

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 gland that is age associated. It causes difficulty urinating due to the size of the prostate.
2. Document J.R.'s subjective and objective findings.
J.R has been experiencing overflow incontinence and nocturia for the past year that has been getting progressively worse. J.R has an enlarged prostate, no inguinal hernia present. He weights 225lbs, HR 72, RR 18, T 98.4, and Bp 138/78. He is overweight and BP is slightly elevated, but he does have a history of hypertension.
3. Identify abnormal lab values. What do they mean?
J. R's urine is amber colored which typically indicates dehydration. He is not emptying his bladder all the way. Based on his results post void he still has 175mL of urine in his bladder which is not normal. He should have less than 50mL of urine in his bladder post void.
4. What are some medications that are used to treat BPH?
Medications that are used to treat BPH are Alpha adrenergic receptors, 5 alpha reductase inhibitors and antibiotics.
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
Ensure that he is NPO 6 hours prior to surgery. Make sure that all his questions are answered fully, and he understands what he is having done and why.
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
I would anticipate monitoring I&O's, continuous bladder irrigation and providing pain relief interventions.
7. What teaching should J.R. receive prior to discharge home?
J.R should know to examine his urine for blood and to look for signs of infections such as a fever. If this does occur, he should reach out to his provider. He also may experience painful or difficulty urinating.