Study of Assessment of the complications for Patients Associated with Transurethral resection of benign prostate Hyperplasia (Turp)

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Abstract

Objective: To assess the complications for patients associated with TURP, and Identify the relationship between the complications with some demographic variable , post operative data , and past history of the patient with TURP.

Methodology: A descriptive study was conducted on (78) patients with TURP, who were admitted in the urological floor and out patient urological clinics, was selected out of four Teaching Hospitals in Baghdad city The study was carried out during the period of 1st of June 2007 to the 1st of November 2008. The questionnaire consisted of (2) a major part, The first part is concerned with socio-demographic characteristics of these patients. The second part is concerned with post operative data and complications characteristics of these patients. Data were collected through the use of the questionnaire; the data collection was carried out during the period of 7th of October 2007 to the 30th of May 2008. Data were analyzed through the application of the descriptive and the inferential statistical data analysis approach.

Result: The findings of the study proved that, the socio – demographic characteristics of the TURP patients were (age, occupation status, education level, residential area, alcohol drinking, and smoking, had a significant difference effect . also the findings of the study proved that, the post operative data(duration of catheter , duration of irrigation , irrigation volume, and hospital stay duration), and past history of the patient had a significant difference effect for the complications post TURP.

Recommendation: The study recommended that, an education oriental program can be designed, constructed and a administered to patients with TURP surgery, and their family through which health and life related issues can be presented.

Key wards: patient post TURP Surgery.

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Introduction

The tradional transurethral resection of the prostate(TURP) involves insertion of a resectoscope through the urethra and into the bladder, using electrically energized loop to excises pieces of tissue from the prostate gland, which had become enlarged [1].The complications that could possibly arise within the immediate post – operative period include, hemorrhage, urinary tract infection, urinary catheter obstruction, thrombosis , each of these potential complication advices on appropriate nursing interventions. [2,3].The continuum of care from immediate post – operative care to discharge planning critical to apositive outcome is the nursing intervention with 24 to 72 hours post surgery, nursing concerns within this time frame include assessing the urinary catheter for patency and blood loss, and checks input and output every one to two hours, if blood clots impede adequate catheter drainage, gentle irrigation is performed with an isotonic solutions under aseptic technique. An uncomplicated post – operative course results from skilled medical and nursing management, including education. Rapid recognition of signs & symptoms of TURP complications is critical, Knowledge of appropriate treatment of complication is essential to assure positive patient outcomes. [4,5]. The researcher believes that Iraqi nursing studies on this subject are not available and there is a need to find out the impact of the urological problems on patients with (TURP).

The Objective of the study, To assess the complications for patients associated with TURP, and Identify the relationship between the complications with some demographic variable, post operative data , and past history of the patient with TURP.

Methodology:

Setting of the Study:

The study was carried out at four hospitals, surgical specialties Hospital, Al-Kendy Teaching Hospital, Al-Kadmia Teaching Hospital, and Al- Yarmook Teaching Hospital (Urological floor and out patients urological clinic), in Baghdad city in order to collect the study sample.

The Sample of the Study: A Purposive sample, of (78) patient with TURP, age arrange from 50-80 Years.

Study Instrument: The questionnaires was adopted and developed from the (WHO) scale by the researcher to measure these variables. The developed questionnaire consists of (2) parts.

Part 1 - Socio – Demographic Information. Part 2 - Is concerned with post operative data and complications characteristics of these patients.

Data Collection Methods: The Data were collected during the period of 7th of October 2007 to the 30th of May 2008.

Validity of the Questionnaire: A draft of the questionnaire was presented to 18expert's in order to review and evaluate it's contents.

Reliability: of the Questionnaire, determination of the reliability of the questionnaire was based on split- half method and using Spearman–Brown formula. Statistical Data analysis, the statistical procedures, which were applied for the data analysis and assessment of the result by ,descriptive Statistics(Frequency (f), percent %, mean of score, and relative sufficiency) and Inferential Statistical(Cross- tabulation, alpha- Cronbach, levens' test, fisher exact test, and simple linear regression).

