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?
2. Document J.R.'s subjective and objective findings.
3. Identify abnormal lab values. What do they mean?
4. What are some medications that are used to treat BPH?
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
7. What teaching should J.R. receive prior to discharge home?

1) prostatic hyperplasia is when the prostate gland is enlarged which causes uncomfortable urinary symptoms.

2) Subjective: difficulty urinating, dribbling, nocturia, and slow stream.
objective: enlarged prostate, residual volume 175 mL

3) The residual scan of 175 mL is abnormal. More urine is being retained than the normal amount after voiding.

4) Some medications would be alpha-adrenergic receptor blockers, 5-alpha reductase inhibitors, and antibiotics would be used.

5) pre-op nursing care would be urine drainage and catheritization.

6) I&O's, CBI, infection prevention, and pain management.

7) Teaching would be to prevent constipation, S/Sx of UTI, no heavy lifting, and maintain fluid intake.