

Section	No. of unique records	Search time frame
3.4.4.1.1 Non-antibiotic management of cysti-tis	995	2010 – 2024
3.15 Herpes Simplex Virus	1,024	2014 - 2024
3.17.2.8 Prostate biopsy	169	1 st May 2023 - 1 st May 2024

Detailed search strategies are available online:

<https://uroweb.org/guidelines/urological-infections/publications-appendices>.

Recommendations within the Guidelines are developed by the panels to prioritise clinically important care decisions. The strength of each recommendation is determined by the balance between desirable and undesirable consequences of alternative management strategies, the quality of the evidence (including certainty of estimates), and the nature and variability of patient values and preferences. This decision process, which can be reviewed in the strength rating forms which accompany each guideline statement, addresses a number of key elements:

1. the overall quality of the evidence which exists for the recommendation [3];
2. the magnitude of the effect (individual or combined effects);
3. the certainty of the results (precision, consistency, heterogeneity and other statistical or study related factors);
4. the balance between desirable and undesirable outcomes;
5. the impact and certainty of patient values and preferences on the intervention.

Strong recommendations typically indicate a high degree of evidence quality and/or a favourable balance of benefit to harm and patient preference. Weak recommendations typically indicate availability of lower quality evidence, and/or equivocal balance between benefit and harm, and uncertainty or variability of patient preference [4].

Additional methodology information and a list of associations endorsing the EAU Guidelines can be found in the online: <https://uroweb.org/eau-guidelines/methodology-policies>.

2.2 Review

This document was subject to independent peer review prior to publication in 2019.

3. THE GUIDELINE

3.1 Classification

Urinary tract infections encompass a wide spectrum of clinical and pathologic conditions affecting various parts of the urinary tract. Each condition has its own unique epidemiology, natural history, and diagnostic considerations. A precise distinction is crucial as it significantly impacts treatment and prognosis. Therefore, standardised terminology is essential for effective communication on this subject. Different classification systems of UTI exist. The most widely used systems are from the Centres for Disease Control and Prevention (CDC) [5], the Infectious Diseases Society of America (IDSA) [6], the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) [7] and the U.S. Food and Drug Administration (FDA) [8, 9]. Current guidelines often differentiate between uncomplicated and complicated UTIs, with some modifications. According to these definitions, uncomplicated UTIs occur in healthy, non-pregnant women, while all other UTIs fall into the category of complicated UTIs. This classification is straightforward, yet it carries inherent risks, as it can significantly affect initial patient management and treatment selection.

The Guidelines Panel has proposed a new classification scheme for UTIs aimed at enhancing consistency in clinical practice and providing a comprehensive framework for understanding various clinical presentations. The proposed classification does not use the terms 'uncomplicated' and 'complicated' anymore; instead, it emphasises the difference between localised and systemic UTIs identified by clinical signs and symptoms (Figure 1 and Table 1).