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**MATRIC NUMBER : 17/MHS02/007**

**DEPARTMENT : NURSING**

**COURSE : MEDICAL SURIGAL NURSING II**

**COURSE CODE :NSC 306**

 PROSTATIC DISORDER

**Prostate**

The prostate is part of the male reproductive system. It is about the size of a walnut and weighs about an ounce. The prostate is found below the bladder and in front of the rectum. It goes all the way around a tube called the urethra, which carries urine from the bladder out through the penis.

 A Prostrate gland is an organ of the male reproductive system. It found at the bone of the bladder its also allow urine and semen to pass into the penis which runs to the prostrate gland alkaline fluid produced by prostrate gland to nourish sperm and leaves the urethra as semen.

The disorder of prostrate gland incudes

**PROSTATITIS**

**BENIGN PROSTRATIC HYPERPLASIA**

**PROSTRATE CANCER**

* PROSTATITIS

Is an inflammatory of the prostrate gland ,that is often associated with lower urinary tract symptoms and symptoms of sexual discomfort and dysfunction .the condition affect 5% to10% of men .it is the most common urologic diagnosis in men older than 50 years .

 Prostatitis may be caused by infection agent such as bacterial, fungi, mycoplasma or other condtion such as urethral stricture

There are four types of prostatitis

Acute bacterial prostatitis type 1

Chronic bacterial prostatitis type 2

Chronic prostatitis / Chronic pelvic pain syndrome (CP/CPPS) type 3

Asymptomatic inflammatory prostatitis type 4

**TYPE 3 WHICH OCCUR IN MORE THAN 90% OF CAUSE IS FURTHER CLASSIFED DEPENDING ON THE PRESENCE OR ABSENCE OF WHITE BLOOD CELLS IN SEMEN AFTER PROSTATE MASSAGE**

**Clinical Manifestation**

**Sudden onset of fever, dysuria ,prostatic pain , severe lower ,urinary tract**

**Clinical symptoms**

Difficulty urinating

Frequent urination especially at night

Pain or burning during urination

Chills and fever along with urination problems

**Patient with type 1 disease are typically asymptomatic between episode**

**Type 3 prostatitis often have no bacteria in urine I the presence of genitourinary**

* BENIGN PROSTATIC HYPERPLASIA ( ENLARGED PROSTATE )

**A noncancerous enlargement or hypertrophy of the prostate . it is one of the most common disease in aging men, it can cause bothersome lower urinary tract symptoms that affect equality of life by interfering with normally daily activities and sleep pattern .**

**BPH** typically occurs in men older than 40 years. By the time they reach 60years 50% of men have BPH .it affect as many 90% of men by 85 year of age .

BPH is the most common cause of surgical intervention is men older than 60 years

Symptoms of BPH

Difficulty urinating

Fatigue ,anorexia ,vomiting ,nausea and pelvic discomfort

An urge to urinate even when the bladder is empty

Frequent urination , especially at night

Intermittent stream of urine and a severe of complete urine when urinating

CLINICAL MANIFESTATION

BPH may or may not lead to lower urinating tract symtopms . if the symptoms occur, they may range from mild to severe .

Severity of symptoms increase with age ,and half of the men with obstructive and irritative symtopms may include

urinary frequency (urgency )

nocturia hesitancy in starting urination DECREASED and intermittent force of the stream and sensation of incomplete bladder emptying , abdominal straining with urination ,a decreased In the volume and force of the urinary stream dribbing and complication of acute urine amount to no more than 50ml in the middle age adult and less than 50 to 100mls in older adult .

chronic urinary infection and large residual volume can lead to azotemia (accumulation of nitrogenous waste product) and kidney failure

others disorder that produce similar symptoms include urethral stricture ,prostate cancer , neurogenic bladder and urinary bladder stone.

* CANCER OF THE PROSTRATE

Prostrate cancer is the most common cancer in men other than nomelanoma skin cancer . it is the second most common cause of cancer death in American men, exceeded only by lung cancer and is responsible for 10% of cancer -related death in men

It typically affect men over the age of 50years <around 16000>

In the early stages the cancer cells are confirmed to the prostate gland with the most aggressive types of prostate cell, cancer cell enter the vascular and the lymphatic system early and spread to other parts of the body they develop secondary tumours, particularly I the bone

PROSTATE CANCER in the early stages may not cause any symptoms but as it progress, symptoms often appear

Prostate cancer is common in united state and north western Europe but is rare in Africa central American ,south America ,china other part of Asia

Africa American men have high risk of prostate cancer , furthermore they are more than twice as likely to die prostrate cancer

Usually symptoms that develop from urinary obstruction occur in advance disease

If the cancer is large enough to encroach on the bladder neck sign and symptoms of the urinary obstruction occur <difficulty and frequency of urinary retention and decreased size and force of the urinary stream and painful ejaculation

Haematuria may not occur if the cancer invade the urethra or bladder .sexual dysfunction is common before diagnoses is made . prostrate cancer can spread to lymph node and bone

IF PROSTREATE CANCER IS DECTECTED EARLY THE LIKEHOOD OF CAREW IS HIGH IT CAN BE DIAGNOSED THROUGH AN ABNORMAL FINDINGS

Therapeutic care

* Medication: Medication is the most common treatment for mild to moderate symptoms of prostate enlargement. The options include:

Alpha blockers. These medications relax bladder neck muscles and muscle fibers in the prostate, making urination easier. Alpha blockers — which include alfuzosin (Uroxatral), doxazosin (Cardura), tamsulosin (Flomax) and silodosin (Rapaflo) — usually work quickly in men with relatively small prostates. Side effects might include dizziness and a harmless condition in which semen goes back into the bladder instead of out the tip of the penis (retrograde ejaculation).

