



Announcement

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Nursing Management in Male Patient with Lower Urinary Tract Symptoms

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Introduction of LUTS

Lower urinary tract symptoms (LUTS) affected most of the male patients who aged 50 or above, which their quality of life, social interacting, financial and psychological status are being influenced (Kim(s), Yoo & Jeong,2019). The common causes contributing LUTS are benign prostatic obstruction (BPO), bladder tumor, urinary tract infection, overactive bladder, urinary stricture, foreign body, neurogenic bladder dysfunction, chronic pelvic pain syndrome, nocturnal polyuria, detrusor underactivity or urethral stone (Song, Abrams & Sun,2017). LUTS is a group of symptoms which it's causes could be multifactorial, by treating the underlying causes together with the behavioral adjustment, LUTS could be further alleviated or even eliminated.

Signs and symptoms of LUTS

LUTS categories into two main symptoms, it includes obstructive (voiding) and irritative (storage) urinary symptoms. Obstructive (voiding) LUTS further present with hesitancy, intermittency, weak stream, splinting of urine, straining, postmicturition dribbling, sense of incomplete emptying, urinary retention and overflow urinary incontinence. And irritative (storage) LUTS presented with frequency, urgency, nocturia and urgency urinary incontinence. Choi, Wan, Chin & Lam (2020) stated that overall, 62.6% of patient had experienced as least one LUTS of storage symptoms and men in primary setting in Hong Kong were more prevalent in voiding symptoms. For relevant medical and nursing management, it depends on identifying the underlying causes and treated the causes accordingly, where the behavioral modification is the first line conservative management for the LUTS.

Nursing Management on LUTS control

According to Schub & Schub (2018), Barber & Henderson (2015) and Tanja (2018), a comprehensive assessment for the patient including **1)** past medical health and history taking, related urological investigations or operations should be enquired in details, it further provided information subsequently by knowing past correlated manipulation on the body systems **2)** related pharmacological history taking could allow clinical evaluation on drugs effect and its optimalization on symptoms control, **3)** exploration on present urinary symptoms is crucial to make possible decision on ways and types of management where proper diagnosis could be made, **4)** perform physical examination including full abdominal and rectal examination, digital rectal examination (DRE), skin condition inspection and neurological examination, it give concrete assessment of the associated symptoms with possible causes, **5)** undergo basic urodynamic studies such as measure residue urine by bladder volume instrument with or without uroflowmetry further illustrate preliminary bladder storage and emptying function, **6)** LUTS related patient self-completed questionnaires such as International Prostate Symptoms Score (IPSS), Overactive Bladder Score (V8), International Consultation on Incontinence Questionnaire (ICIQ) and Frequency Volume (VF) diary charting are the fundamental basic assessments on evaluating the influence of the symptoms to an individual's daily living and quality of life, **7)** revision of



laboratory investigations such as renal function, mid-stream urine (MSU) and prostate surface antigen (PSA) results could also help to assess the present condition of the urinary system.

After the comprehensive assessment, patient 's definite problem could be addressed resulting a tailor-made management plan to meet individual's needs could be formulated.

For the nursing management, the following aspects will be covered whereas it aimed to normalize patient's urinary symptoms, relief discomfort, prevent complications as well as to meet the therapeutic outcomes.

- **Health education on life-style modification and psychological support**

To facilitate best patient and relative's understanding contributing ultimate treatment outcomes, the related causes of symptoms, etiology and pathophysiology, related possible potential complications are needed to be well explained. Taking as an example, smoking could increase bladder stimulation leading urgency and higher risk of getting bladder tumor. And increase body weight is likely increase progression of LUTS, and frequent toileting further associate with high fall risk. If this information could be disseminate to patient, it may arouse patient 's concern and motivation on the treatment plan. And compliance rate adjusting to the recommended lifestyle modification could be increased. During the treatment process, adequate psychological support and positive verbal reinforcement could against low morale and enhance confidence especially for those patient encounter elimination problem with much embarrassment.

- **Fluid drinking modification**

Types of fluid and amount of intake could directly affect the urine output and LUTS severity, research already stated that caffeinated drinks can worsen the irritative symptoms which leading increasement on urinary frequency, urgency, sense of incomplete bladder emptying and urgency incontinence (Supatra, Muthita & Bansithi, 2011). Late fluid intake at night-time can raise nocturia and nocturnal polyuria. Therefore, drinking habit such as avoiding excessive fluid drinking in a short period of time or drinking in an even distributed time manner could help to reduce bladder irritation and lower the present of urinary frequency and urgency incontinence (Gacci et al, 2018). Varies drink such as tea, alcohol, chocolate milk, fizzy drinks and high sugar contained drinks should be avoided (Tanja, 2018).

- **Toileting / Bladder retraining**

One of the common behavioral therapies to control LUTS is toilet retraining, it helps to correct inappropriate toilet manner such as just in case toileting habit or toilet mapping. As this unsatisfied habit could reduce bladder control and diminish bladder capacity (Caple, 2017). Therefore, it is recommended to establish a regular toileting habit with good toilet environment, allow adequate time and privacy combining with mindful distraction, deferment technique or breathing relaxation exercise, patient could further reduce urgent feeling of urination or even free from urgency incontinence. According to Larsen & Gregory (2013), bladder retraining can be exercise by attempting to postpone voiding, then gradually lengthen the interval between voids until the time length of each urination become normal, i.e 3-4 hours during the day and 4-8 hours at night. The training may take few weeks for the success.

