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## PROSTATE GLAND

The prostate is a walnut-sized gland located between the bladder and the penis. The prostate is just front the rectum. The urethra run through the centre of the prostate, from the bladder to the penis, letting urine flow out of the body. The prostate secretes fluid that nourishes and protect sperm

## DISORDERS OF THE PROSTATE

- **PROSATITIS:** Inflammation of the prostate gland (acute/chronic).

## AETIOLOGY

- Can be caused by the bacteria that leaked into the prostate gland from the urinary tract
- Can be caused by direct extension or lymphatic spread from the rectum
- It can also result from various sexually transmitted organisms such as chlamydia gonorrhoea.
- Nerve damage in the lower urinary tract, which can be caused by surgery or trauma to the area, might contribute to pancreatitis

## SIGNS AND SYMPTOMS

- Pain or burning sensation when urinating
- Difficulty urinating, such as dribbling or hesitant urination
- Urgent need to urinate
- Painful ejaculation

## THERAPEUTIC INTERVENTION

- **Antibiotics:** Taking antibiotics is the most commonly prescribed treatment for prostatitis. Your doctor will choose your medication based on the type of bacteria that might be causing your infection.

If you have severe symptoms, you might need intravenous (IV) antibiotics. You'll likely need to take oral antibiotics for four to six weeks but might need longer treatment for chronic or recurring prostatitis.

- **Alpha blockers:** these medications help relax the bladder neck and the muscle fibers where your prostate joins your bladder. This treatment might ease symptoms, such as painful urination.
- **Anti-inflammatory agents:** Nonsteroidal anti-inflammatory drugs (NSAIDs) might make you more comfortable.

## NURSING CARE

- Administration of prescribed antibiotics
- Provision of comfort
- Encourage fluid intake
- Surgical wound care
- Provide proper nutrition

## BENIGN PROSTATE HYPERPLASIA

BPH is a noncancerous increase in size of the prostate gland. Symptoms may include frequent urination, trouble starting to urinate, weak stream, inability to urinate, or loss of bladder control .

## AETIOLOGY

- Hormones

Most experts consider androgens (testosterone and related hormones) to play a permissive role in the development of BPH. This means that androgens must be present for BPH to occur, but do not necessarily directly cause the condition.

- Diet

Studies indicate that dietary patterns may affect development of BPH, but further research is needed to clarify any important relationship. Studies from China suggest that greater protein intake may be a factor in development of BPH. On the other hand, a study in Japanese-American men in Hawaii found a strong negative association with alcohol intake, but a weak positive association with beef intake.

- Degeneration

Benign prostatic hyperplasia is an age-related disease. Misrepair-accumulation aging theory suggests that development of benign prostatic hyperplasia is a consequence of Fibrosis and weakening of the muscular tissue in the prostate.

## THERAPEUTIC INTERVENTIONS

- Alpha blocker

Alpha blockers relax smooth muscle in the prostate and the bladder neck, thus decreasing the blockage of urine flow. Common side effects of alpha blockers include orthostatic hypotension (a head rush or dizzy spell when standing up or stretching), ejaculation changes, erectile dysfunction headaches, nasal congestion, and weakness.

- 5alpha-reductase inhibitors

The 5 $\alpha$ -reductase inhibitors finasteride and dutasteride may also be used in men with BPH. These medications inhibit the 5alpha-reductase enzyme, which, in turn, inhibits production of DHT, a hormone responsible for enlarging the prostate.

## SUGERY

- Transurethral resection of the prostate (TURP): the gold standard. TURP is thought to be the most effective approach for improving urinary symptoms and urinary flow, however, this surgical procedure may be associated with complications in up to 20% of men.
- Open prostatectomy: not usually performed nowadays, even if results are very good.
- Transurethral incision of the prostate (TUIP): rarely performed; the technique is similar to TURP but less definitive.
- Photo selective (laser) vaporization of the prostate (PVP): common treatment.

## NURSING CARE FOR PATIENTS WITH BPH

- Maintain patients comfort
- Assess pain noting the intensity, location, duration
- Encourage fluid up to 3000mL daily Within cardiac tolerance
- Monitor vital signs observe for hypertension, peripheral and dependent edema, changes in mentation. Weigh daily.
- Provide and encourage meticulous catheter and perineal care.
- Monitor the patients diets, ensure that patients meal is free from fats and trans fat, caffeine act

## CLIENT TEACHING FOR PATIENTS WITH BPH

- The nurse provides written and oral instruction about the need to monitor urinary output and strategies to prevent complication
- The nurse should teach the patient exercise to regain urinary control
- The nurse will teach and encourage the patient to avoid spicy food, alcohol and coffee
- The nurse should instruct the patients To drink enough fluid.

