

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?** Enlarged prostate
2. **Document J.R.'s subjective and objective findings.**
Subjective: difficulty urinating and dribbling for a year that has gotten worse, slow stream that stops and starts several times while voiding, gets up 2x a night to void
Objective: 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
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
3. **Identify abnormal lab values. What do they mean?** 175 mL PVR means that the bladder is not effectively emptying with a normal void.
4. **What are some medications that are used to treat BPH?** Medications used include Hydrochlorothiazide 25 mg po every morning, Metoprolol 50 mg po BID, Potassium chloride 20 mEq po daily.
5. **What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?** Educate on the expectations of the procedure, the healing process and what the procedure is going to treat.
6. **What nursing care after a TURP do you anticipate in the initial postoperative period?** Pain management, pain with urination, pain/discomfort with ambulation, psychosocial factors including self-image deficits and embarrassment, worries about sexual function.
7. **What teaching should J.R. receive prior to discharge home?** Pain management, what needs to be reported to the physician, call if blood in urine, call if urine retention continues, if significant pain occurs.