- **Pelvic floor exercise (Kegel exercise) education**

Pelvic floor exercise is conducted by active squeezing the perineum muscle, it could help to suppress urgent feeling and improve bladder control, by doing the exercise in daily equal base, it could increase pelvic floor muscle tone and perineal support as well as relaxes bladder reflexively. And it

takes time to practice for gaining the accurate control of urgency (Continence Foundation of Australia, 2020), some physiotherapies suggested during performing Kegel exercise, greater control of urgency and urine leakage could be obtained together with other strategies at the same time, it includes curling the toes when urgency strikes, do not rush to toilet once felt urgency had been suppressed, leaning and bending forward to relax the bladder, change from standing to sitting position with cross legs or try kneeling down at the same time.

- **Continence products advice and skin care education**

A good continence absorbent device could help patient to reduce embarrassment from urinary incontinence, preventing potential skin problem and promote good personal hygiene. For male patients who need absorbent device, there are some selective criteria and concern, the material should be comfortable, free from skin allergy with prolong clean and dry nature. Owing to anatomical shape of male body structure, a close-fitting design without bulking, slipping, well securely fix to underwear and cost effective are typically considered. Also, selection of appropriate size accommodating patient's severity of urine leakage such as light, heavy and super wet should be well identified while selecting the absorbents. Apart from using continence absorbing pads, skin moisturizing protective barrier cream could be applied for extra skin protection if necessary.

- **Drugs compliance review**

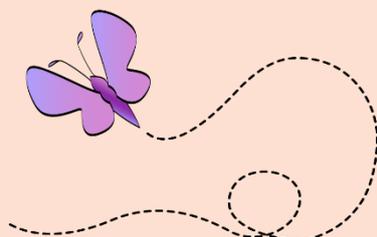
According to Sabnis, Mulawkar & Joshi (2021), using alpha-blockers, 5reductase inhibitors (5ARI), combination therapy or other agents such as antimuscarinic drug, beta-3 agonists, phosphodiesterase 5 inhibitors are commonly used to control the LUTS caused by BPO. However, potential drugs side effect which affecting typical geriatric problems such as alternation on cognitive function for dementia patient, increase associated fall incidents due to alternation on blood pressure, anticholinergic effect arousing constipation should be closely monitored.

- **Potential surgical operation education**

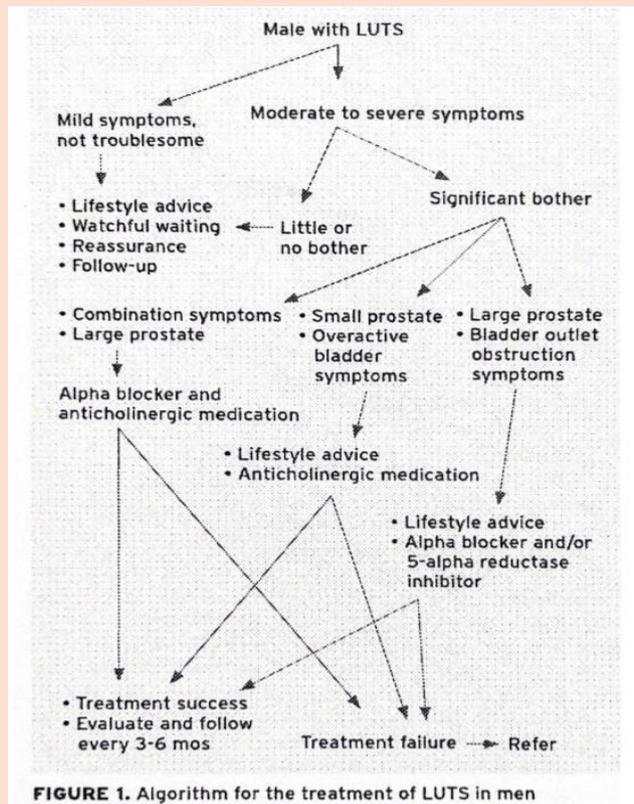
Other than conservative watchful waiting management or medical management, transurethral resection of the prostate (TURP) remains the most widely option for patients with BPO if prostate size > 30 gm (From NICE guideline), besides, there are still other alternate surgical options such as enucleation of prostate and prostatic urethral lift (PUL), the prevalence of choice depends on an individual's condition and accommodation on their own needs. Clinicians should inform patients of the possibility of treatment failure while considering the surgical or minimally invasive treatment for LUTS secondary to benign prostate hyperplasia (Broderick, 2020).

Conclusion

As mentioned, that LUTS is a group of symptoms which is not a specific disease. The causes could be multifactorial, and it could be controlled by treating the underlying causes, however, the symptoms severity may be fluctuating and changing with patient 's own living and dietary intake style. By timely reviewing the condition with patient, re-formulating the pin-point behavioral treatment plan could improve patient condition in a realistic manner.



Appendix:



(Larsen,B. & Gregory,J.,2013)

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