

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 condition where the prostate enlarges and causes uncomfortable urinary symptoms. Very common in older age men and can lower the quality of life if left untreated.

2. Document J.R.'s subjective and objective findings.

Subjective:

- difficulty urinating and dribbling for the past year
- the urine flow stops and starts several times while voiding
- 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:

- Hx MI and HTN
- Temp: 98.4
- HR: 72
- R: 18
- BP: 138/78
- SpO2: 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
- 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

3. Identify abnormal lab values. What do they mean?

The post void residual scan of 175 mLs is an abnormal lab value. Normal PVR volume for the elderly is between 50-100mL.

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

Alpha adrenergic receptor blockers, 5 alpha-reductase inhibitors, antibiotics

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

NPO at least 6 hrs prior, enema if no BM morning of, cease blood thinning meds 5-10 days prior.

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

Continuous bladder irrigation (CBI), I & O, pain relief, RF thrombosis, RF infection, instructions to check sexual function – retrograde ejaculation, ongoing urinary incontinence, decreased bladder capacity, development of strictures.

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

Expect to resume normal activities in 3-6 weeks, may have the following: problems with urine control, impotence, absence of semen/decreased volume, retrograde ejaculation, burning/pain during urination, passing blood clots.

Rest often, include regular, short periods of movement to build up strength, engage in isometric exercises while in bed, drink plenty of water, eat plenty of fiber, use stool softener/fiber supplement to prevent constipation. Take antibiotics as ordered to prevent infection, check before taking NSAIDs.

Check that your indwelling catheter works correctly and that you wash hands when handling to prevent infection. Notify provider if you have pain in your abdomen not helped with meds, SOB, cough, abnormal urinary drainage, burning sensation when urinating, fever.