NAME:JIMOH OLUWATOMILOLA.O

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ASSIGNMENT

1.The different disorders of the prostrate gland.

2.Their etiologies.

3.The therapeutic intervention as well as surgeries.

4.The nursing care and client teaching in different conditions.

ANSWER

Different prostrate gland disorders are;

* Prostatitis
* Prostate Cancer
* Benign Prostatic Hyperplasia

Prostatitis is an inflammation of the prostate. It can be caused by a bacterial infection. Men of all ages can get prostatitis, and it can occur in any size prostate (enlarged or not).

Symptoms of prostatitis include:

•Frequent urination, especially at night.

•Pain or burning during urination.

•Chills and fever along with urinating problems.

ETIOLOGY OF PROSTATITIS Prostatitis can be caused by bacteria that leak into the prostate gland from the urinary tract (the most common bacterial cause) and from direct extension or lymphatic spread from the rectum. It can also result from various sexually transmitted organisms such as Neisseria gonorrhea, Chlamydia trachomatis, or HIV. Other organisms responsible for infection are the same found most frequently in urinary tract infections, such as Escherichia coli. In many instances (especially in the chronic form of prostatitis), no specific cause of prostatitis can be found.

THERAPEUTIC INTERVENTION OF PROSTATITIS

* Pharmacological interventions:Alpha blockers and 5‐alpha reductase inhibitors, antibiotic therapy (quinolones or tetracyclines), analgesics (nonsteroidal anti‐inflammatory drugs (NSAIDs), pregabalin), phytotherapy (pollen extract and bioflavonoids).
* Physical therapies: acupuncture, biofeedback, myofascial trigger point release, and others.
* Psychological support.
* Clinical phenotyping (UPOINT) and other multimodal approaches.
* Miscellaneous therapies: allopurinol, botulinum toxin A, prostatic surgery, and others.

NURSING CARE FOR PATIENT WITH PROSTATITIS

* 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

Prostate cancer is a cancer in a mans prostrate a small walnut sized gland that produce seminal fluid. Prostrate in its early stages, may not cause any symptoms but as it progresses, symptoms often appear.

Symptoms of prostate cancer include:

•Painful ejaculation.

•Blood in urine or semen.

•The need to urinate frequently, especially at night(nocturia).

•Difficulty starting urination.

•Inability to urinate.

•Weak or interrupted flow of urine (dribbling).

•Painful or burning urination.

•Frequent pain or stiffness in the back, hips, or upper thighs.

ETIOLOGY OF PROSTRATE CANCER

Several factors are thought to contribute to its development: infection, diet, genetic predisposition, hormonal imbalance and exposure to toxins. 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.

THERAPEUTIC INTERVENTION OF PROSTRATE CANCER

Watchful Waiting: It may be an option for older men and those with other serious or life-threatening illnesses who are expected to live less than 5 years. With watchful waiting, routine PSA tests, DRE, and biopsies are not usually done. If the prostate cancer causes symptoms, such as pain or blockage of the urinary tract, then treatment may be recommended to relieve those symptoms. This may include testosterone suppression therapy or androgen axis inhibitors (see “Systemic treatments” below). Men who start on active surveillance who later have a shorter life expectancy may switch to watchful waiting at some point to avoid repeated tests and biopsies.

Local Treatments: It may help get rid of cancer from a specific, limited area of the body. Such treatments include surgery and radiation therapy. For early-stage prostate cancer, local treatments may get rid of the cancer completely. If the cancer has spread outside the prostate gland, other types of treatment called systemic treatments (see “Systemic treatments,” below) may be needed to destroy cancer cells located in other parts of the body.

SURGERIAL PROCEDURE

* Radical (open) Prostatectomy: Radical prostatectomy is the surgical removal of the entire prostate and the seminal vesicles. Lymph nodes in the pelvic area may also be removed.
* Robotic or Laparoscopic Prostatectomy: This type of surgery is less invasive than a radical prostatectomy and may shorten recovery time. A camera and instruments are inserted through small keyhole incisions in the patient’s abdomen.
* Bilateral Orchiectomy: Is the surgical removal of both testicles. It is preformed as a treatment for testicular cancer and is used in the management of prostrate cancer.
* Transurethral Resection of the Prostate (TURP):It is often used to relieve symptoms of a urinary blockage, not to treat prostate cancer.

NURSES CARE FOR PATIENT WITH PROSTRATE CANCER

•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.

POST OPERATIVE CARE FOR 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.

Benign Prostatic Hyperplasia (BPH) is also called prostate gland enlargement it is a common condition in men as they 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 or kidney problems.

Symptoms of Benign Prostatic Hyperplasia (BPH) includes:

•Frequent or urgent need to urinate.

•Increased frequency of urination at night (nocturia).

•Difficulty starting urination.

•Weak urine stream or a stream that stops and starts.

As symptoms get worse, a man may develop:

* Bladder stones
* Bladder infection
* Sudden blockage of the urethra, making it impossible to urinate

ETIOLOGY OF BENIGN PROSTATIC HYPERPLASIA

The prostate gland is located beneath your bladder. The tube that transports urine from the bladder out of your penis (urethra) passes through the center of the prostate. When the prostate enlarges, it begins to block urine flow. Most men have continued prostate growth throughout life. In many men, this continued growth enlarges the prostate enough to cause urinary symptoms or to significantly block urine flow. It isn't entirely clear what causes the prostate to enlarge. However, it might be due to changes in the balance of sex hormones as men grow older.

THERAPEUTIC INTERVENTION OF BENIGN PROSTRATE HYPERPLASIA

Therapeutic invention for benign prostatic hyperplasia (BPH) include the following:

* Drug therapy (eg, alpha-blockers, 5-alpha-reductase inhibitors):Patients with bothersome, moderate-to-severe lower urinary tract symptoms (LUTS) from BPH.
* Interventional therapy (eg, transurethral resection of the prostate [ TURP]):For patients with moderate-to-severe LUTS and those who have developed acute urinary retention, or other complications of BPH.
* Watchful waiting.

SURGRICAL PROCEDURE

•Transurethral Resection of the Prostate (TURP): Is a surgery used to treat urinary problems that are caused by an enlarge prostrate.

•Prostatic Urethral Lift (PUL): Is a procedure that helps relieve the symptoms of benign prostatic hyperplasia(BPH) or enlarge prostate. It involves sutures that holds prostate tissues away from the urethra, relieving the pressure.

•Transurethral Incision of the Prostate (TUIP)

•Laser Therapy

NURSING CARE FOR PATIENT WITH BPH

•Administration of prescribed antibiotics.

•Provision of comfort.

•Encourage fluid intake.

•Surgical wound care.

•Provide proper nutrition.

EDUCATING 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.