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**Introduction**

**The prostate gland (the prostate) is an organ of the male reproductive system. It is about the size of a walnut and is found at the base of the bladder. The thin tube that allows urine and semen to pass out of the penis (the urethra) runs through the prostate gland. Alkaline fluid produced by the prostate gland helps to nourish sperm and leaves the urethra as ejaculate (semen). The prostate undergoes two main growth spurts. The first is fuelled by the sex hormones made by the testes during puberty. This prompts the prostate to reach an average weight of 20 grams. The second growth spurt begins when men are in their thirties**.

 **The different disorders of the prostate gland.**

**Inflammation of the prostate (prostatitis)**

**While prostatitis can affect men of any age, it is more common in younger men, aged between 30 and 50 years. The main types of prostatitis are:**

* **bacterial prostatitis – acute or chronic bacterial infection**
* **non-bacterial prostatitis – inflamed prostate, also known as chronic pelvic pain syndrome (CPPS)**

**In most cases, the cause of prostatitis is unknown. Bacterial prostatitis responds well to antibiotic drugs that can get into the prostate.**

**Non-bacterial prostatitis, or CPPS, is the most common form of prostatitis and is more difficult to manage. Symptoms vary from one man to another. There is no single test to diagnose CPPS, so your doctor will need to rule out other possible causes of your symptoms before making a diagnosis.

Possible causes of CPPS include:**

* **a past bacterial prostatitis infection**
* **irritation from some chemicals**
* **a problem with the nerves connecting the lower urinary tract**
* **problems with pelvic floor muscles**
* **sexual abuse**
* **chronic anxiety problem**

**Surgery is usually not indicated for chronic prostatitis. However, in select situations when a patient has recurrent episodes of chronic prostatitis and improves with antibiotics, transurethral resection of the prostate (TURP) or transurethral vaporization of the prostate (TUVP) may remove a nidus of infection.Medications for prostatitis includes**

* **Alpha-blockers. There is some evidence that alpha-blockers, such as tamsulosin (Flomaxtra®, Diffundox®, Flomax Relief®, Pinexel®, Stronazon®), help improve urinary symptoms for some men, particularly a weak or slow flow, and pain. If they aren’t helping after four to six weeks, you will usually stop taking them.**
* **Antibiotics. Even though CPPS isn’t usually caused by a bacterial infection, there is a little evidence that antibiotics might help control symptoms in some men. This might be because they treat an infection that hasn’t been found by the tests. Or it might be because they help reduce inflammation.**
* **5-alpha-reductase inhibitors. Although there is no strong evidence that 5-alpha-reductase inhibitors, such as finasteride (generic finasteride or Proscar®), are effective, some men find they improve urinary symptoms. This could be because they shrink the prostate. They can take up to six months to work.**
* **Non-steroidal anti-inflammatory drugs (NSAIDs). There is no strong evidence that NSAIDs, such as ibuprofen, are effective, but some men find they reduce symptoms such as pain. You can get some NSAIDs from pharmacies, but it’s important to talk to your GP first. This is because they can have side effects, such as stomach irritation and stomach ulcers.**
* **Pain-relieving medicines. These may help with any discomfort or pain. It may be enough to take over-the-counter pain relief such as paracetamol. Your doctor or a pharmacist can recommend ones that are suitable for you.**
* **Other medicines to relieve pain. Medicines used for other conditions can also be used to treat prostatitis pain. You might be offered anti-depressants (such as amitriptyline) to treat long-term prostatitis pain – some men with prostatitis find these helpful.**

**nursing care for patient with prostatitis**

* 1. Administration of prescribed antibiotics
	2. Provision of comfort (anagelsics , sitz bath)
	3. Out patient teaching: continuing antibiotic therapy
	4. Increase fluid intake
	5. Recognizing recurrent signs and symptoms of prostatitis.

**Non-cancerous enlargement of the prostate (BPH)**

**Non-cancerous enlargement of the prostate, or benign prostatic hyperplasia (BPH), is more common as men get older. It is not life threatening, but can significantly affect your quality of life.**

**The enlargement of the prostate gland (which surrounds the top of the urethra) causes the urethra to narrow, and puts pressure on the base of the bladder. This can lead to obstruction (blockage) in the flow of urine.**

 **It occurs when the cells of the prostate gland begin to multiply. These additional cells cause your prostate gland to swell, which squeezes the urethra and limits the flow of urine.**

**Obstructions usually show up as lower urinary tract symptoms that sometimes result in the urine staying in the bladder when it's supposed to be released. When this happens suddenly, it's called acute urinary retention. This is very painful and is usually relieved temporarily by inserting a thin tube (a catheter) to release the urine.**

**Chronic (ongoing) retention, which is less common, can lead to a dangerous, painless accumulation of urine in the bladder. An uncommon form of chronic urinary retention is associated with high bladder pressures, which can damage kidney function.**

**The three classes of drugs for an enlarged prostate are: Alpha blockers, which relax muscles of the prostate and neck of the bladder to relieve symptoms. Examples ofalpha blocker medications include: alfuzosin (Uroxatral), doxazosin (Cardura), tamsulosin (Flomax), and terazosin (Hytrin). According to the National Institutes of Health,  transurethral resection of the prostateis the first choice of surgeries for BPH. The surgeon removes prostate tissue obstructing the urethra using a resectoscope inserted through the penis during TURP. Another method is transurethral incision of the prostate (TUIP).**

