



# ULUBORLU MESLEKİ BİLİMLER DERGİSİ (UMBD)

Uluborlu Journal of Vocational Sciences

<http://dergipark.gov.tr/umbd>

## TRANSÜRETRAL PROSTAT REZEKSİYONU YAPILAN HASTALARDA YAŞAM VE UYKU KALİTESİ<sup>1</sup>

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(Geliş/Received: 11.04.2023; Kabul/Accepted:29.04.2023 )

**ÖZET:** Benign prostat hiperplazisi (BPH), yaşlanan erkeklerde üriner obstrüksiyona neden olan kronik, yaygın ve ilerleyici bir hastalıktır. Son yıllarda yaşam kalitesinin her alanda giderek artan bir ilgi görmesi benign prostat hiperplazisinde de özellikle tedaviyi yönlendirmedeki rolü açısından önem kazanmaya başlamıştır. Profosyonel sağlık mesleği üyelerinden olan hemşireler, komplikasyonların önlenmesinde, gelişmesi durumunda ise erken dönemde fark edilmesinde, yaşanabilecek ağrı, kanama, tıkanıklık gibi sıkıntıları önlemeye yönelik etkili ve bilimsel eğitim ile hastaların gereksinimlerinin etkin olarak karşılanıp yaşam ve uyku kalitelerinin yükseltilmesinde büyük öneme sahiptirler. Sonuç olarak üroloji hemşirelerinin hastalara uygun biçimde hazırlanmış yoğun peripoperatif bakım, danışmanlık ve eğitim vermelerinin hastalar için yol gösterici nitelikte olacağı unutulmamalıdır.

**Anahtar Kelimeler:** BPH, TURP, uyku kalitesi, yaşam kalitesi.

## QUALITY OF LIFE AND SLEEP IN PATIENTS WHO HAVE TRANSURETHRAL PROSTATE RESECTION

**ABSTRACT:** Benign prostatic hyperplasia (BPH) is a chronic, common and progressive disease that causes urinary obstruction in aging men. In recent years, the increasing interest in quality of life in all areas has started to gain importance in benign prostatic hyperplasia, especially in terms of its role in directing the treatment. Nurses, who are members of the professional health profession, have a great importance in preventing complications, detecting them in the early period if they develop, and increasing the quality of life and sleep by effectively meeting the needs of the patients with effective and scientific education to prevent problems such as pain, bleeding and congestion. As a result, it should not be forgotten that urology nurses should provide appropriately prepared intensive perioperative care, counseling and training for patients.

**Keywords:** BPH, TURP, sleep quality, quality of life.

<sup>1</sup> The research is a section produced from the doctoral thesis of the first author, under the supervision of the second author, who continues in the Department of Nursing, Institute of Health Sciences, Cukurova University.

## 1.INTRODUCTION:

Although BPH, which is one of the most common diseases in the world and is closely related to ageing, does not pose a life threat, it causes bladder outlet obstruction and causes moderate to severe lower urinary tract symptoms [1,2]. These symptoms, which cause BPH to be an important health problem to be feared: nocturia (66.1%), increased frequency of urination (44.4%), intermittent urination (35.0%), poor urine flow (40.1%), residual feeling (40.1%), sudden urgency (26.8%), and waiting to urinate (17.5%) [3]. The symptoms observed negatively affect the patient's daily activities, sleep patterns, and quality of life.

Experiencing this process for a long time causes the development of conditions such as sleep disorder, anxiety, depression, decreased self-confidence, and inability to evaluate leisure time [3-5].

Multimodal therapy is usually used for treating BPH. Multimodal treatment includes lifestyle changes, pharmacological treatment, and a surgical approach in cases where pharmacological treatments lose their effectiveness [6-7]. Treatment decisions typically depend on the severity of symptoms and subjectively perceived discomfort [8]. While BPH surgery was seen as a challenge to death, which is still difficult to implement in the first half of the 20th century, developments in health services in the second half; antibiotics, anaesthesia, and improved surgical procedures have changed this situation [4]. Today, many methods are used in the surgical treatment of BPH. However, the most commonly preferred method, transurethral resection of the prostate (TURP), which is one of the clean contaminated urological procedures, appears to be promising [9]. According to the European Urology Association 2021 guideline, TURP is an endoscopic surgical treatment method used in patients with a prostate volume of less than 80 ml [10]. TURP, which was first applied in the 1930s, has been accepted as the gold standard for many years [11-13]. The main purpose of TURP is to protect patients from future morbidity and mortality due to BPH and to increase life quality (QoL) by eliminating symptoms [3]. It is seen in the results of studies on the subject that there is a significant improvement in the QoL of patients after TURP [3, 12, 14-17]. Determination of QoL in patients before and after TURP will be a guide in terms of nursing interventions to be applied to patients and providing quality care. The critical aspect of nursing care is that urology nurses deal not only with objective data but also with subjective data, as well as providing education and counselling to patients in the perioperative period [18].

In this review, the effect of TURP, which is a very effective treatment method for treating BPH, on quality of life and sleep is discussed.

