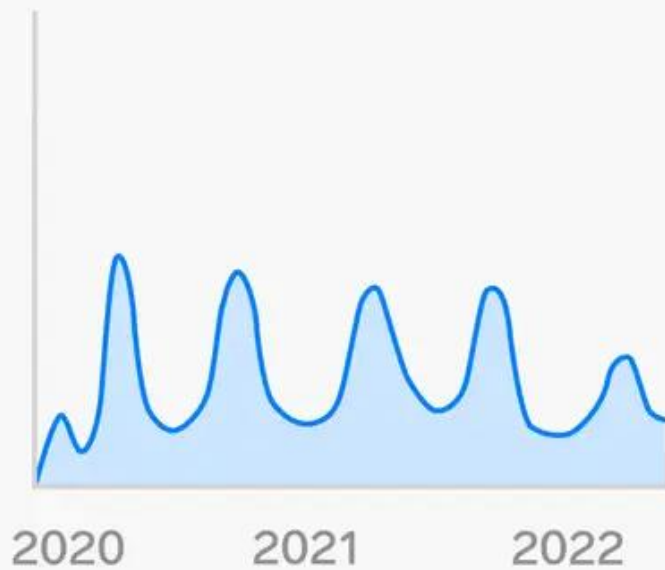


- COVID-19 50360 hits on pubmed (2/9/20), 50210 in 2020 = 204 per day !
- The vast majority is author opinion/expertise or observational studies, very few RCTs (SOLIDARITY, RECOVERY, DISCOVERY,...)
- + media coverage, + social media

