

GU system final

UTI

Classifications:

Upper—renal parenchyma, pelvis and ureters (pyelonephritis)

Lower—bladder (cystitis) and urethra (urethritis)

Systemic—urosepsis (life-threatening)

Complicated—structural or functional problem in urinary tract

Uncomplicated—bladder only

Dx—H&P, UA, C&S, Imaging

UA— +leukoesterase, WBC >6.0, +nitrate

S/S—dysuria, urgency, fever

Nursing Imp.—adequate fluid! [1.5-2L], avoid irritating foods (spicy, acidic, alcohol, caffeine), heating pad/warm shower

Drug Therapy—NEVER start drug therapy b4 culture is obtained

UTI Treatment — in depth

Increase Fluid Intake — Look 4 New Symps—

avoid milk products skin irritation

Avoid: chocolate, citrus juices, alcohol, caffeine, spicy foods bladder distention

UTI Treatment — in depth (cont)

cranberry juice decreases risk of UTI

Drug therapy

Uncomplicated cystitis—Short-term course (3 days)

Complicated UTIs—long-term treatment (7 to 14 days)

Uncomplicated:

Trimethoprim/sulfamethoxazole (TMP-SMX)

Nitrofurantoin Cephalexin

Fosfomycin

Other: ampicillin, amoxicillin, or cephalosporins

Complicated: fluoroquinolones (can cause prolonged QT interval)

Fungal: fluconazole

Urinary analgesic: phenazopyridine (azo dye)

BPH

s/s: difficulty starting urine stream, decreased/weaker flow of urine, urine freq. Obstructive: hesitancy, decreased in force of stream, difficult initiating stream, intermittent voiding pattern

risk factors: fam hx, environment, diet, obesity Irritative: urinary frequency, urgency, dysuria, bladder pain, nocturia, incontinence

BPH (cont)

Dx: H&P, digital rectal exam, UA, C&S, prostate specific antigen, transrectal ultrasound in DRE, PSA positive Dietary Changes: decrease caffeine, limit spicy and acidic food restrict night time fluid intake

- Drug therapy

o 5α reductase inhibitors Finasteride (Proscar), Dutasteride (Avodart): reducing the size of the prostate, suppresses androgen. Do not touch with outwearing gloves if you are a female, Takes 3-6 months to see improvement

o Erectogenic drug: tadalafil

o Alpha adrenergic receptor blockers: tamsulosin (Flomax)- smooth muscle relaxer facilitates urine flow making it easier to void

Prostatitis

Most common UTI among elderly men

Acute or Chronic

Acute bacterial—fever, chills, malaise

S/S for acute or chronic—

Frequency, nocturia, dysuria, varying degrees of bladder obstruction, low back, perineal pain, urinary retention

DRE: prostate swollen, tender and boggy



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Page 1 of 2.

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Prostate Cancer

s/s: similar symps to BPH, pain in lumbosacral area radiating to legs/hips

Dx: o Digital rectal exam (DRE): prostate nodule is hard, asymmetric, PSA: normal is 0-4

Other therapies-Orchiectomy: surgical removal of the testes, Chemotherapy: only used when it is metastasized

Surgery:

Radical prostatectomy: removal of entire prostate, seminal vesicles, and part of bladder neck

Cryosurgery: freezes tissue and destroy cancer cells

Radiation

Brachytherapy: placing radioactive seed implants into prostate gland

Drug therapy

Hormone therapy to decrease androgen LH decreases levels of androgen that is feeding the area

LH-RL antagonist (Plenaxis): provides immediate testosterone suppression

Androgen receptor blockers (Casodex): blocks action of testosterone

BPH Surgeries

TURP: transurethral resection of prostate; Use of a resectoscope to enter through urethra to excise tissue Post op: Three way Foley Continuous bladder irrigation to prevent blood clots// must watch for: TUR or TURP syndrome: N/V, confusion, bradycardia, HTN--Results from hyponatremia due to longer operative times and prolonged intraoperative bladder irrigation with iso-osmolar fluid;

BPH Surgeries (cont)

TUNA: Transurethral Needle Ablation: ↑ temperature of prostate tissue for localized necrosis; complications-urinary retention, UTI, irritative voiding, hematuria up to a week

TUVP: transurethral vaporization of prostate; electro-surgical modification of TURP

Discharge Planning Catheter care if left in place

Decreased or absent ejaculate volume

Retrograde ejaculation

Maintain fluids between 2000-3000mL per day

Observe for S/S of bleeding, infection, increased intraabdominal pressure

Avoid prolonged sitting or walking and Valsalva maneuver

No lifting more than 10 pounds

Refrain from driving and intercourse until released by surgeon



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