

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 when there is an abnormal increase in the number of cells/overgrowth of smooth muscle, connective tissue, and glandular tissue grows inward. Etiology is unknown, but there is an increase in estrogen and a decrease in testosterone which ultimately increases of DHT (dihydroxytestosterone) which promotes cell growth.

2. What are J.R.'s clinical manifestations of BPH?

J.R.'s clinical manifestations of BPH include urinary stream lacking force, nocturia, hesitancy, dribbling at end of stream, and prostate enlarged symmetrically on rectal exam (firm and smooth).

3. What are some medications that are used to treat BPH?

Some medication to treat BPH are alpha adrenergic receptor blockers and 5 alpha-reductase inhibitors. Antibiotics can be used as well if prostatitis is present.

4. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?

Prior to J.R.'s TURP surgery, the nurse should maintain NPO after midnight, apply compression stockings (TEDS), assist with bowel preparations, and assist with the surgical bath. As well as administer any pre-op medications as ordered.

5. What nursing care after a TURP do you anticipate in the initial postoperative period?

Anticipating nursing care after a TURP includes maintaining the continuous bladder irrigation. The nurse will assess urinary output for retention and hemorrhage, prevent obstruction, irrigate to remove clots, obtain a true urine value, remove catheter per MD orders, record time and amount of voiding post catheter, and educate J.R. on voiding (urgency, frequency, dysuria, hematuria, dribbling, and cloudiness). The nurse will also focus on pain relief and prevent thrombi from forming.

6. What teaching should J.R. receive prior to discharge home?

J.R. should be educated on tissue sloughing (hemorrhage), perineal exercises (Kegel), avoid heavy lifting for 4-6 weeks, no straining, avoid long periods of sitting, hydration, may resume sexual activity in 4-8 weeks, and the need for follow-up care for possible recurrent hyperplasia or cancer prior to discharge home.