Possible coronavirus wave scenarios

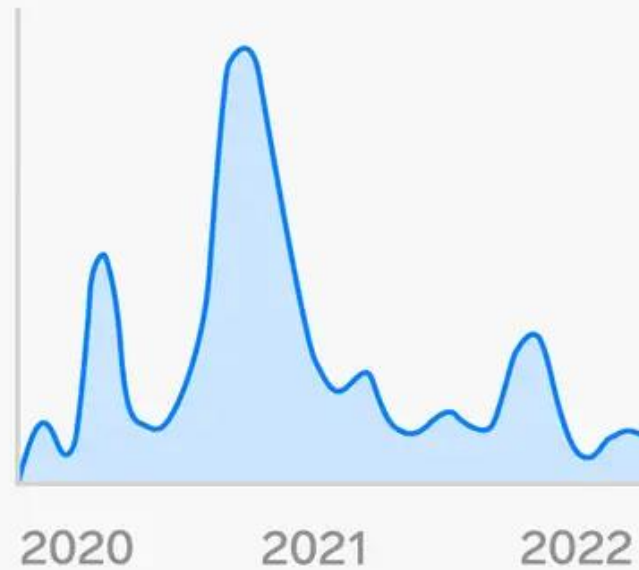
Scenario 1: Peaks & valleys

COVID-19 cases



