NAME: EREWA ITSETOSAN CHIDINMA

MATRIC NUMBER: 17/MHS06/028

DEPARTMENT: NURSING SCIENCE

LEVEL: 300LEVEL

MED-SURG (NSC306) ASSIGNMENT

Read on the male reproductive system and summarize the followings which are;

1. The different disorders of the prostate gland.
2. Their etiologies.
3. The therapeutic interventions as well as surgeries.
4. The nursing care and client teaching in the different conditions

**Types of prostrate disorder**

The three most common forms of prostrate disorders are;

1. **Prostatitis**: This is an inflammation of the prostate gland that is often associated with lower urinary tract symptoms and symptoms of sexual discomfort and dysfunction. It is the most common urologic diagnosis in men younger than 50years and the third most common such diagnosis in men older than 50years.

**Etiology of prostatitis:** prostatitis may be caused by infectious agents (bacteria, fungi and mycoplasma) or other conditions e. g urethral stricture, BPH (benign prostate enlargement). Escherichia coli is the most commonly isolated organism, although Klebsiella and proteus species are also found. The micro-organism colonizes the urinary tract and ascends to the prostrate, ultimately causing infection. They are four types of prostatitis which are: Acute bacterial prostatitis, chronic bacterial prostatitis, chronic prostatitis/chronic pelvic pain syndrome, asymptomatic inflammatory prostatitis.

**Therapeutic intervention of prostatitis:** Treatment is based on the specific type of prostatitis and the result of culture and sensitivity testing of the urine. If bacteria are cultured from the urine, antibiotic agents such as trimethoprim sulfamethoxazole (Bactrim) or a fluoroquinolone (e. g ciprofloxacin) may be prescribed. If the patient is afebrile and has a normal urinalysis, anti-inflammatory agents may be used such as Alpha-adrenergic blockers therapy (e. g tamsulosin [Flomax]) may be prescribed to promote bladder and prostrate relaxation. Some non-pharmacology therapy can be prescribed which are pelvic floor training, physical therapy and sitz bath.

**Surgical Intervention**

Some of the surgical intervention of prostatitis

1. Transurethral Resection Of the Prostate (TURP): It involves the surgical removal of the inner portion of the prostate through an endoscope inserted through the urethra; no external incision is

made.

1. Transurethral vaporization of the prostrate(TUVP)

**NURSING MANAGEMENT/CARE**

1. Administration of prescribed and provision of comfort measures, including prescribed analgesic agents and sitz baths.
2. The nurse needs to educate patient about the importance of continuing antibiotic therapy and recognizing recurrent signs and symptoms of prostatitis.

**HEALTH EDUCATION**

The nurse educates the patient on the following which are**;**

1. The importance of completing the prescribed course of antibiotic therapy.
2. To avoid foods and drinks with diuretic action or that increases prostatic secretion such as alcohol, coffee, tea and chocolate.

**B. BENIGN PROSTATIC HYPERPLASIA**: Benign prostatic hyperplasia, a non-cancerous enlargement or hypertrophy of the prostate, it is one of the most common disease in men. Some of the signs and symptoms are frequent urination, urination at night, urgency to urinate and urinary tract infection.

**ETIOLOGY:** BPH occurs when the cell 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.

**THERAPEUTIC INTERVENATION:** Pharmacological treatment for BPH includes;

1. Alpha-adrenergic blockers relax the neck of bladder muscles and muscle fibers in the prostate, making urination easier. Examples are alfuzosin (uroxatral), droxazosin (Cardura).

2. 5-alpha reductase inhibitors: These medications shrink the prostate by preventing hormonal changes that cause prostate growth e. g finastende (proscar)

3. Combination of drug therapy e .g combining alpha blockers and alpha reductase.

**SURGICAL INTERVENTION**

Surgical intervention of BPH includes;

1. Transurethral resection of the prostrate (TURP): A lighted scope is inserted into the urethra and the surgeon removes all but the outer part of the prostate.

2. Transurethral incision of the prostate: A lighted scope is inserted into the urethra and the surgeon makes one or two small cuts in the prostate gland making it easier for urine to pass through the urethra.

**NURSING CARE**

1. Preparation of patient for surgery if needed.

2. Administration of medications for pain and relieving urinary retention.

**HEALTH EDUCATION**

1. The nurse educates the patient on avoiding alcohol or drinks containing caffeine which will irritate the bladder.

2. The nurse educates the patient to avoid letting the bladder get too full.

3. The nurse educates the patient on the importance of completing his medication.

**C. PROSTATE CANCER:** This is the most common cancer in men other than non-melanoma skin cancer. Usually prostate cancer grows slowly and it is initially confined to the prostate gland causing no serious harm while some spread quickly and is very aggressive. Some of the signs and symptoms are trouble urinating, decreased force in the bladder, stream of urine and erectile dysfunction.

**ETIOLOGY**: The cause of prostate cancer is not clear but prostate cancer begins when some cells in the prostate becomes abnormal.

**THERAPEUTIC INTERVENTION**

Some of the therapeutic interventions are;

1. Watchful waiting and active surveillance.

2. External radiation therapy.

3. Internal radiation therapy with radioactive seeds.

**SURGICAL INTERVENTION**

Surgeries for prostate cancer include:

1. Radical prostatectomy.

2. Transurethral resection of prostrate.

3. Pelvic lymphadenectomy**.**

**NURSING CARE**

1. Involve patient in diversional therapy to reduce anxiety and relieve discomfort.

2. Monitor intake and output.

3. Monitor patient’s vital signs.

4. Administer diuretics agents as prescribed.

5. Educate patient on disease condition.

**HEALTH EDUCATION**

1. The nurse educates the patient about carrying out perineal exercise to gain full urinary control.

2. The nurse educates the patient about avoiding long motor trips and strenuous exercise, which increases the tendency to bleed.

3. The motor educates the patient about activities that produce valsalva effects (straining, heavy lifting) because they may increase venous pressure and produce hematuria.

4. He should drink enough fluids to avoid dehydration which increases the tendency for a blood clot to form and obstruct the flow of urine.