

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? **An abnormal increase in the # of cells and the overgrowth of smooth muscle and connective tissue, also called glandular tissue.**
2. What are J.R.'s clinical manifestations of BPH? **Urinary stream lacking force/slow stream, nocturia, dribbling at the end of the stream, hesitancy when starting, symptoms developed slowly throughout the year and gets increasingly worse.**
3. What are some medications that are used to treat BPH? **Alpha adrenergic receptor blockers such as terazosin and tamsulosin, and 5 alpha-reductase inhibitors such as finasteride and dutasteride.**
4. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery? **Insert foley catheter, tape to leg, ensure pt is fasted, instruct to pt they may feel the need to void.**
5. What nursing care after a TURP do you anticipate in the initial postoperative period? **Continuous bladder irrigation, monitor hematuria, no electrolytes used, obtain an order to d/c, and monitor rate with clamp**
6. What teaching should J.R. receive prior to discharge home? **Tissue sloughing may occur, avoid heavy lifting for 4-6 weeks, perform Kegel exercises, avoid straining, avoid long periods of sitting, maintain adequate hydration, and maintain follow-up care for recurrence**