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Course code : Medical Surgical Nursing

1.)Benign prostrate hypertrophy (BPH)

This is enlargement of the prostrate gland that constricts the urethra causing urinary symptoms common in men above 50year of age

CAUSES

-Aging

-Hormonal Disturbance/activities (decreased androgen with increased o estrogen) an imbalance

-Tumor

-Infections

Therapeutic interventions

1)surgical prostatectomy or partial prostatectomy

-Transsurethral resection (through the urethra ) This is the removal of enlarged portion of the prostrate by inserting the instrument (electric cutting loop) through the urethra

-Supra public :This is the incision into the bladder to remove prostrate glands

-Retro pubic : incision through lower abdominal walls

-perineal : Remove gland through perineum

2)Conservative management includes :

-Catheterization to empty bladder (for mild causes , catheterization for 2-3 days )

-Hormonal therapy to balance o estrogen and androgen level

-Antibiotics for infections

Nursing management

Examination with objective and subjective data :

-Obtain history of voiding symptoms , onset , frequency of day and night urination , presence of urgency ,presence of urgency ,dysuria sensation of incomplete bladder emptying

-Perform rectal and abdominal examination to detect bladder and degree of enlargement, size , shape and consistency.

Specific pre -operative care :

-Observe all general pre-operative care

-Allay patient fear , anxiety

-intra venous line, sire preparation

-Explain the type of surgery

-Pre-operative Carr ,shaving and in dwelling catheter

Specific post operative care

-vital signs and observe operation site frequently for bleeding

-strict intake and output chart

-prevent cloth formation in catheter by preventing kinking and encouraging oral fluid intake

-Encouragement of early ambulation with passive and active exercise to prevent complications

-encouragement of plenty of fluid intake to avoid clots and prevent dehydration

-Avoid straining , prolonged sitting in on position and heavy lifting

2. Prostate cancer; it is the most common cancer in men. Risk factors include; age, family history, ethnicity, and diet. Prostate cancer is diagnosed by by digital rectal exam, prostate specific antigen (PSA) test and prostate biopsy.

Symptoms

• Frequent urination

• Incontinence

• Pain

• Blood in urine

• Fatigue

• Decrease force in stream of urine

• Bone pain

• Erectile dysfunction.

 Aetiology

 Prostate cancer begins when some cells in your prostate become abnormal. Mutation in the abnormal cell DNA cause the cells to grow and divide more rapidly than normal cells do. The accumulation of abnormal cells forms a tumor that can grow to invade nearby tissues. Some abnormal cells can also break off and spread (metastasize) to other part of the body.

 Tests

• Digital rectal exam; during DRE, the doctor inserts a gloved, lubricated finger into your rectum to examine the prostate, which is adjacent to the rectum

• Prostate- specific antigen (PSA) test; a blood sample is drawn from the vein of the arm and analyses for PSA, a substance that is naturally produced by the prostate gland. It is normal for a small amount of PSA to be in the blood stream, but if a higher than normal PSA is found in the blood stream it may indicate prostate infection, inflammation or cancer.

• MRI fusion; is used to assist in prostate biopsy and diagnosis.

 Therapeutic intervention

• Radiation therapy: uses high-powered energy to kill cancer cells. Prostate cancer radiation therapy can be delivered in two ways;

I. External beam radiation: radiation that comes from outside of the body.

II. Brachytherapy: radiation placed inside the body

• Hormone therapy: hormone therapy is a treatment to stop the body from producing the male hormone testosterone. Prostate cancer rely on testosterone to grow. Hormone therapy includes;

I. Medication that stops the body from producing testosterone: medication such as luteinizing hormone releasing hormone (LH-RH) agonist prevents the testicles from receiving messages to make testosterone. Drugs include; triptorelin, histrelin, goserelin etc.

II. Medications that block testosterone from reaching cancer cell: medications such as anti androgens prevent prevents testosterone from reaching the cancer cells examples include; bicalutamide, nilutamide, and flutamide.

• Chemotherapy: uses drugs to kill rapidly growing cells including cancer cells. Chemotherapy can be administered through the vein in the arm or pill form or both. Chemotherapy is used when patient isn’t responding to hormone therapy

Surgery

• Orchiectomy: removing the testicles reduces the level of testosterone in the body

• Perineal prostatectomy: removal of prostate through an incision in the region between testicles and anus

• Laparoscopic prostatectomy: this involves five to six incision made in the abdomen to remove the prostate.

 Nursing intervention

• Pain assessment and rehabilitation such as pelvic floor muscle exercise, functional electric stimulation and extracorporeal magnetic intervention to help patients recover after surgery.

• Use of therapeutic communication skills of active listening, acknowledgement etc

• Administration of analgesics such as opioids (morphine, oxymorphone etc), Acetaminophen (Tylenol, Non steroidal anti inflammatory drugs)

• Nurses should instruct the patient to do pelvic muscle exercises

• The nurse should teach the patient about good dieting and to avoid spicy food and alcohol.

3. Benign prostatic hyperplasia (BPH): BPH is also called prostate enlargement, is a common condition as men get older. An enlarged prostate gland can cause uncomfortable urinary symptoms such as blocking the flow of urine out of the bladder, it can also cause bladder, urinary tract and kidney problems.

Symptoms

• Frequent or urgent need to urinate

• Increased frequency of urination at night (nocturia)

• Dribbling at the end of urination

• Inability to completely empty bladder

• Blood in urine

 Aetiology

• Urinary tract infection

• Inflammation of prostate (prostatitis)

• Narrowing of the urethra (urethral stricture)

• Bladder or kidney stone

• Cancer of the prostate or bladder

• Scarring of the bladder neck as a result of previous surgery.

• Elevated estrogen level

 Test

• Digital rectal examination (DRE)

• Urinalysis

• Urine culture

• Urine cytology

• Prostate specific antigen (PSA)

Therapeutic intervention

• Catheterization; when a patient is unable to void during admission he is immediately catheterized

• Cystostomy; An incision in the bladder to provide urinary drainage

• Alpha-adrenergic blockers; such as alfuzosin, terazosin which relaxes the smooth muscles of the bladder neck and prostate

• Hormonal manipulation with antiandrogen agent; decreases the size of the prostate and prevents conversation of testosterone to dihydrotestosterone (DHT)

• Use of phytotherapeutic agents and dietary supplement

 Surgery

• Transurethral microwave heat treatment; this is the application of heat to prostatic tissues

• Transurethral needle ablation; TUNA uses low level radio frequencies delivered by thin needles placed in the prostate gland to produce localized heat that destroys prostate tissues while sparing other tissues

• Open prostatectomy; involves the surgical removals if the inner portion of the prostate through suprapubic, retropubic, or perineal approach of large prostate gland.

 Nursing intervention

• Reduce anxiety; the nurse should familiarize the patient with the preoperative and postoperative routines and initiate measures to reduce anxiety.

• Relieve discomfort; Bed rest and analgesics are prescribed if a patient experienced discomfort.

• Provide instructions; before the surgery the nurse reviews with the patient the anatomy of the affected structures and their functions in relation to the urinary and reproductive systems.

• Maintain fluid balance; fluid balance should be restored to normal.

• The nurse should provide a written and oral instructions about the need to monitor urinary output and strategies to prevent complications

• Urinary control; the nurse should teach the patient exercises to regain urinary control

• Avoid bladder discomfort; the nurse should teach the patient to avoid spicy foods, alcohol and coffee

• Increase fluid; the nurse should instruct the patient to take in a lot of fluid

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