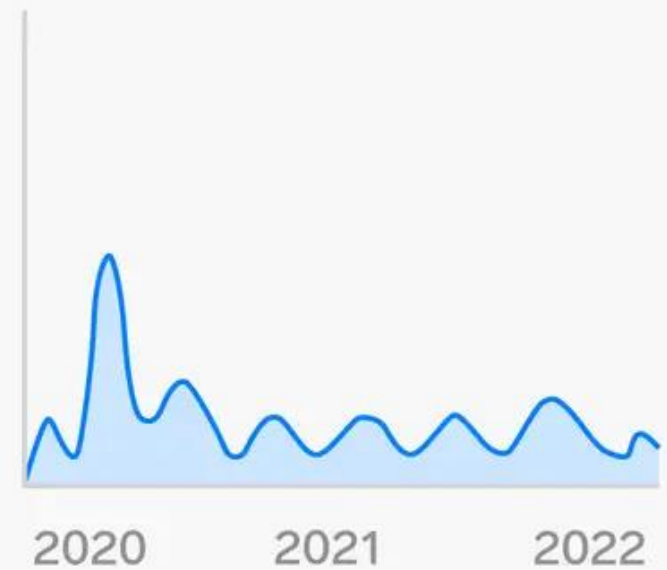
Scenario 2: Fall peak

COVID-19 cases

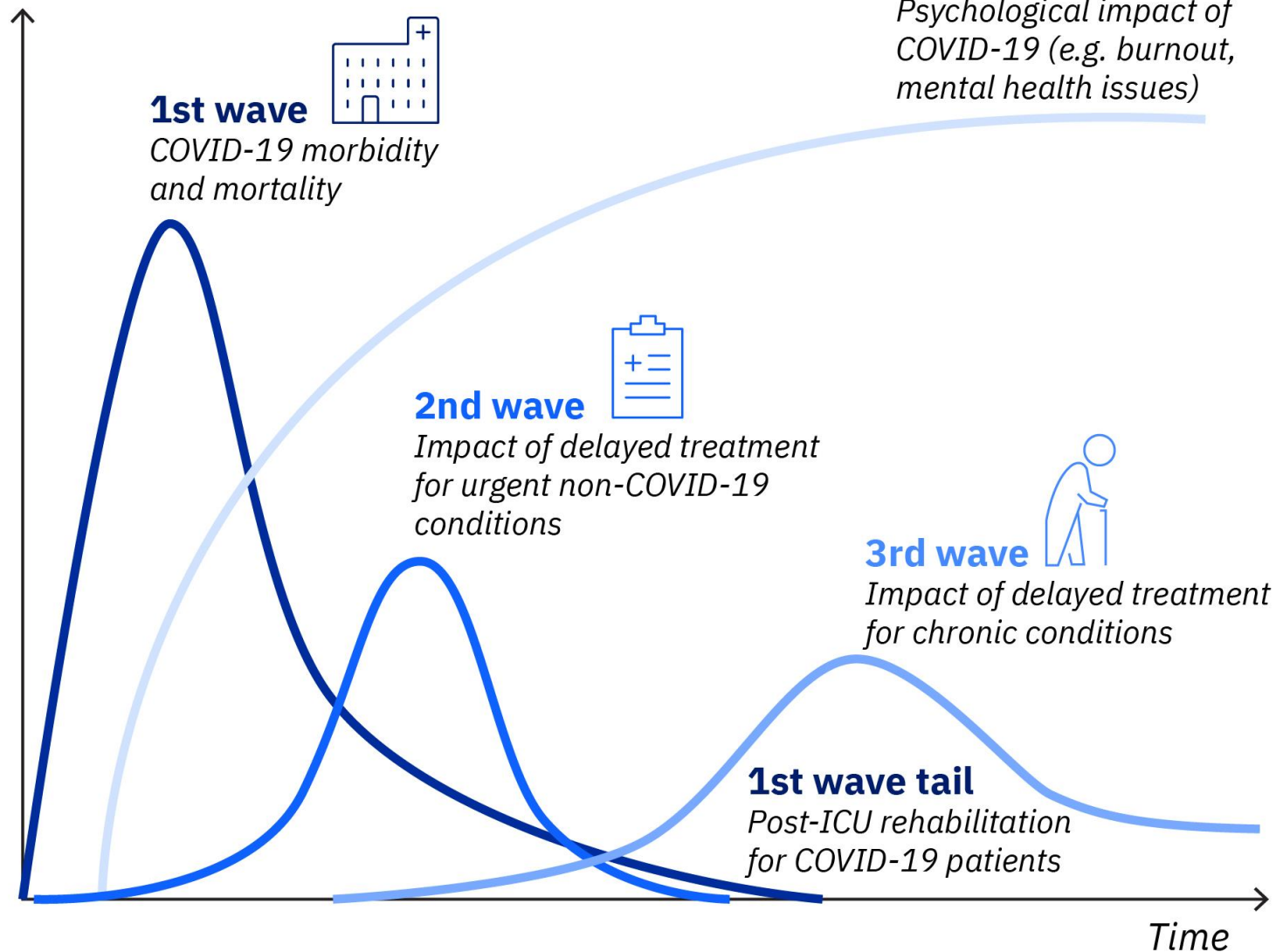


Scenario 3: Slow burn

