

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?
 - a. Benign Prostatic Hyperplasia: prostate and surrounding tissue expands. The prostate gland is enlarged and not cancerous, common in men over 50yrs.
2. Document J.R.'s subjective and objective findings.
 - a. Objective: No lesions/discharge, no mass/inguinal hernia, scrotum symmetric. Prostate is enlarged symmetrical, firm, and smooth. Post void residual is 175mL.
 - b. Subjective: difficulty starting to urinate (urinary hesitancy), slow stream of urine (oliguria)- flow keeps stopping and starting. Nocturia at least twice per night to pee. On for about a year and it's been worsening.
3. Identify abnormal lab values. What do they mean?
 - a. Amber urine color: may indicate dehydration that's why it's dark. Odor being aromatic may indicate a sweet smell. Having proteins in urine may indicate a UTI or kidney disease. 175mL as post void residual scan might mean that there is more urine left in the bladder.
4. What are some medications that are used to treat BPH?
 - a. Alpha blockers: relaxing muscle in bladder and prostate – making it easier to pee
 - b. 5 Alpha Reductase Inhibitor: stop the body from enlarging the prostate
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
 - a. Assess meds that J.R. takes
 - b. To not eat or drink – NPO around 6hrs before surgery
 - c. Encourage to empty bowels
 - d. Making sure someone can drive J.R.
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
 - a. Nursing care on catheter
 - b. Encourage fluid intake
 - c. Extra fiber in diet and larger fluid intake
 - d. Encourage resting
7. What teaching should J.R. receive prior to discharge home?
 - a. Limit activity and rest
 - i. Avoid lifting and strenuous exercise, the first 2 weeks after surgery
 - ii. Limit sexual activity
 - b. Antibiotics as prescribed to reduce risk of infection
 - c. Avoid coffee, soft drinks, alcohol
 - d. No NSAIDS for the first 6 weeks