**Nursing care for patients with benign prostatic hyperlasia**

* **Reduce anxiety.** The [nurse](https://nurseslabs.com/registered-nurse/) should familiarize the patient with the preoperative and postoperative routines and initiate measures to reduce anxiety.
* **Relieve discomfort.** Bed rest and analgesics are prescribed if a patient experiences discomfort.
* **Provide instruction.** Before the surgery, the nurse reviews with the patient the anatomy of the affected structures and their function in relation to the urinary and reproductive systems.
* **Maintain fluid balance.** Fluid balance should be restored to normal.
* **Instructions.** The nurse provides written and oral instructions about the need to monitor urinary output and strategies to prevent complications.
* **Urinary control.** The nurse should teach the patient exercises to regain urinary control.
* **Avoid Valsalva maneuver.** The patient should avoid activities that produce Valsalva maneuver like straining and heavy lifting.
* **Avoid bladder discomfort.** The patient should be taught to avoid spicy foods, alcohol, and [coffee](https://nurseslabs.com/cup-coffee-6-caffeine-facts-nurses/).
* **Increase fluids.** The nurse should instruct the patient to drink enough fluids.

**Prostate cancer**

**prostate cancer typically affects men over the age of 50 years. The cause remains unknown, although advancing age and family history are known to be contributing factors.**

**In the early stages, the cancer cells are confined to the prostate gland. With the more aggressive types of prostate cancer, cancer cells enter the vascular and lymphatic systems early and spread to other parts of the body where they develop secondary tumours, particularly in the bones.**

**Standard treatments for clinically localized prostate cancer include the following:**

* **Active surveillance**
* **Watchful waiting**
* **Radical prostatectomy**
* **Radiation therapy**
* **Hormone therapy**

**Whole-gland cryotherapy is also used, but its adverse effects are considerable and survival benefit compared with active surveillance has not been shown. Newer therapies, such as proton-beam radiation and high-intensity focused ultrasound are being used, but long-term survival and complication rates have not been presented in well-done studies.**

**For locally advanced prostate cancer, radiation therapy along with androgen ablation is generally recommended, although radical prostatectomy may be an appropriate alternative to radiation therapy in some cases.**

**Surgical treatment currently includes nerve-sparing techniques, laparoscopic procedures, robotically-assisted procedures, and the classic retropubic prostatectomy and perineal prostatectomy.**

**Multiple forms of radiation therapy are currently available. These include the following:**

* **Conventional radiation therapy**
* **Three-dimensional (3-D) conformal radiation therapy**
* **Intensity-modulated radiation therapy**
* **Temporary and permanent brachytherapy**
* **Proton-beam radiation**
* **Stereotactically guided radiation**

**Hormone therapy for prostate cancer is also known as androgen deprivation therapy (ADT). It may consist of surgical castration (orchiectomy) or medical castration. Agents used for medical castration include luteinizing hormone–releasing hormone (LHRH) analogues or antagonists, antiandrogens, and other androgen suppressants.**

 **Nursing care in the pre treatment period of prostate cancer**

**During the preoperative period, when patients must come to terms with the indication for prostatectomy, nurses should encourage them to express their feelings and allow an exchange of information facilitating the planning of a high-quality nursing intervention.**

**The information offered by nurses in the preoperative period is usually related to routine surgical procedures, such as skin preparation, fasting, time of surgery, and use of bladder catheters.**

 **Although most patients can initially adapt to the side effects of RP, particularly UI, nurses must understand that this adaptation does not mean that symptoms are unimportant or easily managed. Nurses should encourage patient to perform pelvic muscle exercises during the preoperative and postoperative periods can help patients control UI.**

 **Patient education should be focused on the specific treatment modality and its curative or palliative intent. Information about the experience of radiotherapy must be provided objectively and include descriptions of the temporal aspects of procedures, the treatment environment, and common physical sensations.**

**Nursing care in the post treatment period of prostate cancer**

 **Post-prostatectomy nursing care includes general activities, such as urinary catheter care, infection prevention, and the provision of appropriate nutrition and hydration; postoperative activities, such as hygiene and surgical wound care; monitoring of medication administration; and education in the signs and symptoms of postoperative complications, pelvic-floor muscle exercises, and pain control.**

**The provision of information about the importance of water intake and catheter care after surgery is indispensable to prevent urinary tract infection and essential in association with UI interventions, as these problems cause physical and emotional distress that may delay recovery.**

**Nursing care must also address less common problems, such as hyponatremia: recognition of the signs, symptoms, and physiopathology of this condition, and the necessity of treatment (unlike chronic hyponatremia, postoperative hyponatremia must be treated) and means of prevention (eg, replacement of normal saline irrigation as soon as possible, as excessive irrigation after prostatectomy can cause hyponatremia) are necessary.**

**Nursing interventions, such as the use of diapers or pads and pelvic-floor muscle exercises, can minimize UI and related emotional issues. After the return of urinary continence, patients focus on erectile function and wish to know when their sex lives will return to normal.**

**Nursing care for partners and family members of men with Prostate cancer**

 **In practice, nurses should pay attention to the feelings and needs of family members of men undergoing Prostate cancer treatment; a patient’s illness may affect the health of his entire family.**

**When prostate cancer results in a terminal diagnosis, nurses must help patients and their families obtain the best end-of-life care.**

**Nurses must assess and continually monitor levels of depressive symptoms, sexual function distress, marital interaction distress, and any other indication for psychosocial interventions in men who have undergone RP and their partners.**