## PROSTATE CANCER

It's the most common form of cancer in men (besides skin cancer), but only one in 41 men die from prostate cancer. Surgery, radiation, hormone therapy, and chemotherapy can be used to treat prostate cancer. Some men choose to delay treatment, which is called watchful waiting. Meanwhile prostate cancer has different stages which are:

1. Stage I prostate cancer: Cancer is found in the prostate only. The cancer is not felt during a digital rectal exam and is found by needle biopsy done for high prostate-specific antigen (PSA) level or in a sample of tissue removed during surgery for other reasons. The PSA level is less than 10 and the Stage I prostate cancer. Cancer is found in the prostate only.
2. Stage 2 prostate cancer is more advanced than stage one but it is still found inside the prostate and it's is divided into 2a, 2b, 2c

### IN STAGE 2A PROSTATE CANCER:

- is found in one-half or less of one side of the prostate. The PSA level is at least 10 but lower than 20 and the Grade Group is 1; or
- is found in more than one-half of one side of the prostate or in both sides of the prostate. The PSA level is lower than 20 and the Grade Group is 1.

### IN STAGE 2B PROSTATE CANCER:

- is found in one or both sides of the prostate. The PSA level is lower than 20 and the Grade Group is 2.

### IN STAGE 2C PROSTATE CANCER:

- is found in one or both sides of the prostate. The PSA level is lower than 20 and the Grade Group is 3 or 4.

3. Stage 3 prostate cancer: STAGE 3 prostate cancer is divided into 3a, 3b and 3c prostate cancer:

#### STAGE 3A PROSTATE CANCER:

- is found in one or both sides of the prostate. The PSA level is lower than 20 and the Grade Group is 3 or 4.

#### STAGE 3AB PROSTATE CANCER:

- has spread from the prostate to the seminal vesicles or to nearby tissue or organs, such as the rectum, bladder, or pelvic wall. The PSA can be any level and the Grade Group is 1, 2, 3, or 4.

#### STAGE 3C PROSTATE CANCER:

- is found in one or both sides of the prostate and may have spread to the seminal vesicles or to nearby tissue or organs, such as the rectum, bladder, or pelvic wall. The PSA can be any level and the Grade Group is 5.

4. STAGE 4 PROSTATE CANCER: is divided into 4a and 4b

#### 4a prostate cancer:

- is found in one or both sides of the prostate and may have spread to the seminal vesicles or to nearby tissue or organs, such as the rectum, bladder, or pelvic wall. Cancer has spread to nearby lymph nodes. The PSA can be any level and the Grade Group is 1, 2, 3, 4, or 5.

#### 4b prostate cancer:

- has spread to other parts of the body, such as the bones or distant lymph nodes. Prostate cancer often spreads to the bones.

## AETIOLOGY

It's not clear what causes prostate cancer.

Doctors know that prostate cancer begins when some cells in your 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. The accumulating abnormal cells form a tumor that can grow to invade nearby tissue. Some abnormal cells can also break off and spread (metastasize) to other parts of the body.

#### SIGNS AND SYMPTOMS

- Trouble urinating
- Decreased force in the stream of urine
- Blood in semen
- Discomfort in the pelvic area
- Bone pain
- Erectile dysfunction

#### THERAPEUTIC INTERVENTION FOR PROSTATE CANCER

Treatment depends on stages, some types of prostate cancer grow slowly, in some of these cases monitoring is recommended. Other types grow aggressively and require radiation, surgery, hormone therapy, chemotherapy and other

#### SUGERY

- Laparoscopic radical prostatectomy: removal of the prostate gland and surrounding tissues using several small cuts
- Radical retropubic prostatectomy: surgical removal of the prostate gland through a cut in the abdomen.
- Prostatectomy: removal of the whole prostate gland

#### Nursing care for patients with prostatectomy

- Nurses must encourage these patients to describe their experiences with diagnosis and the illness to facilitate their understanding of PCa.

- Nurses should provide accurate, complete, and consistent information to help patients understand the full implications of the disease process
- The lack of information about their diagnosis, available treatments, and prognosis causes patients to feel anger, frustration, fear, and uncertainty. In these cases, nurses can individualize patient care using an approach based on the experiences and understanding of men with PCa
- nurses must encourage men with PCa to participate in making the best treatment decisions, and support their families to enable them to face this problem without emotional distress.

#### NURSING CARE FOR POST OPERATIVE PATIENT WHO HAD PROSTATE CANCER

- 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
- At the time of discharge, educational interventions focusing on pain control and relief, use of prescription drugs, and urinary catheter care to prevent obstruction are indispensable, as pain and the large number of prescriptions can lead to medication errors at home.