

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?
 - a. Benign prostatic hyperplasia is when the prostate enlarges, causing urinary discomfort.
2. Document J.R.'s subjective and objective findings.
 - a. Subjective findings include "difficulty starting to urinate", "slow stream", "urine flow stops and starts several times while voiding", "dribbling at the end", "gets up at least twice per night to void", and "increasingly worsened."
 - b. Objective findings include the prostate being enlarged symmetrically, and that it is firm and smooth.
3. Identify abnormal lab values. What do they mean?
 - a. Post void residual scan: 175 mL
 - i. A normal post void volume should be less than 50 mL. The patient's value of 175 mL is abnormal and is indicative of something blocking normal bladder emptying.
4. What are some medications that are used to treat BPH?
 - a. Medications to treat BPH include alpha adrenergic receptor blockers, 5 alpha-reductase inhibitors, and antibiotics.
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
 - a. Prior to TURP surgery urinary drainage must be restored with a urethral catheter. You should allow the patient and his partner to discuss any concerns regarding sexual function and post-operative care.
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
 - a. Following a TURP procedure, in the initial postoperative procedure I would expect to implement continuous bladder irrigation, I&O, pain relief, and care measures to prevent thrombosis and infection.
7. What teaching should J.R. receive prior to discharge home?
 - a. J.R. should be instructed that ongoing urinary incontinence is common to experience following surgery. The patient should also be instructed that bladder capacity will be decreased. As strictures are common following TURP, J.R. should be educated on the common signs and symptoms. The patient should also be educated what retrograde ejaculation is.