

**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?

Benign prostatic hyperplasia is enlargement of the prostate due to aging factors. BPH starts with elevation in estrogen levels and compromises the patient to urinary tract infections.

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

Some objective and subjective findings would be inability to urinate, dribbling at the end of urination, nocturia, prostate enlarged, protein traced in urine, and inability to completely empty the bladder.

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

PSA of 3ng/mL could indicate cancer tissues or BPH in males. RBCs of 3 also indicates blood in the urine which would indicate bleeding or irritation. There were also traces of protein in the urine which could indicate kidney disease.

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

Some medications used to treat BPH are alpha blockers, such as Tamsulin and Prazosin.

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

Preoperative nursing care that I anticipate prior to J.R.'s TURP surgery would be a urinary catheter to drain residual volume and to provide education on the procedure.

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

Nursing care that I would expect to do after a TURP procedure would be continuous irrigation for 24 hours and consistently monitoring intake and output.

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

I would educate on eating a high fiber diet, urine color to be expected, and signs/sx of infection to look out for. I would also educate on importance of drinking multiple glasses of water daily and to not do any heavy lifting for at least six weeks after the surgery.