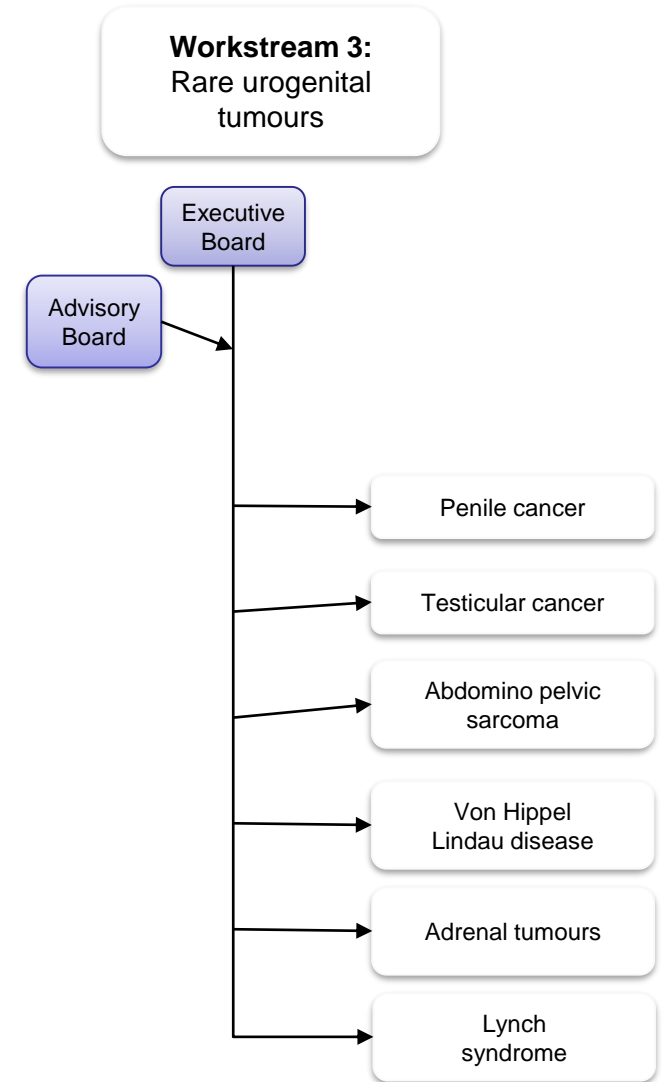
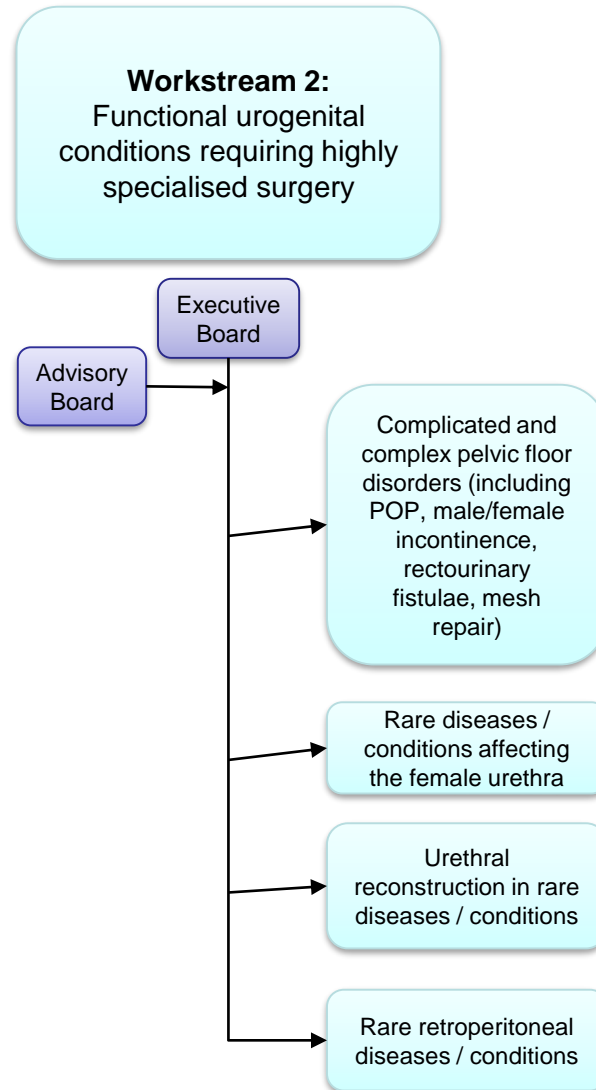
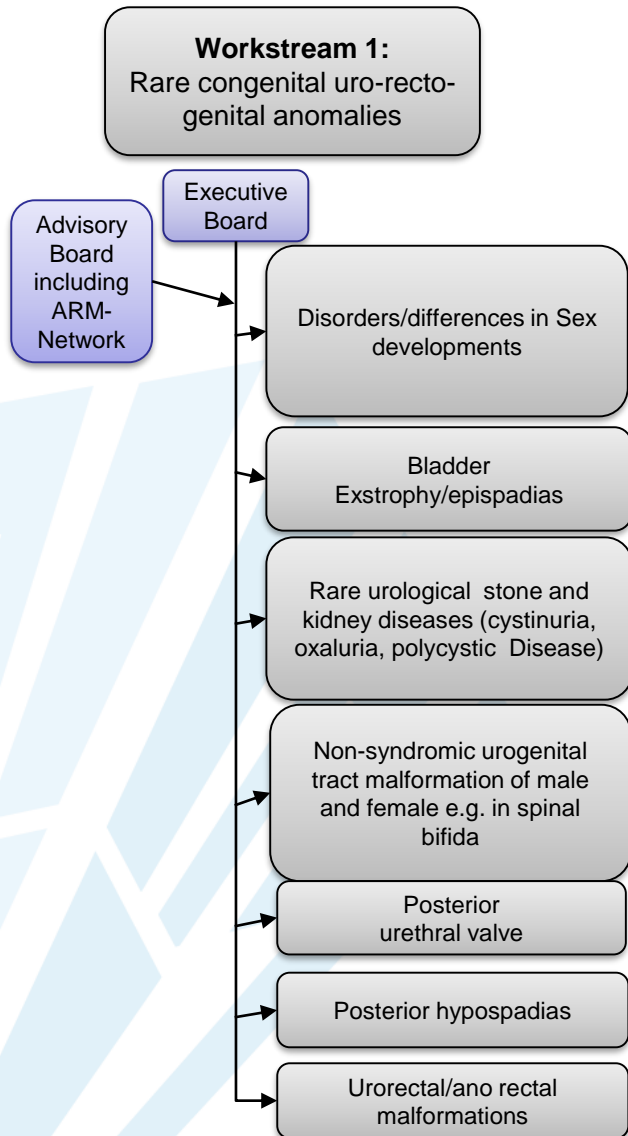
COVID-19 cases



