

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 a noncancerous condition in which there is an enlarged prostate that pushes up against the urethra and bladder which in return blocks the flow of urine.
2. Document J.R.'s subjective and objective findings.

Subjective:

- "Gets up at least twice per night to void"
- Has difficulty starting to urinate and when the urine flow does start
- "The urine flow stops and starts several times while voiding"
- has increasingly worsened.

Objective:

- Digital rectal exam- shows that the prostate is enlarged symmetrically, firm and smooth
- PSA: 3ng/mL
- Post void residual scan reveals 175 mL left in bladder

3. Identify abnormal lab values. What do they mean?
J.R.'s Post void residual scan reveals 175 mL of urine. This indicates that JR is still has urine retained in bladder even after urination. This is an abnormal finding that can be as a result of his benign prostatic hyperplasia. This is because the prostate is pushing up against his urethra and blocking the flow of urine.
4. What are some medications that are used to treat BPH?
 - Medications that can be used to treat BPH are antibiotics, Flomax, Alpha adrenergic receptor blockers, and 5 alpha-reductase inhibitors.
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
 - The preoperative nursing care I anticipate for J.R.'S TURP surgery is that the bladder needs to be drained of urine completely before. In the event, J.R. cannot totally empty his bladder, a straight catheterization method may be used. In addition, answering any questions J.R. might be uninformed about regarding the surgery to decrease his anxiety.
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
 - The nursing care I anticipate postoperatively is that a bladder irrigation may need to be done to remove possible blood clots. An intervention postop that can be done is having J.R. turn, cough and deep breathe.
7. What teaching should J.R. receive prior to discharge home?

Kimberly Joseph

Teaching J.R. should receive prior is how to care for his intermittent indwelling catheter such as keeping it below the bladder to prevent backflow of urine and infection. In addition, how to properly clean the catheter to prevent a urinary tract infection. Also, if he is in a job that requires heavy lifting, he may need to be on restricted light duty.