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Nursing Science

Assignment

1. The different types of prostrate disorder includes

a) Prostatitis

b)Non cancerous enlargement of prostate (BPH)

c)Prostrate cancer

Prostatitis:

This is the swelling and inflammation of the prostrate gland,a walnut sized gland situated directly below the bladder of men. It is common in younger men, aged between 30-50years.

It often causes painful or difficult urination, pain in the groin, pelvic area or genitals.

The main types of Prostatitis are:

1: bacteria prostatitis-acute or chronic bacterial infection

2: non -bacteria prostatitis-inflamed prostrate also known as chronic pelvic pain syndrome (CPPS)

In most cases, the causes of prostatitis is unknown. Bacteria prostatitis responds well to antibiotic drugs that can get into the prostrate.

Non bacteria 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.

Possible causes are:

A past bacterial prostatitis infection

Irritation from some chemicals

A problem with the nerves connecting

Non cancerous enlargement of the prostrate (BPH)

The enlarged prostrate may compress the urinary tube. Which courses through the center of the prostrate,impeding the flow of urine from the bladder through the urethra to the outside leading to the obstruction in the flow of urine. It is more common as men get older. It is not life threatening, but can affect the quality of life.

Obstructions usually show up as lower urinary tracts 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 retention,which is less common can lead to a dangerous,painless accumulation of urine in the bladder. Am uncommon form of chronic urinary retention is associated with high bladder pressures,which can damage kidney retention.

Prostrate cancer

It's a cancer that occurs in the prostrate a small walnut shaped gland in men that produces the seminal fluid that nourishes and transport sperm. The cause remains unknown,although advancing age and family history are known to be contributing factors.

In the early stages,the cancer cells enter the vascular and lymphatic systems early and spreads to the

outer parts of the body where they develop secondary tumors,particularly in the bones.

2.Their aetiologies

Prostatitis

Etiology: it can be bacteria prostatitis and non bacteria prostatitis

Non cancerous enlargement of the prostrate

Etiology: it occurs when the prostrate gland begin to multiply. These additional cells causes the prostrate gland to swell by squeezing the urethra and limit the flow of urine.

Prostrate cancer

Etiology:It's not clear what causes prostate cancer. Doctors know that prostate cancer begins when some cells in the prostate become abnormal. Mutations in the abnormal cells' DNA cause the cells to grow and divide more rapidly than normal cells do. The abnormal cells continue living, when other cells would die.

3.

Therapeutic intervention

Therapeutic intervention for prostatitis are treatments which include the following: Anti-inflammatory medicines, along with warm sitz baths (sitting in 2-3 inches of warm water). This is the most conservative treatment for chronic prostatitis. Avoiding food that triggers symptoms, such as caffeine, spicy foods, and alcohol.

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.

Therapeutic intervention for Non cancerous enlargement of prostrated

The current treatments for benign prostatic hyperplasia (BPH) include pharmacotherapy with alpha1-selective adrenergic receptor (a1-AR) antagonists, 5-alpha-reductase inhibitors (5-aRIs), and a range of invasive and minimally invasive interventions, each of which is effective in the amelioration of lower urinary tract symptoms (LUTS) and the prevention of symptom progression and BPH-related complications. Pharmacotherapy is considered the mainstay of treatment for LUTS caused by BPH. The available a1-AR antagonists have comparable efficacy for the relief of LUTS and to enhance patients' quality of life. The use of nonsubtype-selective drugs in this class may precipitate vasodilatory adverse events such as dizziness, somnolence, and orthostatic hypotension. Based on current studies, a1-AR antagonists are more cost effective (particularly the subtype-selective a1-AR antagonist, tamsulosin) than the 5-aRIs (eg, finasteride) and comparable in cost to transurethral resection of the prostate and minimally invasive therapies.

Surgery

* Prostatic stent. ...
* Laser prostatectomy. ...
* High intensity focused ultrasound (HIFU) ...

* Transurethral needle ablation (TUNA) ...
* Transurethral resection of the prostate (TURP) ...
* 2.Transurethral incision of the prostate (TUIP) ...
* Open prostatectomy.

Therapeutic intervention for prostrate cancer
Therapeutic intervention which is the Standard treatment of stage I prostate cancer may include the following:
* Watchful waiting.
* Active surveillance. ...
* Radical prostatectomy, usually with pelvic lymphadenectomy. ...
* External radiation therapy. ...
* Internal radiation therapy with radioactive seeds .
* A clinical trial of high-intensity–focused ultrasound therapy.
Surgery
Prostrate cancer
Surgeries for prostrate cancer includes Radical prostatectomy, transurethral resection of the prostate (TURP), and pelvic lymphadenectomy.

4.Nursing care for prostatic includes advising Patients to engage Nursing management: Patients without a toxic appearance can be treated on an outpatient basis with a 14- to 28-day course of oral antibiotics, usually a fluoroquinolone or trimethoprim-sulfamethoxazole. Urologic follow-up is necessary to ensure eradication and to provide continuity of care to prevent relapse.Urinary retention may complicate acute infection and warrant hospitalization. Suprapubic catheters are considered safer than urethral catheterization in severe obstruction due to prostatic swelling from bacterial infection and may be placed in consultation with a urologist. Provide supportive measures such as antipyretics, analgesics, hydration, and stool softeners as needed. Urinary analgesics such as phenazopyridine and flavoxate are also commonly used.Avoid serial examinations of the prostate to avoid seeding of the blood and bacteremia in acute bacterial prostatitis.Complete eradication of pathogens in CBP is not always possible. Assisting patients to carefully follow their treatment regimens, including completion of all antibiotic therapy, will reduce the frequency and severity of symptoms.
Client education: to reduce the risk for prostatitis, clients should be advised to: maintain good personal hygiene, not sit for too long, hydrate, eat more fruits and vegetables, limit caffeine and alcohol, maintain healthy weight, practice safe sex, manage stress properly and have regular check ups.

Nursing care for non cancerous enlargement of prostrate includes advising patients to engage in

Nursing Interventions: Preoperative and postoperative nursing interventions for a patient with BPH are as follows:
-Reduce anxiety. The 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.
Client Education: Nurses should advice patients to do the following to lower the risk of BPH.
-Avoid delaying urination: delayed urination can aggravate symptoms of BPH and lead to other problems like urinary tract infections
-Avoid use of certain over-the-counter medications: antihistamines and decongestants may also worsen BPH symptoms
-Watch alcohol consumption: limiting alcohol intake to one or two alcoholic drinks per day is generally safe, but excess consumptions can irritate the prostate
-Practice healthy lifestyle habits: Some habits like smoking and poor sleep hygiene can negatively affect prostate health

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