

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 condition where the prostate gland enlarges.
2. Document J.R.'s subjective and objective findings. O- urine- amber yellow, prostate gland enlarged, VS- 98.4-72-18-138/78-98% RA; H: 5'8'' W: 255 lb
S- states difficulty urinate and when it does it's a slow stream and dribbles at the end of urinating and getting up and voiding at night.
3. Identify abnormal lab values. What do they mean? Protein: trace- kidneys not functioning and there's an excess of protein in the urine. PSA- excreted by the prostate and it indicates some type of problem going which would be BPH in this case, RBC's- indicate that blood is present in urine but its only blood that can be seen with a microscope. PVR indicates urine is not being excreted properly.
4. What are some medications that are used to treat BPH? ARBS, antibiotics
5. What preoperative nursing care do you anticipate prior to J.R.'s TURP surgery?
Education, consent form, and aseptic bath
6. What nursing care after a TURP do you anticipate in the initial postoperative period?
Strict I&O, bladder scans, pain relief, decreasing risk for infection
7. What teaching should J.R. receive prior to discharge home? Call health care provider if having bright red hematuria, if pain is not resolving with medication, any changes that may be abnormal and indicate infection like a fever or chills,