

NAME: BAKARE BOSOLA OPEMIPO
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DEPARTMENT: NURSING
COURSE: MED-SURG ASSIGNMENT
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THE DISORDERS OF THE PROSTATE GLAND

1.) INFLAMMATION OF THE PROSTATE (PROSTATITIS)

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.

ETIOLOGY OF PROSTATITIS

- 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 problems.

THERAPEUTIC INTERVENTION OF PROSTATITIS

Acute bacterial prostatitis

E coli, other Enterobacteriaceae [3, 4, 5] :

- Ciprofloxacin 500 mg PO BID for 28d or
- Ofloxacin 200 mg PO BID for 28d or
- Trimethoprim-sulfamethoxazole (TMP/SMX) 1 DS tablet BID for 28d

Pseudomonas:

- Ciprofloxacin 500 mg PO BID for 28d

Enterococcus:

- Ampicillin 500 mg PO TID or 875 mg PO BID for 28d

N gonorrhoeo:

- Ceftriaxone 250 mg IV as a single dose plus (azithromycin 1 g PO as a single dose or doxycycline 100 mg PO BID for 7d)

Chronic bacterial prostatitis

E coli, other Enterobacteriaceae [6, 4, 7] :

- Ciprofloxacin 500 mg PO BID for 28d or
- Ofloxacin 200 mg PO BID for 28d or
- TMP/SMX 1 DS tablet BID for 28d

C trachomatis:

- Doxycycline 100 mg PO BID for 7-14d or
- Ofloxacin 400 mg PO BID for 7-14d

Adjunctive therapy

- For acute bacterial prostatitis, provide supportive measures, such as antipyretics, analgesics, hydration, and stool softeners, as needed
- Urinary retention may warrant hospitalization, as it can complicate infection; it is safer to use a suprapubic catheter instead of urethral catheterization in severe obstruction (place in consultation with urologist)

SURGERY

1. Transurethral resection of the prostate (TURP)
2. Transurethral incision of the prostate (TUIP)
3. Open prostatectomy
4. Prostatic stent
5. High intensity focused ultrasound (HIFU)
6. Transurethral needle ablation (TUNA)

NURSING CARE AND CLIENT TEACHING

Acute prostatitis

1. administration of prescribed antibiotics
2. provision of comfort (analgesics, sitz baths)
3. Educate patient about current health condition and suitable nutrition for effective healing.

Chronic prostatitis

1. Outpatient teaching: continuing antibiotic therapy
2. Increase fluid intake
3. Recognizing recurrent signs and symptoms of prostatitis

2.) 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.

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 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.

ETIOLOGY OF BPH

It occurs when the cells of the prostate gland begin to multiply. These additional cells cause the prostate gland to swell, which squeezes the urethra and limits the flow of urine. It isn't entirely clear what causes the prostate to enlarge. However, it might be due to changes in the balance of sex hormones as men grow older.

THERAPEUTIC INTERVENTIONS

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 of alpha blocker medications include: alfuzosin (Uroxatral), doxazosin (Cardura), tamsulosin (Flomax), and terazosin (Hytrin)

The 5-alpha reductase inhibitors are only recommended in men with documented prostate enlargement

SURGERY

1. Transurethral resection of the prostate (TURP)
2. Transurethral incision of the prostate (TUIP)
3. Transurethral microwave thermotherapy (TUMT)
4. Transurethral needle ablation (TUNA)

5. Laser surgery
6. Prostatic urethral lift (PUL)
7. Embolization
8. Open or robot assisted prostatectomy

NURSING CARE AND CLIENT TEACHING

1. Improve quality of life
2. Improve urine flow
3. Relieve obstruction
4. Prevent disease progression
5. Catheterized immediately
Coude—wire goes through enlarged prostate
Suprapubic cystotomy—bypass urethra
6. Watchful waiting
7. Minimally invasive procedures
8. Educate patient and relative about present state of health

SURGERY

1. Transurethral incision of the Prostrate
2. Transurethral Microwave Therapy
3. Transurethral Needle Ablation of the Prostrate
4. High-Intensive Ultrasound Energy Therapy
5. Radiofrequency-Generated Water Thermotherapy
6. Prostatic Artery Embolization.

3.)PROSTRATE CANCER

Prostate cancer typically affects men over the age of 50 years. Around 16,000 Australians are diagnosed every year. 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 tumors, particularly in the bones.

ETIOLOGY OF PROSTRATE CANCER

Prostrate 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, while other cells would die.

THERAPEUTIC INTERVENTION

Prostate cancer treatment: A combination of radiation therapy and androgen deprivation therapy for men with recurrent prostate cancer. Giving the chemotherapy drug docetaxel (Taxotere) along with ADT.

Surgery:

- Radical (open) prostatectomy.
- Robotic or laparoscopic prostatectomy.
- Bilateral orchiectomy
- Transurethral resection of the prostate (TURP).

NURSING CARE AND CLIENT TEACHING

1. Nurses should provide accurate, complete and consistent information to help patients understand the full implications of the disease process.
2. Nurse should ensure to create an effective Nurse-patient relationship
3. Nursing care such as urinary catheter care, infection prevention, and the provision of proper nutrition and hydration.
4. Post operative activities such as hygiene and surgical wound care, monitoring of medication administration and education in the signs and symptoms of post operative complications, pelvic floor muscle exercises and pain control.