Health footprint of COVID-19 pandemic



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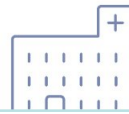
*Health footprint of
COVID-19 pandemic*



4th wave

*Psychological impact of
COVID-19 (e.g. burnout,
mental health issues)*

1st wave



1. Proactive care:

- Increase patient counseling
- Diminish disease burden and complications
- Offer psychological support

Eg.: prevention of stone disease (WS1), adequate incontinence care to avoid skin problems/lesions (WS2), explaining and addressing early signs of urinary tract infection (WS1 and 2)

**Specialist nurse
Physician**

**Telephone call
Teleconference**

*Impact of delayed treatment
for chronic conditions*

1st wave tail

*Post-ICU rehabilitation
for COVID-19 patients*

Time

*Health footprint of
COVID-19 pandemic*

2.

a) Offer selective low risk interventions:

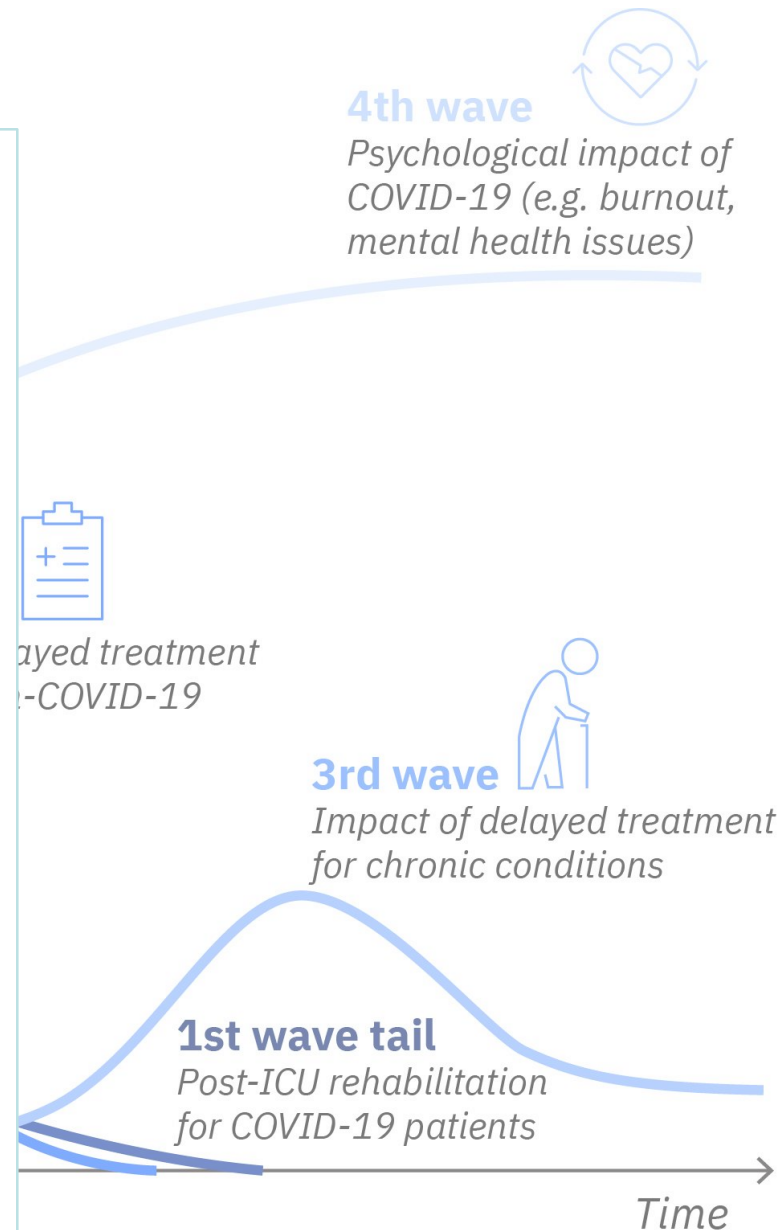
Eg.: Botox injections under local anesthetic for neurogenic bladder disease (WS1 and 2)

b) Defer low priority interventions

Eg.: Artificial sphincter implant for recurrent female SUI with a non-mobile urethra