Result:

Table (1): Observed Frequencies of the Demographical Characteristics Variables, Percentages, cum. Percents & Comparison's Significant

Variables	Groups	Frequencies	Percentages	Cum. Percents	C. S. (P-value)
Age Groups	50 - 54	7	9.0	9.0	HS (0.000)
	55 - 59	3	3.8	12.8	
	60 - 64	22	28.2	41.0	
	65 - 69	28	35.9	76.9	
	70 - 74	10	12.8	89.7	
	79 – 75	2	2.6	92.3	
	80 +	6	7.7	100.0	
Marital Status	Married	62	79.5	79.5	HS (0.000)
	Widow	16	20.5	100.0	
Married	Primary	51	65.4	82.3	HS (0.000)
	Multiple	11	14.1	100.0	
Occupation Status	Unemployed	16	20.5	20.5	NS (0.085)
	Retired	13	16.7	37.2	
	Self Employed	28	35.9	73.1	
	Government Employed	21	26.9	100.0	
Monthly Income	Sufficient	44	56.4	56.4	NS (0.308)
	Insufficient	34	43.6	100.0	
Family Type	Extended	43	55.1	55.1	NS (0.428)
	Nuclear	35	44.9	100.0	
Housing Own	Owned	44	56.4	56.4	NS (0.308)
	Rented	34	43.6	100.0	
Residential	urban	60	76.9	76.9	HS

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Variables	Groups	Frequencies	Percentages	Cum. Percents	C. S. (P-value)
area	rural	18	23.1	100.0	(0.000)
Education Levels	Illiterate	20	25.6	25.6	HS (0.000)
	Read & Write	17	21.8	47.4	
	Primary	2	2.6	50.0	
	Intermediate	4	5.1	55.1	
	Secondary	14	17.9	73.1	
	Institute	8	10.3	83.3	
	College & Post Graduate	13	16.7	100.0	
Drug use	Prescription	40	51.3	51.3	NS (0.901)
	Non- Prescription drug	38	48.7	100.0	
Alcohol-Drinking	No	54	69.2	69.2	HS (0.001)
	Yes	24	30.8	100.0	
Alcohol-Drinking (yes)	one time in a week	18	23.1	75.0	S (0.023)
	two time in a week	6	7.7	100.0	
Smoking	No	38	48.7	48.7	NS (0.910)
	Yes	40	51.3	100.0	
Smoking (Yes)	Up to (10)	5	6.4	12.5	HS (0.000)
	Up to (20)	25	32.1	75.0	
	Up to (40)	10	25.0	100.0	

Table (1) has shown the following characteristic of the sample with TURP according to the socio demographic data. In regard to age, the highest percentage of the sample (35.9%) was with the age group of (65 – 69) years old, (79.5%) were married, (35.9%) were self- employed, (56.4%) of sample was sufficient income, (55.1%) of the sample were extended family, the highest percentage of the sample (56.4%) has their own house, the highest percentage of the sample (76.9%) were form urban area, the highest percentage (25.6%) of the sample was illiterate, the highest percentage (51.3%) of the sample was using some of prescription drug, the highest percentage (69.2%) of the sample was not drinking alcohol and Smoking accounted, (%51.3%) of the sample.

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Table (2): Distribution of Patients Responding according to past Medical History

N = 78

Past Medical History		Frequency	Percentage %
1-1. Stroke	No	69	88.5
	Yes	9	11.5
2-1. Chronic pulmonary diseases	No	53	67.9
	Yes	25	32.1
3-1. Hypertention	No	47	60.3
	Yes	31	39.7
3-2. Arteriosclerosis	No	66	84.6
	Yes	12	15.4
3-3. Increase of Blood cholestrol	No	57	73.1
	Yes	21	26.9
3-4. Cardic failure	No	63	80.8
	Yes	15	19.2
4-1. Malnutrition	No	49	62.8
	Yes	29	37.2
4-2. Obesity	No	60	76.9
	Yes	18	23.1
5. Diabetes mellitus	No	53	67.9
	Yes	25	32.1
6-1. Urinary Tract Infection	No	18	23.1
	Yes	60	76.9
6-2. Bladder infection	No	35	44.9
	Yes	43	55.1
6-3. Urethral stricture	No	39	50.0
	Yes	39	50.0
6-4-1. Nocturia	No	46	59.0
	Yes	32	41.0
6-4-2. Urinary Hesitancy	No	21	26.9
	Yes	57	73.1

