

**AFULA Unity Ukwun**

**17/MHS02/012**

**Nursing Science**

**Medical surgical nursing (NSC306) Assignment**

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**Question:**

- The different disorders of the prostate gland
- Their aetiology
- The therapeutic interventions all well as surgery
- The nursing care and client teaching in the different conditions.

**Answers**

**The prostate gland disorders are:**

1. Benign Prostate Hypertrophy
2. Prostatitis
3. Prostate Cancer

**Benign Prostate Hypertrophy**

This is the enlargement of the prostate gland that constricts the urethra causing urinary symptoms. It is common in men above the age of 50.

**Aetiology**

- \* Age
- \*Metabolic disturbances
- \*Nutritional disturbances
- \*Hormonal disturbances(Decreased androgen-increased estrogen)
- \*Arteriosclerosis

\*Tumors

\*Infections

\*Autoimmune responses.

### **Therapeutic interventions**

◦ **The major intervention of BPH is surgical prostatectomy or Partial prostatectomy.**

**Prostatectomy:** This is the partial or complete surgical removal of the prostate gland. This procedure can be ;

- Transurethral resection(through the urethra): This is the removal of enlarged portions of the prostate by inserting the instrument (electrical cutting loop) through the urethra.
  - Suprapubic ( Trans-veraical): This is the incision into bladder to remove prostate gland.
  - Perineal: This is the removal of the prostate gland through the perineum.
  - Retropubic: This is the incision into lower abdominal wall to remove prostate gland.
- **Conservative intervention**
- Catheterization to emptying bladder(for mild cases, catheterizationfor 2-3 days).
  - Hormonal therapy to balance oestrogen-androgen levels.
  - Antibiotics for infections.

### **Nursing Care and Client teaching**

Nursing care can be divided into two;

- Pre-operative care
- Post-operative care

#### **Pre-operative care**

- Allay patient's fear, anxiety.
- Explain the type of the surgery.

- Observe all patient's care: shaving, indwelling catheters.
- Consents, intravenous line and site preparations.

### **Post-operative care**

- Vital signs and observe operation site frequently for bleeding.
- Strict intake and output chart
- Prevent clot formation in catheter by preventing kinking and encourage oral fluids intake
- Encourage early ambulation with passive and active exercises to prevent complications.
- Avoid straining, heaving lifting and prolonged sitting.

### **Client teaching:**

1. Teach patient to do kegel exercise ( perineal exercises) after surgery to help gain control of voiding.
2. Advice and tell patient to avoid sexual intercourse, straining at stool, heavy lifting and long periods of sitting for 6-8 weeks after surgery until prostatic fossa is healed.
3. Advice follow up visits as urethra strictures may occur and regrowth of prostate is possible.
4. Teach and advice patient to contract perineal muscles for 10-15 seconds, then relax. Repeat at most 15 times.

### **Prostatitis**

It is an acute inflammation of the prostate gland classified as Bacterial prostatitis( acute and chronic) and non bacterial prostatitis.

### **Aetiology**

- **Acute Prostatitis:** Bacteria such as pseudomonas and gram

positive cocci such as streptococcus and staphylococcus.

- **Chronic Prostatitis:** Caused by bacteria such as gram negative eg. E.coli, websiella, pneumonia and pseudomonas aeruginosa.

### **Therapeutic interventions**

- Antimicrobial therapy 10-14 days based on sensitivity test, Iv may be required.
- For chronic prostatitis, 4 weeks of antibiotics therapy with ability to diffuse into prostate eg Ciprofloxacin.
- Oral antipasmotic agents to relief urgency and frequency .
- Anticholinergic to relieve spasms.

### **Nursing care and client teaching**

- Obtain history of previous urinary tract infections, sexual transmitted infections or voiding patterns.
- Collect specimens of urine for culture and prostatic secretions.
- Start as prescribed antibiotics therapy according to results of culture and sensitivity.
- Tepid sponge and administer antipyretic when necessary.
- Keep patient well hydrated but avoid over hydration.
- Administer analgesic and anti-inflammatory drugs as prescribed.
- Maintain bed rest to relieve perineal and suprapubic pain.
- Health educate on the importance of completing the course of the treatment.
- Instructs on sits bath for 10-20minutes daily .
- Avoid sitting for long periods at a time . Advice to avoid sexual intercourse/arousal may be beneficial till cleared.
- Advice follow up because reoccurrence is possible.

## **Prostate Cancer**

This is the development of cancer cells in the prostate gland ( a gland that produces fluid for semen). It is the most common cancer in men; some cancers grow very slowly while others are very aggressive and spread quickly to other organs.

### **Aetiology**

Prostate cancer begins when some cells in the prostate becomes abnormal. Mutations in the abnormal cells' DNA cause the cells to grow and divide more rapidly than normal cells. The abnormal cells continue living, when other cells would die. The accumulating abnormal cells form a tumour that can grow to invade nearby tissues.

### **Therapeutic interventions**

The major intervention of Prostate cancer is surgery. This surgery can be:

- Laparoscopic radical prostatectomy: surgical removal of the prostate gland and surrounding tissue using several small cuts.
- Radiosurgery: Radiation therapy that focuses high-power energy on the tumour.
- Prostatectomy: Surgical removal of all or part of the prostate gland.
- Radical retropubic prostatectomy : Surgocal removal of the prostate gland through a cut in the abdomen.

Other interventions include:

- Radiation therapy
- Cryotherapy and

- Hormone therapy .

### **Nursing care and client teaching**

- Educate patients and caregivers about treatment options, benefits and risk.
- Monitor treatment response.
- Arrange follow up appointments and monitor blood result .
- Allay patient's fear and anxiety before surgery.
- Observe all patient care eg. shaving.
- Advice patient to avoid weight lifting, smoking and limit alcohol consumption.