

**Recovery Rx:
Nursing Tips
for Prostate
Surgery**

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Why did the Scotsman visit the urologist?

Because he had a wee problem.

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Outline

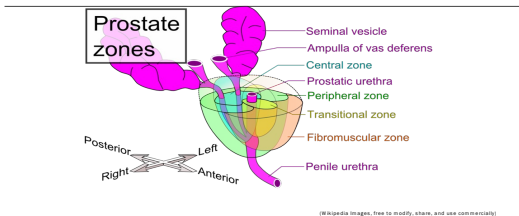
1. Types of Prostate Surgeries
2. Possible Complications
3. Promoting Healing and Preventing Complications
4. Clinical Pearls and Exam Prep Questions

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What Does the Prostate do?

- oReleases fluid to help nourish the sperm
- oProstate muscles help push sperm forward
- oAbout the size of a walnut, five lobes: anterior (in the front) and posterior (in the back) lobes, two lateral lobes (on the sides) and one median (in the middle) lobe.
- oContinence

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Who Needs Prostate Surgery?

- oRenal insufficiency secondary to BPH
- oRefractory urinary retention secondary to BPH
- oRecurrent urinary tract infections (UTIs)
- oRecurrent bladder stones or gross hematuria due to BPH
- oLUTS/BPH refractory to or unwilling to use other therapies
- oProstate Cancer

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Types of Prostate Surgeries

TRANSURETHRAL RESECTION OF THE PROSTATE (TURP)

- historical standard

SIMPLE PROSTATECTOMY

- for a very large prostate

TRANSURETHRAL INCISION OF THE PROSTATE (TUIP)

- prostate less than or equal to 30g

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Types of Prostate Surgeries

TRANSURETHRAL VAPORIZATION OF THE PROSTATE (TUVP)

WATER VAPOR THERMAL THERAPY (WVTT)

PROSTATIC URETHRAL LIFT (PUL)

- prostate volume 30-80g and verified absence of an obstructive middle lobe, preservation of erectile and ejaculatory function, best for patients with no obstructive middle lobe, episode 5 UroNurse

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Types of Prostate Surgeries

PHOTOSELECTIVE VAPORIZATION OF THE PROSTATE (PVP)

- laser

WATER VAPOR THERMAL THERAPY (WVTT)

- prostate volume 30-80g, preservation of erectile and ejaculatory function, episode 5 UroNurse

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Types of Prostate Surgeries

LASER ENUCLEATION

- HoLEP or ThuLEP, episode 37 UroNurse, prostate size independent treatment

ROBOTIC WATERJET TREATMENT (RWT)

- prostate volume 30-80g, episode 51 UroNurse

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Types of Prostate Surgeries

PROSTATE ARTERY EMBOLIZATION (PAE)

- Interventional Radiology (IR) procedure, less risk of retrograde ejaculation

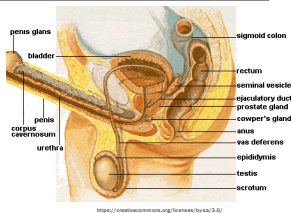
TEMPORARY IMPLANTED PROSTATIC DEVICES (TIPD)

- prostate volume is between 25 and 75g and lack of obstructive median lobe, episode 61 UroNurse

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Radical Prostatectomy

- Prostate Cancer
- Removal of the entire prostate gland, some of the surrounding tissue and seminal vesicles
- May cause incontinence and erectile dysfunction



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Possible Complications



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Venous Thromboembolism

Risks	Prevention
Abnormal lung function	Exercises
Hx of DVT/PE	Anticoagulant
BMI > 24	Get up and walk
Lack of mobility	SCDs
Oral contraceptive or hormone replacement	Compression Stockings
Hx of inflammatory bowel disease	Maintain Healthy weight
Pregnancy or postpartum	Don't use tobacco products
Bone fractures	
Advanced age	
Recent Stroke or MI	
Past or present malignancy	

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Erectile Dysfunction

3 Part ED Series on UroNurse
Episodes 8, 11, and 14

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Hematuria

- o Expected to have light hematuria after prostate surgery, if heavy may need catheter irrigation or Continuous Bladder Irrigation (CBI) with a three way catheter. Clot retention is possible
- o 5-ARIs may be an appropriate and effective treatment alternative in men with refractory hematuria presumably due to prostatic bleeding
- o HoLEP, ThuLEP, PVP should be considered as treatment options in patients who are at higher risk of bleeding

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Three Way Catheter



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Retrograde Ejaculation

- o Semen goes backwards into the bladder resulting in little to no semen during orgasm
- o Urine will be cloudy with next void (semen mixed in with urine)
- o Will cause infertility
- o Urologic causes: prostate surgery, alpha blockers, decongestants, antihistamines, imipramine...

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Autonomic Dysreflexia

- Physiology: dysregulation of the autonomic nervous system leads to an uncoordinated sympathetic (fight or flight) response
- Leads to a potentially life threatening hypertensive episode whenever there's a noxious stimulus below the level of the spinal cord injury

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Autonomic Dysreflexia

- Generally occurs after a spinal cord injury above the level of T6 (rarely can occur in patients with non traumatic SCI)
- Symptoms: Severe headache, Bradycardia (low heart rate), Facial flushing, Pallor, Cold skin below level of injury (due to vasoconstriction) Sweating above level of injury Piloerection, (goosebumps) above the level of injury

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Autonomic Dysreflexia

- In 85% of cases the triggering stimulus is from a urological source (UTI, a distended bladder, or a clogged catheter)
- There is a significantly increased risk of stroke 300% to 400% !!!

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Bladder Spasms from Catheter

Foley catheter care

Keep catheter bag below the level of the bladder

Make sure its not kinked or clogged

Anticholinergics (Oxybutynin, Sanctura, Tospium, Toviaz...), caution on side effects

Possibly irrigate catheter

If it's clogged then catheter may need to be done with cystoscopy

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Stress Urinary Incontinence

Most commonly after radical prostatectomy for prostate surgery

Behavioral	Medication	Surgical
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Promoting Healing and Preventing Complications



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Constipation

Can cause ER visits, hospitalizations, discomfort, reduced nutrition, and urinary retention

Progression of Diet

Prevention techniques: hydration, ambulation, healthy diet, use stool softeners

Ileus is possible: no BM, abd pain, not passing any gas, vomiting

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Tobacco Cessation



Resources

- ❖ Primary Care Doctor
- ❖ smokefree.gov
- ❖ Smokefree apps:
QuitGuide
quitSTART

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Thank you



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References

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