

Nursing Care Plan

A Man with Prostate Cancer



William Turner, a 71-year-old African American, lives with his wife in a small retirement community in Florida. His wife had a stroke 2 years ago, and Mr. Turner does all the cooking and housework. He has been in good health for most of his life, having only “a small touch” of osteoarthritis in his knees and hands. He has noticed a gradual onset of urinary urgency and frequency over the past 2 years, but has never had incontinence. During a routine checkup, the nurse practitioner at the local health clinic performs a digital rectal examination and palpates a hard nodule on the surface of Mr. Turner’s prostate. After his PSA is found to be elevated, he is referred to a urologist, who diagnoses prostate cancer. Mr. Turner chooses to have surgery, and a radical retropubic prostatectomy and lymph node dissection are performed. The lymph nodes are negative for metastasis. Following surgery, his recovery is uncomplicated. However, the nurse caring for Mr. Turner is concerned about his ability to care for his indwelling catheter because of his arthritis and his wife’s physical disabilities from the stroke. The nurse makes a referral to a home health agency to ensure Mr. Turner can manage his care at home. An initial home health assessment is scheduled for the day after Mr. Turner is discharged from the hospital.

ASSESSMENT

The home health nurse notes that the house is clean and neat. Mr. Turner is dressing, but still wearing his night urinary drainage bag, even though it is 1300. Mr. Turner tells the nurse that his main problem is going to get groceries, because he is embarrassed to be seen with the drainage bag. He says he has not been able to remove the drainage bag and attach the leg bag because of his arthritis. Physical assessment findings include the pelvic incision to be healing without signs of infection. There is no tenderness in his calves, chest pain, or shortness of breath. The urine is yellow, without odor. Mr. Turner does state that he sees no need for the pelvic exercises since he is no longer in the hospital. He also expresses the belief that he is cured of cancer and questions the need for follow-up care.

DIAGNOSES

- *Risk for stress urinary incontinence*, related to surgical procedure
- *Ineffective health maintenance*, related to inability to care for the urinary drainage system, not understanding need for postoperative exercises, and questions about follow-up care

EXPECTED OUTCOMES

- Regain urinary continence after catheter removal.
- Change the urinary drainage bag with the appropriate assistance.
- Verbalize the rationale for performing postoperative exercise.
- Verbalize the need for continued follow-up care.

PLANNING AND IMPLEMENTATION

- Discuss the possibility of stress incontinence after the catheter is removed.
- Reinforce the need for Kegel exercises while the catheter is still in place.
- Explore Mr. Turner’s support system to identify people who could assist him with catheter care and arrange a teaching session with them.
- Teach Mr. Turner the importance of follow-up care, relating the care to the history of the disease.

EVALUATION

Good friends from Mr. Turner’s church have assisted him with care of his drainage bag, and have reminded him to do his Kegel exercises several times a day while the catheter is in place. When the catheter is removed, Mr. Turner has only a small amount of leaking of urine after voiding. He understands that it may take several weeks for this to resolve. Efforts to help him understand the need for continued medical care are less successful. Mr. Turner continues to state that he is cured, his wife needs him, and he sees no need to go back to the doctor.

Critical Thinking in the Nursing Process

1. Outline a teaching plan for Mr. Turner for the risk for altered skin integrity related to urinary incontinence.
2. As a result of Mr. Turner’s refusal to have ongoing medical care, he might be labeled as noncompliant. Would you make this nursing diagnosis? Why or why not?
3. If you were the home health nurse making a home visit and found that Mr. Turner had no urinary drainage for 16 hours, what assessments would you make? How would you handle this problem?

See Evaluating Your Response in Appendix C.