

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

No glucose/ketones/RBC
proteins, amino acids, WBC
are normal in urine

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. BPH is prostate enlargement that is not cancerous or malignant. BPH causes dysuria by squeezing on the urethra.

2. Problems, dysuria, nocturia going on for a year, trace protein, RBC 3hp found in urine. PSA 3ng/ml, Post residual volume 175ml

3. Trace Protein - From severe hypertension?
RBC 3 hpf - Bleeding somewhere in urinary tract
PSA 3ng/ml - Shows a cancerous or in this case enlarged/inflamed prostate.
Post residual volume - Shows retention

4. Meds include alpha adrenergic receptor blockers, 5 alpha-reductase inhibitors, abx,

5. Teach about possible complications such as thrombosis, sexual-function retrograde, development of strictures

6. OBI, monitor I&O's, monitor for s/s of infection

7. Report any urinary incontinence, and dysuria. Avoid alcohol and smoking
