

**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. A noncancerous increase in the size of the prostate gland. Symptoms include frequent urination, trouble starting to urinate, weak stream, inability to urinate, and loss of bladder control.
2. Document J.R.'s subjective and objective findings.
  - a. Subjective: Has difficulty starting to urinate and when the urine flow does start, the urine flow stops and starts several times while voiding, gets up at least twice per night to void, and has increasingly worsened.
  - b. Objective: Digital rectal exam- prostate enlarged symmetrically, firm and smooth, PSA: 3ng/mL, Post void residual scan: 175 mL
3. Identify abnormal lab values. What do they mean?
  - a. Post void residual scan of 175 mL. This means that JR is retaining urine even after urinating which is abnormal. The enlarged prostate that JR has is a contributing factor in urinary retention since it is difficult to void when the urethra's lumen is smaller than normal.
4. What are some medications that are used to treat BPH?
  - a. Flomax, Alpha adrenergic receptor blockers, 5 alpha-reductase inhibitors, Antibiotics
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
  - a. Urinary drainage must be restored before surgery, a urethral catheter (coude tip) may be needed, any infection of the urinary tract must be treated before surgery, providing an opportunity for the patient and their partner for expressing concerns about surgical impact on sexual functioning.
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
  - a. Bladder irrigation to remove clotted blood, the catheter should be connected to a closed drainage system, observing for S/Sx of postoperative infection, TCDB.
7. What teaching should J.R. receive prior to discharge home?
  - a. Caring for an indwelling catheter if sent home with one, managing urinary incontinence, maintaining oral fluid intake, observing for S/Sx of UTI or wound infection, preventing constipation, avoiding heavy lifting (>10 lbs), and refraining from driving or sexual intercourse as directed by the HCP.