6-4-3. Hematuria	No	30	38.5
	Yes	48	61.5
6-4-4. Urinary retention	No	16	20.5
	Yes	62	79.5
6-4-5. Dribbling of urine .(Post void)	No	28	35.9
	Yes	50	64.1
7-1. Prostatitis	No	11	14.1
	Yes	67	85.9
7-2. Venereal disease	No	69	88.5
	Yes	9	11.5

Table (2) has shown the following information of the sample with (TURP) according to the past medical history. In regard to neurological disorder item (1) about (11.5%) of the sample had a stroke. In regard to respiratory disorder item (2) about (32.1%) of the sample had a chronic pulmonary disease. In regard to cardiac vascular disorder item (3), about (39.7%) of the sample had hypertension, (15.4%) of the sample had vascular disorder, (26.9%) of the sample had increase in blood cholesterol, and about (19.2%) of the sample had cardiac failure.

In regard to digestive disorder (item 4) it has shown that, about (37.2%) of the sample had malnutrition, and (23.1%) of them has obesity. In regard to diabetes mellitus (item 5) it has shown that about (32.1%) of the sample had diabetes mellitus. In regard to renal disorder (item 6) it has shown that about (76.2%) of the sample had UTI, cystitis about (55.1%), and urethral stricture about (50%). In regard to genito urinarydisorder (item 6), the table has shown that about (41%) of the sample had nocturia, hesitancy about (73.1%), hematuria about (61.5%), urinary retention about (79.5%) and dribbling of the urine about (64.1%)of he sample. In regard to reproductive disorder (item) it has shown that,(85.9) of the sample had prostatitis, and (11.5%) of the sample had venereal disease.

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Table (3): Distribution of Patients Responding of TURP according to Post Operative Data

N = 78

Items	Class	F	%	Cum.	MS	SD	C.S.
Post operation data-(1)	4	5	6.5	6.4	5.96	1.26	HS (0.000)
	5	28	35.9	42.3			
	6	25	32.1	74.4			
	7	9	11.5	85.9			
	8	8	10.3	96.2			
	9	2	2.6	98.7			
	10	1	1.3	100.0			
Post operation data-(2)	24	19	24.4	24.4	45.0	18.31	HS (0.000)
	28	2	2.6	26.9			
	32	2	2.6	29.5			
	36	11	14.1	43.6			
	42	1	1.3	44.9			
	48	27	34.6	79.5			
	60	2	2.6	82.1			
	72	7	9.0	91.0			
	76	1	1.3	92.3			
	78	1	1.3	93.6			
	84	4	5.1	98.7			
	86	1	1.3	100.0			
Post operation data-(3)	4	6	7.7	7.7	8.36	4.05	HS (0.000)
	5	13	16.7	24.4			
	6	19	24.4	48.7			
	7	1	1.3	50.0			
	8	11	14.1	64.1			
	10	15	19.2	83.3			
	12	5	6.4	89.7			
	14	1	1.3	91.0			
	16	2	2.6	93.6			
	18	1	1.3	94.9			
	20	4	5.1	100.0			

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Cum = cumulating

Post operation data-(4)	2	13	16.7	16.7	3.91	1.68	HS (0.000)
	3	27	34.6	51.3			
	4	19	24.4	75.6			
	5	5	6.4	82.1			
	6	6	7.7	89.7			
	7	4	5.1	94.9			
	8	3	3.8	98.7			
	9	1	1.3	100.0			
Post operation data-(5)	2	5	6.4	6.4	4.59	2.36	HS (0.000)
	3	22	28.2	34.6			
	4	30	38.5	73.1			
	5	5	6.4	79.5			
	6	5	6.4	85.9			
	8	4	5.1	91.0			
	9	1	1.3	92.3			
	10	3	3.8	96.2			
	12	3	3.8	100.0			

