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**Course Title:Medical Surgical Nursing**

**Course Code:NSC306**

**Assignment Title:Male Reproductive system-prostate disorders**

**Disorders of the prostate gland**

**•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 (ongoing) 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.

**•Prostate Cancer**

This 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 tumours, particularly in the bones.

**•Inflammation of the prostate (prostatitis)**

While 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.  
  
Possible causes of CPPS include:

* 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

**Their Etiologies**

It's not clear what causes prostate cancer.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 can form a tumor that can grow to invade nearby tissue.Some abnormal cells can also break off and spread(metasize)to other parts of the body.

* Urinary tract infection
* Narrowing of the urethra (urethral stricture)
* Scarring in the bladder neck as a result of previous surgery
* Bladder or kidney stones
* Problems with nerves that control the bladder

**Therapeutic Interventions as well as surgeries**

Treatment for prostatitis may include antibacterial drugs and supportive treatments, depending on the type of prostatitis.

Treatment for BPH may include medications to relax the smooth muscle of the gland or to shrink the size of the prostate, and surgery to produce a permanently widened channel in the part of the urethra that passes through the prostate

Treatment for prostate cancer is tailored to suit individual circumstances. The nature of the cancer, other health problems the person may have, and their wishes will all be taken into account.

Management approaches for prostate cancer include:

• active surveillance

• surgery – for example, prostatectomy (removal of the prostate)

• radiotherapy

• ablative treatments such as high-intensity focused ultrasound (HIFU) and NanoKnife®

• hormone treatment (androgen deprivation therapy)

• chemotherapy

**The nursing care and client teaching in the different conditions**

**For Benign Prostate Hyperplasia**

* The goals for a patient with BPH include:
* Relieve acute urinary retention.
* Promote comfort.
* Prevent complications.
* Help patient deal with psychosocial concerns.

#### **Nursing Interventions**

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

* **Reduce anxiety.** The [nurse](https://nurseslabs.com/registered-nurse/?amp) 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.

#### **Evaluation**

* Reduced anxiety.
* Reduced level of pain.
* Maintained fluid volume balance postoperatively.
* Absence of complications.

**For Prostatitis**

* **Nurses should ensure to keep records from stents and catheter separate.**
* **Nurses should ensure secure stents and catheter to prevent displacement.**
* **Vital signs for signs of infection.**
* **Control pain**

**Discharge Teaching;prevention of of UTI,importance of taking all antibiotics,continue taking antiseptics even when no symptoms.**

**For Prostate Cancer**

* Encourage annual screening for prostate cancer
* Stress value of early diagnosis and treatment
* Specific problems may require special interventions after prostate surgery:bladder,spasms,erectile dysfunction,urinary incontinence and body image disturbances associated with changes in this reproductive system.