

Benign Prostatic Hyperplasia (BPH) Interventions

The goals of collaborative care for BPH work to restore bladder drainage, relieve the patient's symptoms, and prevent or treat complications. Treatment is typically based on the degree to which symptoms bother the patient and may include lifestyle changes, minimally invasive procedures, drug therapy, or surgical intervention.



PLAY PICMONIC

Interventions

Timed Voiding

Timer Voiding at urinal

A patient with BPH can reduce or eliminate symptoms regarding urinary retention by following a timed voiding schedule.

Decreased Caffeine Intake

Down-arrow Coffee-mug

In addition to a timed voiding schedule, changing the consumption of food items that cause diuresis may decrease symptoms. These items include caffeine, alcohol, artificial sweeteners, spicy and acidic foods. Additionally, decreasing fluid intake before bedtime can be helpful.

Catheterization

Catheter-cat

A patient with severe urinary retention may require insertion of a foley catheter to drain the bladder and prevent distention, as well as to relieve pain.

Medications

Finasteride (Proscar)

Fin-asteroid

Finasteride is a commonly used 5-alpha-reductase inhibitor to treat BPH. This class of medication blocks the conversion of testosterone to DHT and acts to reduce the size of the prostate gland. While it has proven to be quite effective in treating BPH symptoms, it may take as long as 6 months to reach maximum benefits and will be required to be taken indefinitely to prevent reoccurrence of symptoms.

Tamsulosin (Flomax)

Tanning-lotion

Tamulosin (Flomax) is a commonly used alpha-1 adrenergic antagonist that targets prostate tissue receptors decreasing BPH symptoms. Another medication is Prazosin (Minipress); however, it is not tissue specific. Alpha-1 antagonists can have immediate benefits by relaxing smooth muscle in the bladder neck, prostate capsule, and prostatic urethra.

Surgical Interventions

TURP Procedure

Turnip with scalpel

The TURP procedure or transurethral resection of the prostate is a surgical procedure that utilizes an instrument to remove portions of the prostate gland. This remains the gold standard for surgical treatment of BPH. Postoperative complications include bleeding, clot retention, and dilutional hyponatremia associated with continuous bladder irrigation. Patients taking aspirin, warfarin (Coumadin), or other anticoagulants must discontinue these medications several days before surgery due to bleeding risks.

Open Prostatectomy

[Open Prostate-plum](#)

Clients who are not eligible for the TURP procedure may undergo an open prostatectomy. This is the surgery of choice for men with large prostates, bladder damage, or other complicating factors.

Continuous Bladder Irrigation (CBI)

[Bladder with Irrigation-ditches](#)

To provide hemostasis and facilitate urinary drainage, the use of a triple-lumen catheter is often initiated after surgery. To prevent obstruction from mucus and blood clots, continuous bladder irrigation (CBI) may be ordered, which involves an irrigating solution such as normal saline to be continuously infused and drained from the bladder. Closely monitor the inflow and outflow of the fluid, and if outflow is less, assess for kinks or clots in the catheter, and notify the physician if patency cannot be reestablished. The irrigation is kept at a rate that provides a slightly pink-tinged urine.