5-alpha reductase inhibitors. These medications shrink your prostate by preventing hormonal changes that cause prostate growth. These medications — which include finasteride (Proscar) and dutasteride (Avodart) — might take up to six months to be effective. Side effects include retrograde ejaculation.

* Combination drug therapy. an alpha blocker and a 5-alpha reductase inhibitor at the same time if either medication alone isn't effective.

Tadalafil (Cialis). Studies suggest this medication, which is often used to treat erectile dysfunction, can also treat prostate enlargement.

Minimally invasive or surgical therapy

Minimally invasive or surgical therapy might be recommended if:

symptoms are moderate to severe

Medication hasn't relieved symptoms

Patient with urinary tract obstruction, bladder stones, blood in your urine or kidney problems

You prefer definitive treatment

Minimally invasive or surgical therapy might not be an option if you have:

An untreated urinary tract infection

Urethral stricture disease

History of prostate radiation therapy or urinary tract surgery

A neurological disorder, such as Parkinson's disease or multiple sclerosis. Any type of prostate procedure can cause side effects. Depending on the procedure been choosen, complications might include:

Semen flowing backward into the bladder instead of out through the penis during ejaculation (retrograde ejaculation)

Temporary difficulty with urination

Urinary tract infection

Bleeding

Erectile dysfunction

Very rarely, loss of bladder control (incontinence)

There are several types of minimally invasive or surgical therapies.

Transurethral resection of the prostate (TURP): A lighted scope is inserted into your urethra, and the surgeon removes all but the outer part of the prostate. TURP generally relieves symptoms quickly, and most men have a stronger urine flow soon after the procedure. After TURP you might temporarily need a catheter to drain your bladder.

Transurethral incision of the prostate (TUIP): A lighted scope is inserted into your urethra, and the surgeon makes one or two small cuts in the prostate gland — making it easier for urine to pass through the urethra. This surgery might be an option if you have a small or moderately enlarged prostate gland, especially if you have health problems that make other surgeries too risky.

Transurethral microwave thermotherapy (TUMT) : physician inserts a special electrode through the urethra into your prostate area. Microwave energy from the electrode destroys the inner portion of the enlarged prostate gland, shrinking it and easing urine flow. TUMT might only partially relieve your symptoms, and it might take some time before you notice results. This surgery is generally used only on small prostates in special circumstances because re-treatment might be necessary.

Transurethral needle ablation (TUNA): In this procedure, a scope is passed into your urethra, allowing your doctor to place needles into your prostate gland. Radio waves pass through the needles, heating and destroying excess prostate tissue that's blocking urine flow. TUNA may be an option in select cases, but the procedure is rarely used any longer.

Laser therapy: A high-energy laser destroys or removes overgrown prostate tissue. Laser therapy generally relieves symptoms right away and has a lower risk of side effects than does nonlaser surgery. Laser therapy might be used in men who shouldn't have other prostate procedures because they take blood-thinning medications.

The options for laser therapy include:

Ablative procedures. These procedures vaporize obstructive prostate tissue to increase urine flow. Examples include photoselective vaporization of the prostate (PVP) and holmium laser ablation of the prostate (HoLAP). Ablative procedures can cause irritating urinary symptoms after surgery, so in rare situations another resection procedure might be needed at some point.

Enucleative procedures. Enucleative procedures, such as holmium laser enucleation of the prostate (HoLEP), generally remove all the prostate tissue blocking urine flow and prevent regrowth of tissue. The removed tissue can be examined for prostate cancer and other conditions. These procedures are similar to open prostatectomy.

Prostatic urethral lift (PUL): Special tags are used to compress the sides of the prostate to increase the flow of urine. The procedure might be recommended if you have lower urinary tract symptoms. PUL also might be offered to some men concerned about treatment impact on erectile dysfunction and ejaculatory problems, since the effect on ejaculation and sexual function is much lower with PUL that it is with TURP.

Embolization: In this experimental procedure, the blood supply to or from the prostate is selectively blocked, causing the prostate to decrease in size. Long-term data on the effectiveness of this procedure aren't available Open or robot-assisted prostatectomy

The surgeon makes an incision in your lower abdomen to reach the prostate and remove tissue. Open prostatectomy is generally done if you have a very large prostate, bladder damage or other complicating factors. The surgery usually requires a short hospital stay and is associated with a higher risk of needing a blood transfusion.

Nursing management

Nutritional therapy : Adequate nutrient must be given to patient with prostate disorder in other to stimulate quick recovery

Seminar and conferencing’s : We should educate patients to keep calm and adhere to the instruction and have belief

Exercise : We should encourage patient to try to do little exercise in which will assist them

Follow-up care: Your follow-up care will depend on the specific technique used to treat your enlarged prostate.