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ASSIQNMENT

THE DISORDERS OF THE PROSTRATE GLAND

There are three distinct disorders of the prostate gland. These diseases share many symptoms, but have different causes.

* BENIGN PROSTATIC HYPERPLASIA(BPH)

It is a non-cancerous enlargement of the prostate gland that affects approximately 50% of all men before the age of 50 and greater than 75% men over the age 60. Symptoms include difficulties associated with urinating, an urge to urinate even when the bladder is empty, frequent urination especially at night, and a weak or intermittent stream or a feeling of incomplete emptying of the bladder and/ or dribbling of urine.

* PROSTATITIS

It is an inflammation of the prostate that may be caused by a bacterial Infection. This disease may affect men of any age and can occur in any prostate whether small or enlarged. Symptoms of prostatitis are similar to those caused by an enlarged prostate and include urge frequency with difficulty in emptying bladder. Prostatitis

May be indicated by chills, fever and by pain or burning during urination.

* PROSTATE CANCER

It is the second leading cause of cancer deaths among men. However early detection often leads to the effective treatment of prostate cancer. In the majority of cases, prostate cancer will be detected while it is till localized rather metastasized. When prostate cancer is detected early and treated, the five-year outcome is generally very successful. The prostate cancer screening is critical in early detection.

AETIOLOGIES OF PROSTATE GLAND DISORDER

In men, the urine flows from bladder through the urethra. BPH is a noncancerous enlargement of the prostate that blocks the flow of urine through the urethra. The prostate cells gradually multiply, creating an enlargement that puts pressure on the urethra – “the chute” through which urine and semen exist the body. As the urethra narrows, the bladder has to contract more forcefully to push urine through the body.

Over time, the bladder muscle may gradually become stronger, thicker and overly sensitive: it begins to contract even when it contains small amounts of urine, causing a need to urinate frequently. Eventually, the bladder muscle cannot overcome the effect of the narrowed urethra so urine remains in the bladder and it is not completely emptied. When the bladder is not completely emptied, there is risk of UTI.

THE THERAPEUTIC INTERVENTIONS AND SURGERIES

* ALPHA BLOCKERS FOR BPH

This class of medication works by relaxing the bladder neck muscles and the muscle fibers in the prostate. The muscle relaxation makes it easier to urinate. alpha blockers include: alfuzosin, doxazosin, silodosin, tamsulosin.

* 5- ALPHA REDUCTASE INHIBITOS FOR BPH

This type of medication reduces the size of the prostate gland by blocking hormones that spur the growth of your prostate gland.

Dutasteride and finasteride are two types of 5-alpha reductase inhibitors.

* MEDICATION COMBO

Taking a combination of an alpha blocker and 5-alpha reductase inhibitor provides greater symptom relief than taking either one of these drugs alone. Combination therapy is often recommended when an alpha blocker or 5-alpha reductase inhibitor is not working on its own.

* TUNA TREATMENT

Tuna stands for transurethral needle ablation. High-frequency radio waves, delivered through twin needles, burn a specific region of the prostate in this procedure. TUNA results in better urine flow and relieves BPH symptoms with fewer complications than invasive surgery.

* GETTING IN HOT WATER

Hot water is delivered through catheter to treatment balloon that sits in the center of the prostate in water-induced thermotherapy. This computer –controlled procedure heats a defined area of the prostate while neighboring tissues are protected.

SURGICAL CHOICES

Invasive surgery for BPH includes transurethral surgery, which does not require open surgery or an external incision. Transurethral resection of the prostate is the first choice of surgeries for BPH.

Another method is transurethral incision of the prostate(TUIP), the surgeon makes incisions in the neck of the bladder and in the prostate. This serves to widen the urethra and increase urine flow.

LASER SURGERY

Laser surgery for BPH involves inserting a scope through the penis tip into the urethra. A laser passed through the scope removes prostate tissues by ablation or enucleation(cutting). The laser melts excess prostate tissue in photo selective vaporization of the prostate(PVP). Holmium laser ablation of the prostate is similar, but a different type of laser is used.

OPEN SIMPLE PROSTATECTOMY

Open surgery may be required in complicated cases of a very enlarged prostate, bladder damage, or other problems. In open prostatectomy, the surgeon makes an incision below the navel or several small incisions in the abdomen via laparoscopy. unlike prostatectomy for prostate gland is removed, in open simple prostatectomy the surgeon removes only the portion of the prostate blocking urine flow.

THE NURSING CARE AND CLIENT TEACHING IN DIFFERENT CONDITION

Nursing Care Planning & Goals

The goals for a patient with BPH include:

* Relieve acute urinary retention.
* Promote comfort.
* Prevent complications.
* Help patient deal with psychosocial concerns.
* Provide information about disease process/prognosis and treatment needs.

Nursing Interventions

Preoperative and postoperative nursing interventions for a patient with BPH are as follows:

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 experiences discomfort.

Provide instruction. Before the surgery, the nurse reviews with the patient the anatomy of the affected structures and their function in relation to the urinary and reproductive systems.

Maintain fluid balance. Fluid balance should be restored to normal.