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EDITORIAL

Rethinking LUTS/BPH/BPO management: the case for a multidisciplinary team approach

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Background

A multidisciplinary team (MDT) is defined as a group of health care professionals, specialising in various specialities, who work together collaboratively to enhance patient care [1]. Advantages of MDT's include improved patient outcomes, better adherence to guidelines, and even economic benefits [2]. Whilst widely used in the care of patients with cancer, MDTs are also recommended in the care of patients with benign disease [3, 4]. Recent recommendations concerning management of complex stone disease patients highlights the benefit of MDT in benign urological pathology [3]. This editorial aims to make the case for a dedicated MDT in the management of patients with lower urinary tract symptoms (LUTS) secondary to benign prostatic obstruction (BPO), enlargement (BPE) or hyperplasia (BPH).

The case for a male LUTS MDT

BPO has a significant effect on patients' quality of life and its prevalence is rising. Between 1990 and 2021, there has been a 122% increase, with 40–44 and 80+ age groups also showing rising trends [5, 6]. Many men can be managed with lifestyle changes and medication, however a significant proportion either desire surgical intervention at the outset, or progress to this point. There is also a subset of patients who present with retention of urine requiring catheterisation, that require surgical management of their BPO. While pharmacotherapy remains first-line for many, the rise of numerous minimally invasive surgical treatments (MIST's), including UroLift, Rezūm, iTind, Aquablation, prostate artery embolization (PAE) and others, alongside traditional surgical options like transurethral resection of the prostate (TURP) and Holmium Laser Enucleation of the Prostate (HoLEP), has introduced substantial complexity to treatment decision-making. It is vital that management of this diverse patient group is patient centred and offers adequate information regarding all surgical options. Patient decision aids (PDAs) are a source of easily digestible information for patients navigating this often-complicated decision process [7]. A remedy to streamline this process is well established in the form of lower urinary tract symptoms (LUTS) one-stop clinics, which have been found to reduce unnecessary appointments, expenditure and delays to treatment [8]. Unfortunately, due to the plethora of surgical options for BPO, often they are not all offered in the same institution and rarely by a single surgeon [9–11].

With the prevalence of BPO rising across the board, and with both younger and more elderly patients' being affected,

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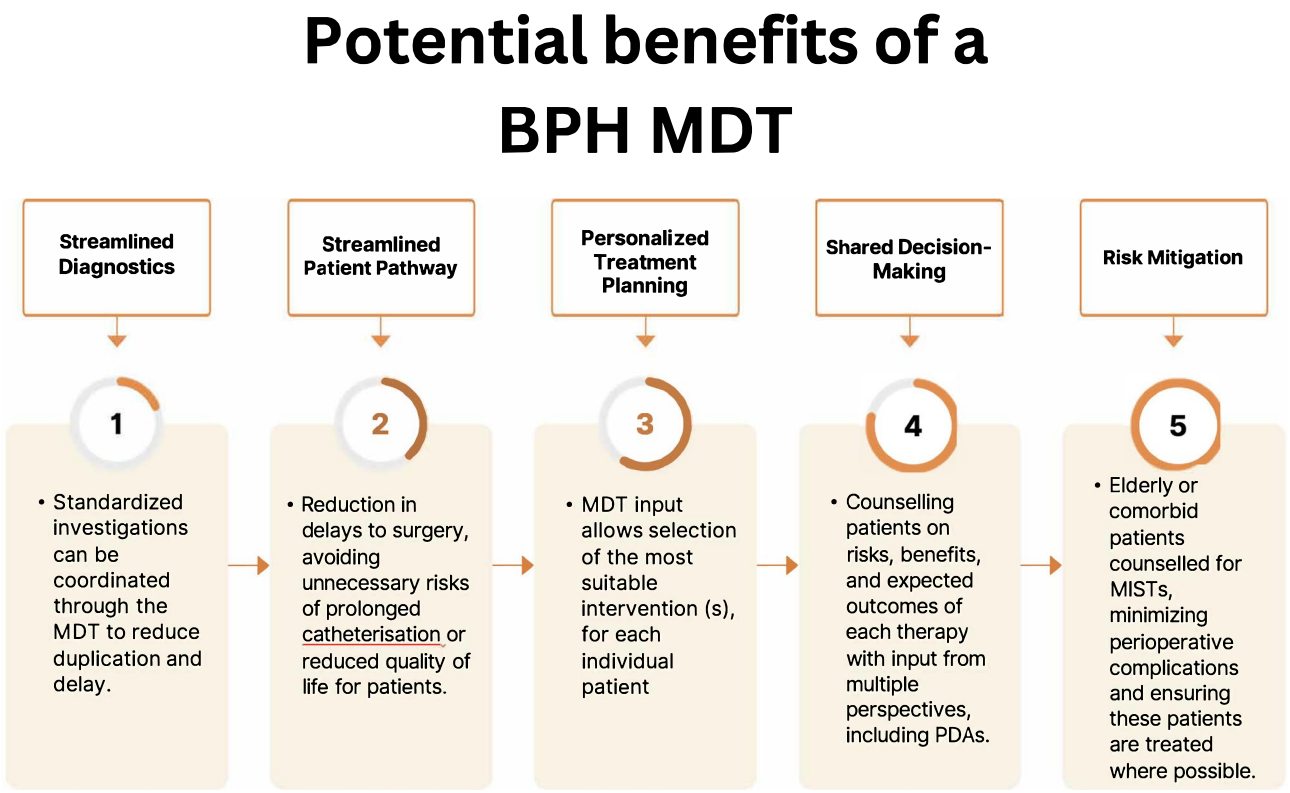

