INTRODUCTION

Lower urinary tract symptoms (LUTS) including urinary incontinence are common issues for patients to seek urologic help. The 4th Annual Jefferson Urology Symposium focused on these topics in both men and women. The COVID-19 pandemic prevented an in-person conference and for the first time, the Jefferson Urology Symposium was conducted virtually. In this conference, nationally recognized experts in each of the subjects gave presentations on the etiology LUTS due to benign prostatic hyperplasia (BPH), neurogenic bladder dysfunction (NGBD) and urinary incontinence in men and women.

Newer techniques and innovative technologies have changed the strategies utilized by physicians for the procedure-oriented management of LUTS from BPH. The updated AUA guidelines for BPH state laser enucleation procedures of the prostate is the endoscopic treatment of choice for BPH, independent of prostate size. HoLEP has been extensively studied in randomized prospective trials comparing HoLEP to TURP or open prostatectomy. HoLEP has proven to be superior to TURP and open prostatectomy. This technique is utilized by many physicians throughout the world and is considered by many the "gold standard" for the surgical management of BPH. New technologies such as urethral lift procedures (Urolift) or steam therapy procedures (Rezum) have been incorporated into the AUA BPH guidelines for patients desiring office based technology with preservation of antegrade ejaculation and with minimal sexual side effects with these procedures. Lastly, the newest technology, robot assisted water jet system called Aquablation of the prostate, may prove to be an important technique to treat patients with symptomatic BPH. Aquablation has also been recently incorporated to the updated AUA guidelines BPH for patients with prostate sizes between 30 g to 80 g.

Urinary incontinence (UI) and NGBD can significantly impact quality of life for many individuals. In men, UI is often related to and manifests itself after treatment of prostate diseases. In women, UI can be seen with or without pelvic organ prolapse (POP). Lastly, NGBD can affect quality of life, cause renal deterioration or can cause an array of complications associated with urinary tract infections from the NGBD. The etiology, diagnosis and management of UI in women and men and NGBD were discussed extensively at this symposium.

Urologists often evaluate quality of life parameters such as LUTS, UI, and NGBD. The frequency of occurrence of these issues was the impetus for the topic selection for the 4th Annual Jefferson Urology Symposium: ***Focus on Urinary Incontinence and the Surgical Management of BPH***. The technologies, techniques and management have been summarized with the data presented at this meeting. We hope that you find this information helpful and useful as a quick reference guide to incorporate these new technologies and techniques into your practice.

I want to thank the symposium' faculty, the Jefferson Urology Research Scholar students, Endourology fellow, and residents who assisted in preparing this supplement. The publisher of *The Canadian Journal of Urology International* is also acknowledged for allowing us to share our symposium educational program to a wider audience.

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