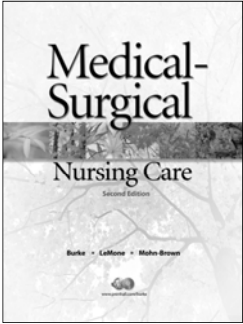


Medical-Surgical
Nursing Care
Second Edition

Karen Burke
Priscilla LeMone
Elaine Mohn-Brown

Chapter 34
*Caring for Male Clients with
Reproductive System
Disorders*



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**Benign Prostatic Hyperplasia
(BPH)**

- Testosterone produced in testes converted to DHT in prostate
- DHT stimulates growth of prostate
- Estrogen produced in small amounts in the male; increases with aging
- It is believed estrogen makes prostate more responsive to DHT, promoting growth

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**Benign Prostatic Hyperplasia
(BPH)**

- Pathophysiology
 - BPH develops as small nodules next to urethra
 - Expanding prostate causes compression of urethra

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BOX 34-1 Manifestations of benign Prostatic Hyperplasia.

BOX 34-1

**MANIFESTATIONS OF BENIGN PROSTATIC
HYPERPLASIA**

- Nocturia (early symptom)
- Diminished force of urinary stream
- Hesitancy in starting voiding
- Dribbling after voiding
- Incomplete bladder emptying
- Frequency, urgency
- Urge incontinence
- Dysuria, hematuria

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BPH - Treatment

- Medications
 - Proscar
 - Inhibits conversion of testosterone to DHT in prostate
 - Can cause impotence
 - Alpha₁ blockers

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BPH – Nursing Care

- Assess older men for:
 - Difficulty voiding, starting or stopping flow
 - Size of urinary stream
 - Symptoms of burning, frequency, urgency, nocturia
 - Monitor output
 - Check color, clarity, and odor of urine

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Prostate Cancer

- Usually adenocarcinoma originating in glandular epithelial cells
- As tumor enlarges may compress urethra
- Can spread locally to seminal vesicles or bladder, rarely to bowel
- Metastasis is common
 - Pelvic lymph nodes most commonly involved
 - Can spread to liver and lungs

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BOX 34-5 Manifestations of Prostate Cancer.

BOX 34-5	
MANIFESTATIONS OF PROSTATE CANCER	
Genitourinary	
■ Dysuria, hesitancy, reduced urinary stream	
■ Frequency, nocturia, hematuria	
■ Erectile dysfunction	
■ Hard, enlarged prostate on DRE	
Musculoskeletal	
■ Bone or joint pain	
■ Back pain	
Neurologic	
■ Lower extremity weakness	
■ Bowel or bladder dysfunction	
Systemic	
■ Weight loss	
■ Anemia, fatigue	

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Prostate Cancer – Nursing Care

- Transrectal Ultrasound-Guided Biopsy of the Prostate

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Prostate Cancer – Nursing Care

- Transurethral resection of the prostate (TURP)
- Prostatectomy

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Prostate Cancer – Nursing Care

- Assessment done before admission to facility usually for radiation treatment or surgery
- Preop and postop nursing care

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Prostate Cancer – Nursing Care

- Nursing priority are the effects on urinary elimination and sexual dysfunction
- Impaired Urinary Elimination (Risk for Incontinence)
 - Sexual Dysfunction
 - Pain

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Prostatitis

- Acute bacterial prostatitis associated with UTIs, usually *E. coli* infecting organism
- May be caused by chlamydia, mycoplasmas, and viruses
- Exact cause unknown
- May be a type of STD or autoimmune disorder

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BOX 34-7 Manifestations of Prostatitis.

