

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. Non cancerous enlargement of the prostate
2. Document J.R.'s subjective and objective findings.
 - a. Subjective – difficulty starting to urinate then when urine flows it is a slow stream, starts and stops multiple times while urinating. Nocturia at least 2 times a night. Has been going on for a yr and in increasingly getting worse
 - b. Objective - prostate is enlarged, firm and smooth. Penis circumcised with no lesions. Scrotum is symmetrical with no masses. No inguinal hernia. Urine has an amber yellow, aromatic odor, w/ trace proteins, no glucose or ketones, specific gravity was 1.018, pH 6.2, RBCs 3 hpf, no WBCs or bacteria, PSA 3ng/mL, post void residual was 175mL t- 98.4, Hr – 72, Bp – 138/78, SpO2 – 98 RA, W – 255lb
3. Identify abnormal lab values. What do they mean?
 - a. RBC means he has microscopic hematuria, PSA can be indicative of an enlarged prostate, UTI, prostate cancer, post void residual means he is not fully emptying out his bladder after urinating
4. What are some medications that are used to treat BPH?
 - a. Alpha blocker – terazosin, doxazosin
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
 - a. NPO or a clear liquid diet, pain management, chlorhexidine bath, shaving the area, lots of teaching
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
 - a. Clear liquid diet, pain management, watching the incision site, helping with urinating and bowel movements, laxative,
7. What teaching should J.R. receive prior to discharge home?
 - a. Plenty of fluids, take meds as prescribed – antibiotic, pain meds, blood thinners, want to be active but also rest, when they can resume sexual activity, shower, baths, work, driving