c) Offer alternative interventions

Eg. Suprapubic catheter for urinary retention due to urethral stricture



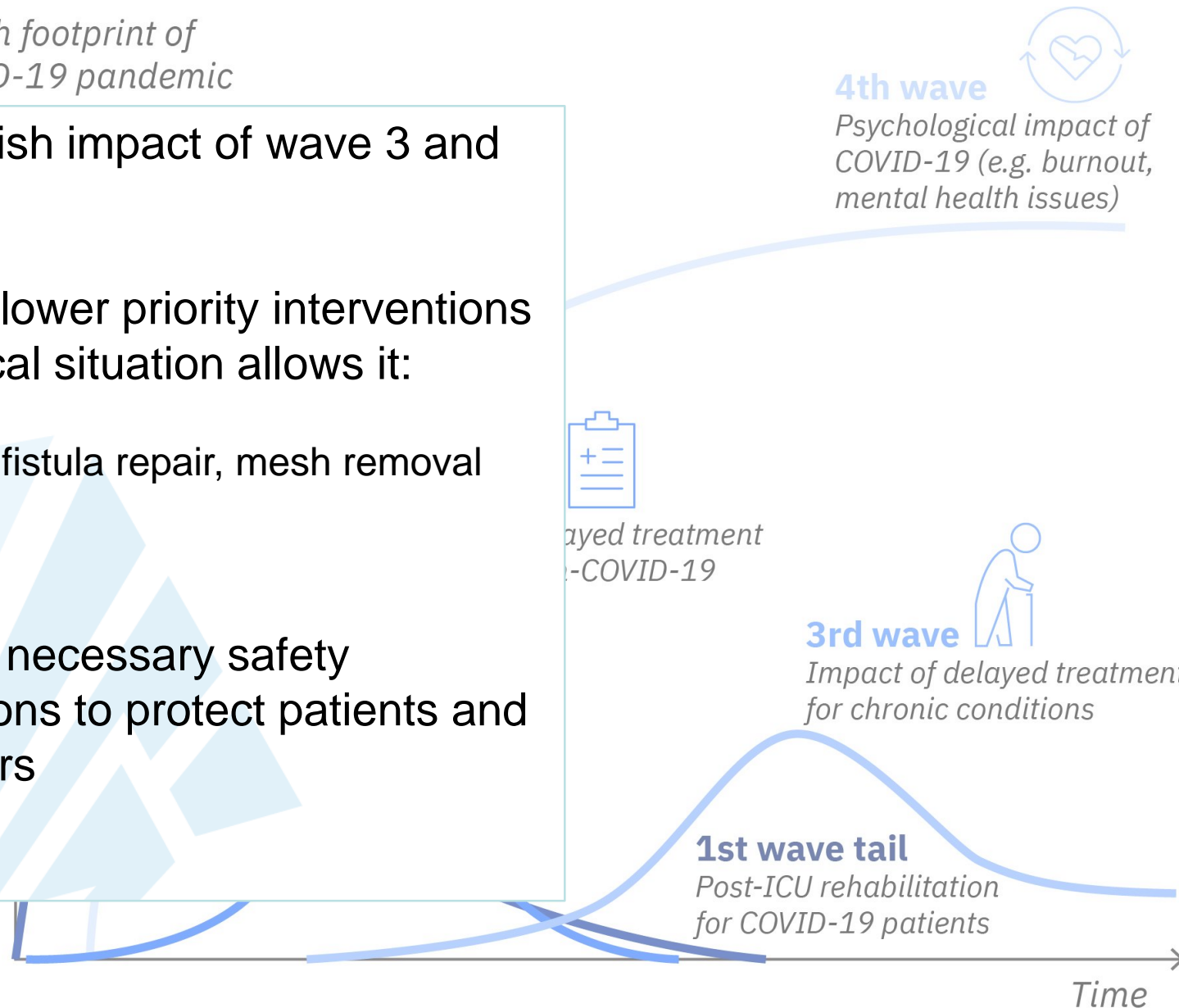
*Health footprint of
COVID-19 pandemic*

To diminish impact of wave 3 and 4:

Do offer lower priority interventions when local situation allows it:

Eg.: WS2 fistula repair, mesh removal (pain)

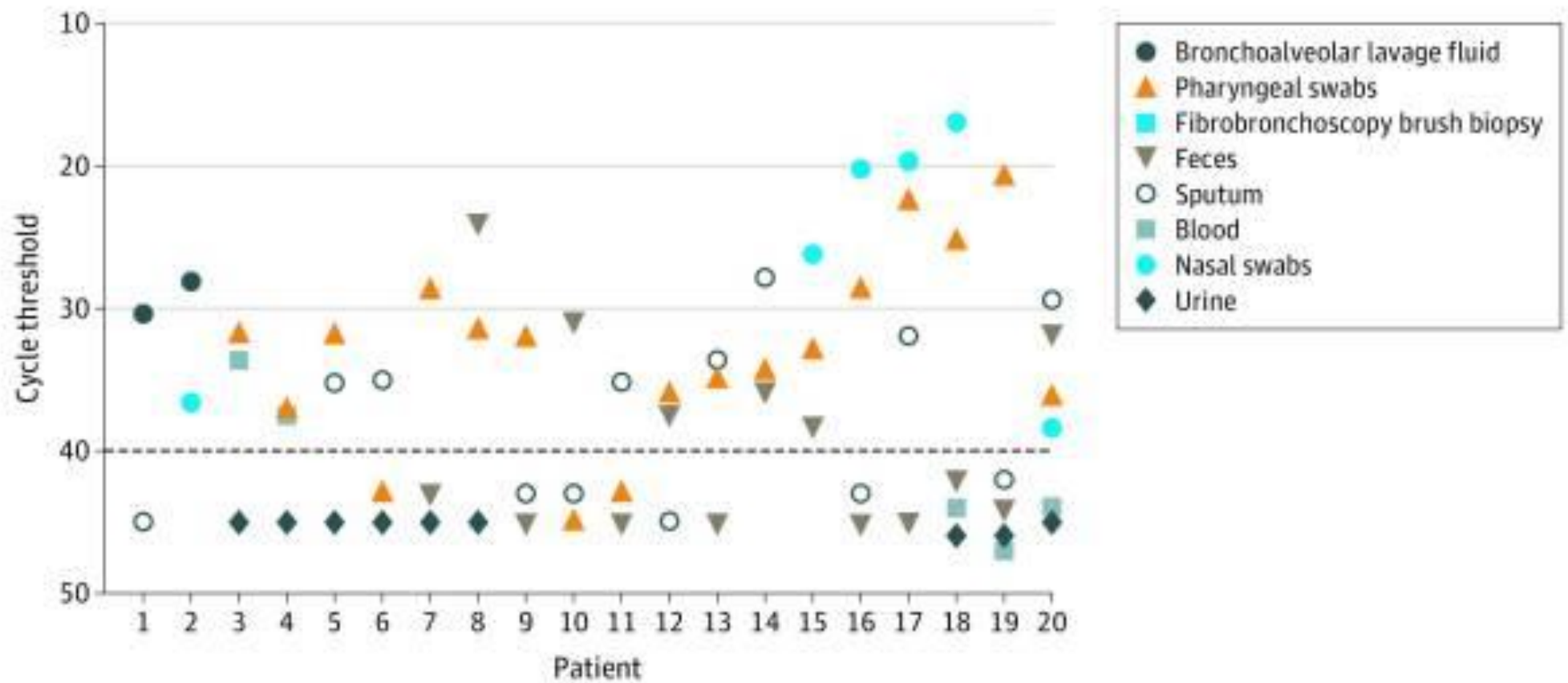
With the necessary safety precautions to protect patients and caregivers