BOX 34-7

MANIFESTATIONS OF PROSTATITIS

- Pain, burning on urination
- Frequency, urgency
- Chills, fever
- Low back, perineal, or genital pain
- Pain following ejaculation
- Obstructed urine flow

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Prostatitis – Nursing Care

- Encourage client to increase fluids to 3 L/day
- Maintain regular bowel habits
- Use of local heat or sitz bath to relieve pain
- Stress importance of finishing antibiotic therapy
- Nonbacterial—frequent ejaculation will reduce congestion of gland

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Testicular Torsion

- Twisting of the testes and spermatic cord
- Elevated hormone levels and abnormal attachment of testes to scrotum contributing factor
- Trauma to scrotum in predisposed individuals
- Medical emergency

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Testicular Torsion

- Manifestations
 - Sudden onset of scrotal pain
 - Nausea and vomiting
 - Cremasteric reflex depressed or absent

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Cryptorchidism

- Failure of one or both testes to descend through the inguinal ring into the scrotum
- Manifestations
 - Primarily childhood problem
 - Problem in adolescence and adulthood; increased risk for testicular cancer and infertility

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Orchitis

- Inflammation of testicle
- Causes
 - Infection in other area of GU tract
 - Complication of mumps (adult men increased risk)
 - Trauma
 - Vasectomy/other scrotal surgeries

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Orchitis

- Manifestations
 - Severe testicular pain and swelling
 - Complications include hydrocele or abscess

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Infertility

- Inability to conceive a child during a year or more of unprotected intercourse
- Sterility - absolute inability to conceive
- Results from testicular disorders
- Less common from systemic disease, hormonal disorder, obstructed outflow
- Sperm count below 20 million/mL

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Scrotal Masses

- Hydrocele
 - Collection of fluid in the sac that encloses testes
 - Cause not always identified; may follow epididymitis, orchitis, injury, or tumor
- Manifestations
 - Scrotal enlargement
 - Pain or tight sensation in scrotum

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Scrotal Trauma

- Minor injuries cause temporary hematomas from minor crushing or straddle-type injury
- Severe crush injuries can rupture testicles
- Scrotal skin or clothing trapped in machinery can cause avulsion injury
- Penetrating injuries (gunshot or knife wounds)

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Structural and Inflammatory Disorders – Nursing Care

- Obtain data Hx of trauma, surgery swelling, or pain
- Ask about onset, duration, and severity of symptoms
- Inspect scrotum for swelling, redness, bruising, or discoloration

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Structural and Inflammatory Disorders – Nursing Care

- Palpate testes and epididymis for tenderness warmth or masses
- Teach client about disorder and treatments
- If surgery planned, discuss fears about surgery, pain management postop, and measures to reduce bleeding
- Postop—report excessive swelling or discoloration

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Testicular Cancer

- Most common cancer in men ages 15–35
- Most treatable cure rate 90%
- Unknown cause
- Risk factors
 - Age
 - Cryptorchidism
 - Family history
 - Race and ethnicity

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Testicular Cancer

- Grows within one testicle
- Local spread limited
- Can spread rapidly through lymph and blood vessels to other organs with metastasis to lungs, bone, or liver
- Manifestations
 - Painless hard nodule
 - Occasional dull ache in pelvis or scrotum

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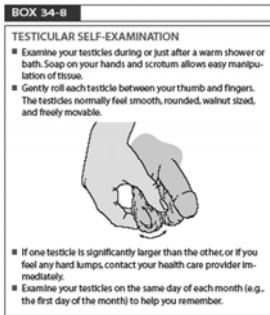
Testicular Cancer – Nursing Care

- Prevention—monthly testicular self-examination beginning at age 15

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BOX 34-8 Testicular Self-Examination.