F = Frequency, SD= Stander deviation, % = Percentage, CS = Contingency Significance, MS= mean score

Table (3) has shown the following information of the sample with TURP according to the post – operative data. In regard to duration of the catheter item (1), the highest percentage (35.9%) of the sample were duration of catheter for (5) days, and about (32.1%) of the sample were duration for (6) days. While the lower percentage were (1.3%) for (10) days. In addition to that, a significant difference at ($p < 0.05$) was obtained among the post operative data frequencies distribution.

In regard to duration of bladder irrigation post TURP item (2), the result revealed that, the highest percentage (34.6%) of the sample were duration of irrigation takes (48) hours, in addition to that, a significant difference at ($p < 0.05$) was obtained in post operative item (2) frequencies distribution. In regard to irrigation volume (liters) item (3) the result revealed that, most of the sample (24.4%) has used (6) liters through irrigation bladder and, about (19.2%) of them has used (10) liters. In addition, a significant difference at ($p < 0.05$) was recorded among irrigate volume frequencies distribution.

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In regard to hospital stay item (4), the result revealed that, most of the sample who spend (3) days after TURP operation in the hospital were (34.6%), and those who spend (4) days after TURP operation were (24.4%), while the lower percentage who spend (9) days after TURP operation were (1.3%). In addition to that, a significant difference at ($p < 0.05$) was recorded in the hospital stay frequencies distribution.

Concerning to the period after TURP item (5) the result revealed that, the highest percentage (38.5%) of the sample were involved in the study attended hospital after (4) weeks for following up their treatment and investigation post TURP operation. In addition to that a significant difference at ($p < 0.05$) was obtained among the period post TURP for following up frequencies distribution.

Table (4): Distribution of Patients Responding of Post Operative TURP Complication

N = 78

		Frequency	Percent	C.S.
Early complication-(1)	No	41	52.6	NS (0.734)
	Yes	37	47.4	
Early complication-(2)	No	62	79.5	HS (0.000)
	Yes	16	20.5	
Early complication-(3-1)	No	63	80.8	HS (0.000)
	Yes	15	19.2	
Early complication-(3-2)	No	68	87.2	HS (0.000)
	Yes	10	12.8	
Early complication-(3-3)	No	65	83.3	HS (0.000)
	Yes	13	16.7	
Early complication-(3-4)	No	60	76.9	NS (0.213)
	Yes	18	23.1	
Early complication-(3-5)	No	45	57.7	HS (0.000)
	Yes	33	42.3	
Early complication-(3-6)	No	66	84.6	NS (0.089)
	Yes	12	15.4	
Early complication-(4)	No	31	39.7	HS (0.000)
	Yes	47	60.3	
Early complication-(5)	No	67	85.9	HS (0.000)
	Yes	11	14.1	
Early complication-(6)	No	69	88.5	HS (0.000)
	Yes	9	11.5	
Late complication-(1)	No	63	80.0	HS (0.000)
	Yes	15	19.2	
Late complication-(2)	No	68	87.2	HS (0.000)
	Yes	10	12.8	
Late complication-(3)	No	45	57.7	NS (0.213)
	Yes	33	42.3	

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Late complication-(4)	No	36	46.2	NS
	Yes	42	53.8	(0.571)
Late complication-(5)	No	71	91.0	HS
	Yes	7	9.0	(0.000)
Late complication-(6)	No	56	71.8	HS
	Yes	22	28.2	(0.000)