## 2.TRANSURETHRAL PROSTATE RESECTION (TURP)

For treating lower urinary system symptoms (LUTS) due to BPH, resection of prostatic adenoma tissue by entering through the urethra is currently accepted as the best method in terms of results [19,20]. Despite the improvement in voiding parameters and acceptable side effects in more than 90% of the patients in a follow-up period of more than ten years, TURP still does not maintain its status as the gold standard surgical treatment, despite new minimally invasive methods [7]. This method, which was first applied by McCarty in 1932 with the use of a light source, a cystoscope, electrical energy and high-resistance probe, has been used in the surgical treatment of BPH for more than 80 years. The waveform of the electric current, the peak voltage current, and the power reveal the shear or coagulation effect. Continuous sine waves and high power current create the high energy required for cutting. The effect of pauses, and short-term currents on the tissue is in the form of coagulation [19].

Although TURP is a highly effective method for treating of BPH, its complications include higher transfusion risk, longer postoperative catheterization time, longer hospital stay, sexual dysfunction, retrograde ejaculation, postoperative bleeding, continent urinary retention, TURP syndrome, and urinary stenosis [11,21,22]. The mortality rate with the TURP procedure was 0.1%, and the morbidity rate was approximately 18%. It is possible to obtain positive long-term symptomatic results after TURP [3,23]. Although the widespread use of clinical guidelines and advances in medical treatment in the last 30 years has reduced the number of TURPs performed, it remains the gold standard in the surgical treatment of BPH today [19,24].

### **2.1. Transurethral Prostate Resection and Quality of Life**

“General quality of life” is defined as subjective well-being along with general measures of how happy and/or satisfied individuals are with life as a whole [18]. BPH, which is the most common disease in elderly men, increases LUTS, causes embarrassment in patients, and affects QoL, which is a broad and complex concept, by affecting their daily activities and sleep quality. LUTS due to BPH constitutes a significant burden affecting the QoL of those affected by this condition. Therefore, alleviating patients' complaints and increasing QoL constitute the main goal of TURP treatment [3,25,26]. Considering the burden of symptoms affecting patients with BPH and the increasing number of surgical treatments due to BPH worldwide, the negative effects of patients on QoL are of concern to both health and economic experts [27,28]. Recently, the increasing interest in QoL in all areas has gained importance for treating BPH, especially in guiding the treatment. This tool allows you to correct mistakes, rephrase sentences and improve your writing. The green highlight on the right indicates a change. In this context, nurses working in the urology service are expected to take an early and effective interest in the management of not only objective and quantitative parameters, but also subjective parameters such as patient satisfaction with TURP, postoperative life and sleep quality. Considering the physical and psychological problems together, the assessment of symptoms must be confirmed at the time of initial diagnosis. The discovery of appropriate treatment and new strategies through rapid symptom assessment to improve the QOL of the ageing population is the basis for positive ageing outcomes [18]. For this reason, symptom score inquiries, including questions about QoL, are used both for diagnosis and follow-up treatment [12].

### **2.2. Transurethral Prostate Resection and Sleep Quality**

It is crucial to meet the basic needs of a person, a biological, psychological, social, and cultural being, to be a healthy individual physically and spiritually. “Sleep”, which is one of these basic needs, has an important place in human life as much as breathing, excretion and nutrition. Sleep is a process that relieves the individual from stress and responsibilities, and helps him or her to re-energize physically and spiritually. William Shakespeare expressed the therapeutic effect of sleep as “Sleep is nature's soft nurse”. An adult spends an average of 7-8 hours a day in sleep. The importance of sleep is generally understood in cases where sleep deprivation or disorder develops [3]. Nocturia, which is defined as two or more urination at night, which is a symptom of BPH, causes insomnia and adversely affects the sleep quality of the patient [3,29]. Nocturia can cause insomnia, daytime sleepiness, decreased productivity, mood changes, and cognitive dysfunction, as well as an increased risk of accidental falls in the elderly. There are also indications that insomnia increases the risk of depression, cardiovascular diseases, and diabetes mellitus. From this point of view, getting up to urinate at night affects the individual in many ways, and it seems necessary to turn the health status of patients into a positive one [29,30]. Frequent awakenings, shortening of sleep duration and insufficient sleep seriously affect the lives of BPH patients. In short, BPH causes disturbed sleep by interrupting sleep. Cognitive behavioural therapy during sleep to improve sleep

quality, and restriction of alcohol and fluid intake before bedtime are among the conditions that potentially contribute to improving outcomes as a treatment option, but in advanced cases, a long-term solution can be achieved by performing surgery [3,31].

It is well known that TURP, which is a standard surgical procedure to relieve obstruction in patients with lower urinary tract symptoms, promises adequate effect on voiding symptoms by relieving the obstruction, and is also effective in improving storage symptoms and thus improving sleep quality [3,23].

### 3.CONCLUSION:

In this context, nurses who provide individualized care with a holistic approach in the urology service are expected to deal early and effectively with the management of not only objective and quantitative parameters but also subjective parameters such as patients' life and sleep quality in the perioperative period.

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