ASSIGNMENT

NAME: ENO SUSAN

MATRIC NO: 17/MHS01/116

DEPARTMENT: NURSING

LEVEL: 300LV

COURSE: MEDSURG

LECTURER: DR AKPOR

ASSIGNMENT

At the end of your reading, summarize the followings headings in maximum of 6 typed pages.

The different disorders of the prostate gland

The disorders of the prostate glands are categorized into three;

1. PROSTATISIS

Prostatitis is the inflammation of the prostate gland. It can be due to infections as well as other various causes. Acute prostatitis is usually caused by non-specific infections, spread from the urethra or bladder, often following catherisation, cystoscopy, urethral dilation or prostrate surgery. Chronic infections may follow an acute attack. Fibrosis of the glands may occur during healing, causing urethral stricture or obstruction.

There are two main types bacterial prostatitis which is acute or chronic bacterial infection and non-bacterial prostatitis which is also known as chronic pelvic pain syndrome. The bacteria prostatitis responds well to antibiotic drugs that can get into the prostrate. Nonbacterial prostatitis is the most common form of prostatitis is more difficult to manage.

SYMPTOMS

- Painful or frequent urination
- Blood in urine
- Groin pain, rectal pain, abdominal pain or low back pain
- Fever and chills
- Malaise and body aches
- Urethra;

❖ BENIGN PROSTATIC ENLARGEMENT

Hyperplasia flow of urine, causing urinary retention. Incomplete emptying of the bladder predisposes to infections, which may spread upwards causing pyelonephritis and

other complications. Prostatic enlargement is common in men over 50, affecting up to 70% of men aged over 70. The cause is not clear.

SYMPTOMS

- Frequent or urgent need to urinate
- Increased frequency of urination at night
- Weak urine stream
- Inability to complete emptying the bladder

MALIGNANT PROSATIC TUMORS

Seven percent of all cancers in men are prostatic carcinomas. Risk increases with ages but the trigger for the malignant change is not known, although there is believed to be a hormonal element.

Initially, the growing tumor usually causes symptoms of urinary obstruction, but it spreads quickly and sometimes presents with indications of secondary spread, e.g. back pain from bone metastases, weight loss or anemia.

3 THERAPEUTIC CARE FOR PROSTRATE DISORDERS ARE;

Antibiotics

Taking antibiotics is the most commonly prescribed treatment for prostatitis. It depends on the bacterial that is causing .It will be taken for four to six weeks but might need longer treatment for chronic or recurring prostatitis.

Alpha blockers

These medications help relax the bladder and the muscle fibers where the prostrate joins the bladder. This treatment might ease symptoms, such as painful urination. Examples of alpha blockers are alfuzosin (uroxatral), doxazosin (Cardura), tamsulosin (Flomax) and silodosin (rapaflo). It works quickly in men with relatively small prostrate. Side effects might include dizziness, and a harmless condition in which semen goes back to the bladder instead of out the tip of the penis.

Anti-inflammatory agents

Non steroidal anti-inflammatory drugs might be more comfortable.

Alpha reductase inhibitors

These medications shrink your prostrate preventing hormonal changes that causes prostrate growth. These medications which includes finasteride (proscar) and dutasteride (Avodart) might take up to six months to be effective. Side effects includes retrograde ejaculation.

Tadalafil (Cialis)

This medications suggests this medications which is often used to treat erectile dysfunction, can also treat prostate enlargement.

Combination drug therapy

This might recommend taking an alpha blocker and a 5-alpha reductase inhibitors at the same time if either medication alone isn't effective.

Tadalafil

This medications which is often used to treat erectile dysfunction, can also treat prostate enlargement.

Phosphodiesterase 5 inhibitors (PDE5 inhibitors)

Sildenafil (Viagra), tadalfil (Cialis), vardenafil (Levitra) (PDE5) inhibitors have been shown to improve prostate symptoms score with increasing flow rate.

THE SURGERIES USED FOR TREATING PROSTATIC DISORDERS CAN BE

Minimally invasive procedures

This procedure can be used with tiny cuts (incision) or use tube-style instruments that they insert into the urethra .They recover faster and less pain than traditional, open surgery and fewer risk it doesn't involve removing or cutting into the prostate. The types of minimally invasive surgery includes;

Rezum water vapor therapy

A device is inserted into the urethra, your urine tube and a small needle attached to a flexible tube that is inserted into the bladder

Transurethral microwave therapy

This procedure uses a microwave antenna attached to a flexible tube that is inserted into the bladder.

Urolift system

The Urolift is a permanently placed device used to lift and hold the enlarged prostate tissue out of the way, so it no longer locks the urethra.

Transurethral needle ablation (TUNA)

It is an office based procedure where the doctor inserts a heated needle into the prostate through the urethra, the tube that carries urine and semen through the penis.

INVASIVE SURGERY

Transurethral resection of the prostrate (TURP)

Here portions of the prostrate causing urine is removed .There is no cutting and no external scars are seen since a scope is inserted through the urethra to remove the excess tissue.

Transurethral incision of the prostrate (TUIP)

This surgery does not involve removing prostate tissue. A few small cuts are made in the prostate to reduce the glands pressure on the urethra, making urination easier.

Laser urination

It is used to kill off prostate tissue and shrink the gland. This may not be as effective on larger prostrate.

Open prostatectomy (Open surgery)

This is done when the prostate is greatly enlarged, when there are complications, or when the bladder has been damaged and needs repair.

Laparoscopic and robotic prostatectomy

Laparoscopic and robotic prostatectomy or robotic surgery differs from traditional open surgery by making four incisions as opposed to one large open to perform surgery to remove enlarged tissue if the provided.

4. THE NURSING MANAGEMENT

Acute prostatitis

- 1. Administration of prescribed antibiotics
- 2. Provision of comfort

Chronic Prostatitis

Outpatient teaching; continuing antibiotic therapy

Increase fluid intake

Recognizing recurrent signs and symptoms of prostatitis