F= Frequency,
% = Percentage,
CS = Contingency Significance

Table (4) has shown the following information of the sample with TURP according to the post operative TURP complication. In regard to the early complication, about (47.4%) of the sample had clot retention item (1), (20.5%) of the sample had hemorrhage, item (2). In regard to TURP syndrome item (3), (symptoms during 24 hours), the result revealed that, about (19.2%) of the sample had hypertension, (12.8%) of the sample had Brady cardiac, (16.7%)of the sample had tachypnea, nausea and vomiting about (23.1%), blurraled vision about (42.3%) and confusion about (15.4%). In regard to fever item (4), the result revealed that the majority of the sample (60.3%) had fever.   In regard to retention of urine after catheter removal item (5) the result revealed that about (14.1%) of the sample had retention of urine.Stress incontinence item (6), about (11.5%) of the sample had stress incontinence.

In addition to that, a significant difference at (p < 0.05) was obtained the early complication item (2), (3 - 1), (3 - 2), (3 - 3), (3 - 5), (4), (5), (6) frequencies distribution, while non significant difference at (p > 0.05) was obtained in early complication item (1), (3 - 4), (3 - 6), frequencies distribution.

Regarding to the late complication Table (2) shown that about (19.2%) of the sample had secondary hemorrhage item (1) ,(12.8%) of the sample had epididymo-orchitis item (2), (42.3%) of the sample had UTI post TURP item(3), (53.8%) of the sample had retrograde ejaculation item (4), (9%) the sample had urethral stricture item(5), (28.2%) of the sample had urge incontinence item(6) In addition to that, a significant difference at (p < 0.05) was recorded in late complication item (1), (2), (5), (6), frequencies distribution. while non significant difference at (p > 0.05) obtained among late complication item (3), (4), frequencies distribution.

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Table (5): Cross tabulation Comparisons Significant between complication & Different Demographical Characteristics Components according to Two Responding
(Upper & lower cut off point)

Demographical Characteristics	Complication		
	Value	P-value	Conf. L.
Age groups	0.297	0.275	0.725
Marital status	0.117	0.580	0.420
Occupational Status	0.297	0.057	.943
Monthly Income	0.030	0.791	.219
Family Type	0.024	0.832	.178
Housing own	0.087	0.441	.559
Residential area	0.147	0.189	.811
Educational Status	0.277	0.369	.631
Use of Some drugs	0.006	0.958	.042
Alcohol drinking	0.217	0.049	.951
Alcohol drinking (yes)	0.213	0.285	.715
Smoking (yes)	0.110	0.330	.670
Smoking	0.152	0.625	.375

Conf. L = Confidence grand level

Table (5) cross tabulation shows that significant comparisons was found between different socio-demographical characteristic components and complication score for patient with (TURP) according to two responding (upper & lower) cut off point, this table indicated that confidence grad level of complication score was affected by alcohol drinking no less than (95%), then occupational status no less than (94%) following by residential area no less than (81%), than age group no less than (72%), than smoking no less than (67%), than education level no less than (63%) and housing own no less than (56%).

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Table (6): Linear Regression Parameters Estimates of Past Medical History, Post Operative TURP Data (Early, Late & Total)

Parameter	Multiple R	R Square	F-value P-value	Bø Constant P-value	B1 Slope P-value
Past Medical History (MS)	0.26047	0.06784	5.53132 (0.0213)	2.485570 (0.0000)	- 0.739214 (0.0213)
TURP EARLY Complication (MS)	0.14499	0.02102	1.63199 (0.2053)	2.241592 (0.0000)	- 0.315387 (0.2053)
TURP LATE Complication (MS)	0.10679	0.01140	0.87677 (0.3521)	2.107105 (0.0000)	0.216978 (0.3521)
Post operative TURP data (MS)	0.02098	0.00044	0.03347 (0.8553)	2.176066 (0.0000)	- 0.062467 (0.8553)

b1 = Value

b v = p value

Table (10) linear regression has shown that a significant causes correlation between past medical history score, post (TURP) complication, and post operative (TURP) data and complication score for patient with (TURP) which had been obtained at (p < 0.05).

