

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?
Enlargement of prostate.
2. What are J.R.'s clinical manifestations of BPH?
Enlarged prostate, difficulty starting to urinate, slow stream, urine flow stop several times during void, dribbling at the end, residual urine of 175 after void, gets up and pees twice a night.
3. What are some medications that are used to treat BPH?
Alpha adrenergic receptor blockers (terazosin, tamsulosin, doxazosin) relaxes the muscles in the prostate that are tightened, increases urine flow, and decreases smooth muscle tone. 5-alpha-reductase inhibitors (finasteride, dutasteride) inhibits 5 alpha which converts testosterone into DHT (growth), decreases prostate size.
4. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
Patient teaching, NPO, DVT prophylaxis.
5. What nursing care after a TURP do you anticipate in the initial postoperative period?
Continuous bladder irrigation to keep bladder free of clots, I&O's, prevent obstruction, true-urine-value and pain relief.
6. What teaching should J.R. receive prior to discharge home?
Tissue sloughing (hemorrhage), perineal exercises (kegel), avoid heavy lifting for 4-6 weeks, no straining, avoid long periods of sitting, hydration, follow-up care for recurrent hyperplasia or cancer.