

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?
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. Benign prostatic hyperplasia is an enlarged prostate
2. When urination he has a difficult time starting to urinate. When he does start the flow of the urine is slow and it can stop suddenly in midstream and restart several times. After he's done urinating there can be dribbling. Gets up about 2 times a night to urinate. The symptoms have started over a year ago and continue to get worse.
Urine 175ml was amber yellow with traces of protein. No glucose or ketones noted. pH 6.2

3. RBC 3/hpf can sign hematuria- and protein in the urine can be a sign of dehydration or even possible kidney damage

4. Tamsulosin (Flomax)- helps relaxing muscles in the prostate to allow someone to urinate easier.

Dutasteride- helps to improve urine flow and can reduce the need for prostate surgery later on.

5. He could put on antibiotic to help prevent infection from the procedure. Also they would stop any medications that could cause possible bleeds like warfarin.

6. Education on that he may have difficulty voiding at first but should improve over time. Also a assessment of the voiding, color, amount, and smell

7. You would tell him to drink lots of water to help the kidneys and bladder function and that he would have to avoid sex for 4-6 weeks. That if you are unable to urinate contact your doctor