

## Introduction

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The verb 'to introduce' stems from Latin and means to lead something into a space or tube, a manoeuvre familiar to most physicians. 'To introduce' also refers to a formal procedure of making someone known to another person or family in a polite and positive way.

The aim of this introduction is to address the dual definition of this verb by introducing the reader to the book as well as to the scientific family of authors and researchers in the field of inflammation and infection in urology.

### The book

The present book is an ambitious enterprise developed by numerous authors from all over the world.

Science is like a castle. It takes hundreds of years to build, it must resist severe attacks and only the most robust constructions withstand the tests of time. The building blocks in science are research papers. Still, most students and clinicians learn from textbooks. Unfortunately, it takes years before research papers mature into clinical recommendations and even more years to produce a physical book. Recommendations are based on guidelines that are developed through a stringent process, only reviewing papers with the highest level of evidence, and analyses and interpretations without bias. As a result, evidence-based guidelines do not cover all clinical scenarios and there is little room for expert opinions and clinical experience – the very base of teaching, from masters to journeymen and -women.

This Living Handbook is different. 'Living' means that the production time is significantly reduced and chapters can be updated as new knowledge is gained. Methodological criteria follow strict scientific standards and book chapters include basic science, reviews, meta-analyses, expert opinions and clinical experience as well as guidelines to support daily-life education and teaching. Everyone has open access to the book contents on mobiles and computers, free of charge.

Classification is a core element of scientific communication. For researchers to produce evidence, for professors to transfer knowledge and for clinical guidelines to provide guidance, pathological conditions, procedures and outcomes must be standardised and organised in a way that fits with medial rationality.

In oncology, we use stages to describe the extent of disease and markers or risk factors to express severity. In most medical fields, we also use risk factors to understand pathophysiology, identify means of prevention and stratify treatment.

Together with Kurt Naber, I realized that there was a lack of classification when it comes to non-specific, non-pandemic infections and infective complications in the urinary tract. We therefore developed a system with severity grading and description of risk factors by means of phenotyping (ORENUC). We saw that pathogen identity, susceptibility and availability of effective antibiotics are key variables in a broader concept which today is called **antimicrobial stewardship**. Our ideas were presented in a textbook published by ICUD [1], which became the precursor of the present book.

The concept of the new classification formed the structure of this new living book. Even the structure itself is dynamic because it is not based on normal anatomy, physiology, pathology, microbiology, etc., but on clinically relevant risk factors which brings forward basic knowledge as needed.

### The scientific family

I had the privilege of meeting Kurt Naber in 1994 after my first international lecture. He showed interest in my work and introduced me in a kind way to fellow researchers and clinicians. He made me realize the core position of inflammation in medicine, the role of infections as a the main killer in human history and

the ubiquitous presence of microorganisms and their importance in urological surgery and numerous other fields of medicine. Indeed, development of modern medicine would not have been possible without means to control infections.

The editors and authors of the present book come from all over the world and have at least two things in common. They share interest and qualifications in infection and inflammation in urology, and all were introduced to this field of science by the senior editor of this book, Kurt G. Naber, in a kind and positive way. Most contributors share my experience of being spotted by Kurt Naber after their first presentation at a congress or in a publication. We were all approached by a man who showed interest in our projects and invited us to further collaboration.

This Living handbook has been made possible through an agreement between ZB MED – Informationszentrum Lebenswissenschaften and the European Association of Urology. The editorial board and section editors represent all continents and a very large number of countries, a fact that illustrates the huge professional and personal network of Kurt Naber. Without his network of friends and his own continuous editorial efforts, this book would never have been possible.

I hope this handbook will spread clinically relevant knowledge to the best of patients and inspire readers to engage in research and maybe one day contribute with their own chapters to keep the book 'living'.

On behalf of F. M.E. Wagenlehner, Y.-H. Cho, T. Matsumoto, J. N. Krieger and D. Shoskes,  
Stavern, Norway



## References

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