

**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:

*Thiazide diuretic* Hydrochlorothiazide 25 mg po every morning  
*beta blocker* Metoprolol 50 mg po BID  
*electrolyte* Potassium chloride 20 mEq po daily  
*anti-platelet agent* 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. BPH is hypertrophy of the prostate gland.

### 2. Subjective

- difficulty beginning to urinate
- slow stream
- starts & stops urinating several times
- dribbling @ the end of voiding
- gets up several times to void @ night

### Objective

- amber urine
- prostate enlarged symmetrically
- W: 95 lbs
- trace protein in urine
- BP: 138/78
- Urine odor: aromatic
- RBCs in urine: 3/hpf
- PVR: 175ml

### 3. Abnormal lab values

- trace protein in urine  
↳ early warning sign of kidney disease
- RBCs: 3/hpf  
↳ indicates blood; may be indicative of neoplasm in bladder
- PVR: 175ml  
↳ indicates obstruction or retention of the bladder

### 4. Meds to Tx BPH

- Alpha blockers
- 5 $\alpha$ -reductase inhibitors

- ↳ - Continuous bladder irrigation to remove possible clots
- monitor for excess bleeding

5. Maintain NPO status of pt 6hrs prior to surgery

- prep pt il: surgical bath
- bleeding may be experienced post-op

### 7. Discharge instructions

- Do not do strenuous activity or lift more than 5 lbs for 3-6 weeks
- take short walks