

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 is an enlargement of the prostate gland that can make it difficult to urinate.
2. Document J.R.'s subjective and objective findings. Highlighted
3. Identify abnormal lab values. What do they mean? The abnormal lab is the 175 Post void residual scan. This means that the prostate is pressing on the urethra and causing it to be narrowed. With the narrowing it decrease the amount of urine that is able to freely pass through.
4. What are some medications that are used to treat BPH? They best meds would be the Alpha – adrenergic receptor blockers which will relief symptoms by relaxing the smooth muscle of the prostate that are around the urethra.
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery? That a coude catheter will be used to empty bladder, administer abx as a prophylactic measure, carefully assess CV, respiratory and BP before surgery, and ensure he fully understands the surgery.
6. What nursing care after a TURP do you anticipate in the initial postoperative period? Monitor for bleeding and its signs, and to intervene when needed, stool softener to prevent straining and administration of analgesics.
7. What teaching should J.R. receive prior to discharge home? Maintain adequate fluid intake, schedule times to urinate q 2-3 hrs, avoid bladder irritant beverages like coffee & tea.