Caregiver and patient Safety

- Consider telemedicine (triage)
- Only perform invasive tests when appropriate/needed
- Wear appropriate PPE
- Keep distance when possible
- Test patient prior to invasive procedures

Viral Sars-CoV-2 shedding in 20 hospitalized patients



Invasive procedures

Physical examination

Cystoscopy

Transabdominal, translabial, transvaginal, transrectal ultrasound

Electromyography

Cystourethrography

Urodynamics/video urodynamics

Stent removal

Intravesical instillation/injection

Replacement of indwelling bladder catheter/suprapubic tube

Pessary cleaning/exchange

Percutaneous tibial nerve stimulation/transcutaneous electrical nerve stimulation

Neural blockade

Teaching self-catheterization

Urethral dilatation

Pelvic floor rehabilitation techniques

Non-aerosol
generating
procedures

- ❄ Do not perform invasive procedures in suspected or confirmed active SARS-CoV-2 infections or symptomatic patients
- ❄ Patients with mild illness: safe to perform 21 d after symptom onset and if the patient is asymptomatic
- ❄ Patient with moderate to severe illness: safe to perform 21 d after hospital discharge and if the patient is asymptomatic

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- ❄ Follow local and national **guidelines**; some consider all patients as suspicious of COVID-19
- ❄ Document COVID-19 status of every patient: clinical record, physical examination and patient **interview** regarding COVID-related symptoms and exposures
- ❄ No screening for SARS-CoV-2 for **asymptomatic** patients is recommended unless undergoing surgery or considering hospitalization
- ❄ COVID-19 testing, according to local guidance, should be undertaken for **symptomatic and at-risk patients** before invasive tests or procedures
- ❄ **Avoid** invasive tests if not urgent or going to change management of a patient's condition
- ❄ **Balance** the benefit of performing a diagnostic/therapeutic procedure with the risk of COVID-19 infection, including obtaining signed informed consent

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Patient prioritisation

emergency

High priority

Intermediate
priority

Low priority

Investigation/intervention must continue

Reschedule without delay

Reschedule with delay

Cancel + re-evaluate later

Patient emergencies in functional/reconstructive urology

- Infections
 - eg. Infected prosthesis
- Upper tract damage
 - eg. High pressure neurogenic bladder
- Cancer diagnosis
- (Psychological impact)

Buddy's for COVID-19 + patients

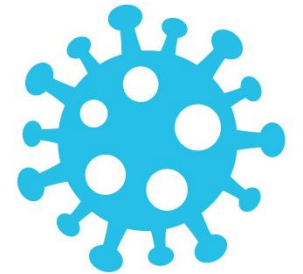
- Health care workers (nurses)
- Dedicated phone number
- When pandemic is active, they are as well...
- Clear procedures for reception staff (dedicated place and PPE for (possible) COVID-19 + patients and staff; as little staff as possible; call buddy; disinfect afterwards)



Buddy's for COVID-19 + patients

- Check the COVID-19 status
- Guide COVID-19 + patients through the hospital (via dedicated high viral zone areas) to outpatient clinic/surgery/admission/exit
 - Patient can receive essential care
 - Patient contacts are closely monitored, stays in the hospital as short as possible, efficient ambulation

Conclusions



- Stay safe and healthy, don't panic
- Continuity of care is important: we should strive to resume care whenever possible
 - Adequate PPE
 - Novel tools
- The pandemic situation is dynamic in space and time