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Testicular Cancer

- Identify testicular cancer early; ask client if any change in size of testicles
- Palpate scrotum and testicles, noting any difference in size
- Report immediately any testicle that is hard, irregular in shape, or fixed within scrotum

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Orchiectomy – Nursing Care

- Focus is on teaching and psychologic support
- Deficient Knowledge
 - Discuss use of analgesics, ice bags, and scrotal support
 - Client should contact physician if complications arise such as gaps in incision or large amount of bleeding

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Orchiectomy – Nursing Care

- Risk for Sexual Dysfunction
 - Discuss concerns with client
 - Assist to express concerns
 - Reinforce teaching that sexual function is rarely affected by testicular cancer and treatment

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Orchiectomy – Nursing Care

- Discuss follow-up care for testicular cancer including physical exams, chest x-rays, tumor markers, and CT scans for 5–10 years postorchiectomy

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Phimosis

- Constriction of foreskin so that it cannot be pushed over the glans penis
- Can be congenital
- Caused by infection or injury
- Manifestations
 - If foreskin forcibly retracted, can cause impaired circulation to glans penis

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Phimosis – Nursing Care

- Teach client about importance of good hygiene to prevent infection and possible phimosis
- Teach client to perform self-examination for Ca of penis

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Priapism

- Sustained painful erection not associated with sexual arousal
- Caused by impaired blood flow in the corpora cavernosa of penis
 - Can be idiopathic or caused by certain drugs

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Priapism

- Manifestations
 - Sustained erection that is painful and harder than normal
 - Can cause tissue damage and impotence

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BOX 34-9 Risk Factors from Priapism.

BOX 34-9

RISK FACTORS FOR PRIAPISM

Illnesses/Conditions

- Sickle cell disease
- Leukemia
- Metastatic cancer
- Spinal cord trauma

Drugs

- Drugs to treat erectile dysfunction (see Table 34-2)
- Papaverine
- Psychotropic drugs
- Alcohol
- Marijuana

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Priapism – Nursing Care

- Initial Rx includes analgesics, sedation, fluids
- Ice packs to perineum
- Inspect penis for degree of erection

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Priapism – Nursing Care

- Monitor urine output
- Report oliguria or signs of acute urinary retention
- Reassure client sexual function maintained after surgical shunting

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Cancer of the Penis

- Rare
- Cause unknown
- Risk factors
 - Phimosis
 - HPV
 - Exposure to UV light
 - Unprotected sex with multiple partners
 - Cigarette smoking

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Cancer of the Penis

- Pathophysiology
 - 95% squamous cell carcinoma
 - Nodular or wart-like growth or red velvety lesion on gland or foreskin

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Cancer of the Penis

- Manifestations
 - Mass or persistent sore or ulcer at distal end of penis involving the gland or foreskin
 - Lesions painless but may bleed or ulcerate
 - Purulent, foul-smelling discharge under foreskin

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Cancer of the Penis – Nursing Care

- Observe for visible lesions and report
- Postop—for localized lesion treated with laser or external radiation—monitor surgical site
- Penectomy with a urethrostomy done only when metastasized
- Intake and output; teach client perineal care
- Use sitz baths to relieve pain
- Teach client risks of unprotected sex and UV rays

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Erectile Dysfunction (Impotence)

- Inability to attain and maintain an erection
- Occurs in men over age 65
- Possible causes: diabetes, atherosclerosis, and many drugs
- 10% to 20% psychological

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Erectile Dysfunction (Impotence)

- Pathophysiology
 - Atherosclerosis interferes with blood supply to penis
 - Innervation can be disrupted by radical prostatectomy, diabetes, and multiple sclerosis
 - Antihypertensives, psychotropics, and hormones interfere with normal mechanisms

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Erectile Dysfunction (Impotence)

- Ejaculatory dysfunction types
 - Premature ejaculation
 - Psychological factors or diabetes
 - Delayed ejaculation
 - Related to aging or drugs
 - Retrograde ejaculation
 - Semen discharged into bladder
 - Related to treatment of prostate disorders or testicular cancer

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Erectile Dysfunction – Nursing Care

- Assessment
 - Ask about chronic diseases or medications that may be responsible
 - Explore psychosocial stressors
 - Ask specific questions about sexual function
 - Provide information about treatment
 - Refer client and partner for counseling

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