Fig. 1 Potential benefits of a BPH MDT

it is increasingly important that surgical options are tailored for patients on an individualised basis. To adequately explain the range of options to a patient, this can take significant time for a clinician. The traditional model of a single, or handful, of surgical options being offered to a patient is outdated. With younger patients attending our clinics, as well as increasingly elderly and comorbid patients, it is imperative that we adapt our approach to cater for this broad range of patients.

We propose that an MDT would be focussed on those patients who are more complex cases of BPO (Fig. 1). This could include those that have large prostates (>80 cc), mixed storage and voiding LUTS, are at the extremes of age or have had prior failed intervention. The MDT would allow BPO specialists and specialist nurses to review such cases following standardised investigations. With an in-depth knowledge of all surgical modalities, BPO specialists within the BPO MDT would be best placed to counsel these patients. Further, linkage of MDTs on a regional basis could allow for synergistic working between institution's offering the spectrum of surgical modalities. This could also help to reduce the delays often experienced by patients who are referred to specialists in certain surgical techniques, within and between institutions.

Potential benefits of a BPH MDT

With many healthcare systems across the globe under strain from ageing and comorbid populations, alongside competing interests from a multitude of different departments within institutions, the importance of efficiency in the patient journey cannot be overstated. A MLUTS MDT offers an opportunity to optimally treat complex BPO patients, working alongside LUTS one-stop clinics to standardise investigations and reduce duplication and appointment delays. With coordination by the MDT, timely and effective communication between various team members can also reduce time between assessment and surgical intervention, if this is chosen by the patient. This can help reduce the impact on patients' quality of life, especially for those patients who require catheterisation, which can lead to serious and sometimes life-threatening complications whilst they wait for definitive management. As already mentioned, an MDT approach can ensure that all surgical modalities can be discussed with patients and that they are counselled effectively. Those patients who wish to prioritise preservation of ejaculatory function can be appropriately managed, as can those with larger prostates with more severe obstruction. Further, elderly, frail or comorbid patients can be optimally risk-assessed prior to surgical intervention, with appropriate patients counselled for MISTs, minimizing perioperative

complications and ensuring these patients are treated when required. The MDT can allow selection of the most appropriate intervention. Looking forward, long-term follow up data can be pooled across the MDT, supporting audit, quality improvement, and real-world evidence generation.

Potential members of the LUTS MDT

A LUTS MDT would require at least two urological surgeons, with a specialist interest in BPO management and storage symptoms, alongside at least one an administrative person or nurse specialist whose role can be multifaceted. This may include clinical assessment, diagnostics, administration and patient communication. There should be a representative from the nursing or support team for pre-operative or post-procedural point of contact and may be responsible for post-operative catheter management/removal if needed. An MDT coordinator is vital to ensure that the service is run effectively, and decisions are communicated to relevant team members and patients. Further, they would coordinate with hospital admissions teams to ensure patients are treated in a timely manner.

Challenges

Establishing a multidisciplinary team (MDT) dedicated to MLUTS represents a significant paradigm shift in the management of this common condition. While there is increasing recognition of BPO as a subspecialty within urology, the creation of a dedicated MDT would require substantial institutional commitment, both in terms of resources and clinician engagement. Many centres are already operating under considerable strain, and introducing a BPO MDT would necessitate protected time, consistent scheduling, and the reliable participation of key stakeholders across specialties.

To ensure sustainability and avoid overwhelming the system, clear and stringent referral criteria must be developed. These criteria should support the principle that initial assessment and first-line management continue to be delivered in the community or general urology clinics, in line with established guidelines.

Potential referral criteria to a LUTS MDT could include:

- Age < 50 or > 80
- Prior failed interventions
- Abnormal anatomy
- Haematuria or recurrent retention
- Significant concern about sexual dysfunction
- High risk for anaesthesia
- MIST procedures where multiple procedures are applicable
- Mixed LUTS

Conclusion

LUTS/BPO management is entering an era of complexity and personalization. The traditional one-size-fits-all approach no longer suffices. A structured, multidisciplinary approach modelled on the SMART Stone MDT offers a pathway to optimize care quality, promote shared decision-making, and improve outcomes for men with BPO. We advocate for professional societies and health systems to consider the development and implementation of formal LUTS/BPO MDT pathways.

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Declarations

Conflict of interest The authors declare no competing interests.

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