

Beebe Healthcare
Margaret H. Rollins School of Nursing
N102- Nursing Care of Adults

Benign Prostatic Hyperplasia

Patient Profile:

J.R. is a 69-year-old male who goes to see his healthcare provider because he has been having difficulty urinating and dribbling for the past year, and it has gradually gotten worse. He has a history of hypertension and a myocardial infarction five years ago. He is currently taking the following medications:

Hydrochlorothiazide 25 mg po every morning
Metoprolol 50 mg po BID
Potassium chloride 20 mEq po daily
Aspirin 81 mg po daily

Subjective data:

Has difficulty starting to urinate and when the urine flow does start, it is a slow stream, the urine flow stops and starts several times while voiding, and there is dribbling at the end; gets up at least twice per night to void; has been going on for about one year and has increasingly worsened

Objective data:

PE:

98.4-72-18-138/78-98% RA; H: 5'8" W: 255 lb
Penis circumcised, no lesions or discharge noted
Scrotum symmetric, no masses, descended testes
No inguinal hernia
Digital rectal exam- prostate enlarged symmetrically, firm and smooth

Dx:

UA with cx:

Color: amber yellow
Odor: aromatic
Protein: trace
Glucose & Ketones: none
Specific gravity: 1.018
pH: 6.2
RBCs: 3/hpf; WBCs: 0; bacteria: none

PSA: 3ng/mL

Post void residual scan: 175 mL

Collaborative Care:

Transurethral resection of the prostate (TURP) for benign prostatic hyperplasia (BPH).

Discussion Questions:

1. What is benign prostatic hyperplasia?
Benign prostatic hyperplasia is an abnormal increase in the number of cells and overgrowth of smooth muscle and connective tissue; also glandular tissues (grows inward). This can be palpated on a rectal exam and the etiology is unknown. The estrogen increases and testosterone decreases which increases DHT and promotes cell growth.
2. What are J.R.'s clinical manifestations of BPH?
The clinical manifestations are the lack of force in urinary stream, nocturia, hesitancy-dribbling at end of stream, prostate enlarged symmetrically on rectal exam that is firm and smooth.
3. What are some medications that are used to treat BPH?
Some medications to treat BPH are alpha adrenergic receptor blockers and 5 alpha-reductase inhibitors. Antibiotics can also be used if prostatitis is present.
4. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
Perioperative nursing care will include being NPO at midnight before the surgery, compression stockings to prevent DVT, surgical bath, bowel prep (enema or laxative),
5. What nursing care after a TURP do you anticipate in the initial postoperative period?
Post operative nursing care will include continuous bladder irrigation, I&O (true urine value), pain relief, risk for thrombosis, and sexual function (4-8 weeks). During continuous irrigation, the nurse will check UO for hemorrhage and retention, prevent obstruction, irrigate to remove clots, true urine value, remove per MD order, record time and amount of voiding post a catheter, and educate on voiding-urgency, frequency, dysuria, hematuria, dribbling, cloudy.
6. What teaching should J.R. receive prior to discharge home?
Discharge instructions include tissue sloughing (hemorrhage), perineal exercises (Kegel), and avoid heavy lifting for 4-6 weeks, no straining, avoid long periods of sitting, hydration, and follow up care (recurrent hyperplasia or cancer).