Discussion: the finding of the study indicated that, a significant difference at (p < 0.05) was recoded among the age, martial status, educational level, residential area, alcohol drinking, and smoking (yes) up to 20 &40 cigarette / day, frequencies distribution. While non significant difference at (p > 0.05) was recorded in the occupation status, income, family, type own house, and use of some drug, frequencies distribution (table1).

Our finding was supported by reference who mentioned that, the risk factors for complication during the producer of TURP was obesity, smoking, alcoholism, malnutrition , diabetes mellitus, recent or chronic illness and use some prescription or non prescription drugs[6].

The result showed that, (32.1%) of the sample past history of diabetes mellitus. In regard to renal disorder, the results revealed that, the majority of the sample (76.2%) had urinary tract infection, (55.1) of the sample had cystitis, (50%) of the sample had urethra stricture, (41%) of the sample had nocturia,

(61.5%) of the sample had hematuria, (79.5%) of the sample had urinary retention and (64.1%) of the sample had dribbling of urine (post void) (table 2).

Our findings consistent with [7,8] which showed that B.P.H, can result sever morbidity as a result of bladder out let obstruction, with the potential for bladder stones, over flow incontinence, dilation of the upper urinary tract, recurrent urinary tract infection, gross (prostatic), haematuria, dribbling of urine, and urinary retention, more serious, potentially life threatening complications include urosepis and renal failure.

The finding of the study indicated that, a significant difference at (p < 0.05) was recoded among the period post TURP (duration of catheter, duration of bladder irrigation, irrigation volume, duration of hospital stay), frequencies distribution (table 3).Our finding was supported by studies, who mentioned that patient will need a follow up appointment to monitor his progress, usually the first appointment will be about (7 – 17) days after TURP. Physicians, nurses and health team staff will often care for TURP patient .[9]

The findings of the study indicated that, a significant difference at (p < 0.05) was obtained the early complication item (2), (3 - 1), (3 - 2), (3 - 3), (3 - 5), (4), (5), (6) frequencies distribution, while non significant difference at (p > 0.05) was obtained in early complication item (1), (3 - 4), (3 - 6), frequencies distribution. In addition to that, a significant difference at (p < 0.05) was recorded in late complication item (1), (2), (5), (6), frequencies distribution. while non significant difference at (p > 0.05) obtained among late complication item (3), (4), frequencies distribution , (table 4).

Our finding consistent with studies, which they reported that the complication post TURP had a significant effect their health.

Our finding also consistent with previous studies, which showed that the most serious TURP, associated complication is known as TURP syndrome, it occurs in about (2 - 4 %) of TURP patient usually with the first (24) hours, abnormal vascular absorption of irrigation fluid during surgery causes sever dilutional, hyponatremia and hypervolemia [10,11,12].

The finding of the study indicated that, across tabulation shows that a significant different comparison was found between, some socio-demographical characteristic components and complications score for TURP patients (table5). Our finding is consistent with reference, who found a highly significant association between risk factors which were studied (old age > 70 years, multiple wives, level of education, low income, contamination of environmental, comorbidities, and losing a job with complication.[13]

The finding of the study has shown that a significant causes correlation between post (TURP) complication,with post operative (TURP) data and past history score for patient with (TURP) which had been obtained at (p < 0.05) ,table 6.

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Our finding is consistent with studies [14,15,16], which they reported that the complication post TURP had a significant effect their health related to complication score.

Conclusion: cross tabulation shows that a significant different comparison was found between , some socio-demographical characteristic components and complication score for TURP patients , and linear regression has shown that a significant different correlation between, post operative TURP complication with post operative data and past history for the patients.

Recommendations: An education oriental program can be designed, constructed and a administered to patients with TURP surgery, and their family through which health and life related issues can be presented.

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الاستاذ الدكتور نظيرة حسين علوان الصفار
المعهد الطبي التقني \بغداد

الخلاصة:

الهدف : تقيم المضاعفات الجانبية بعد عملية استئصال البروستات الحميدة بالناظور وإيجاد العلاقة بين المضاعفات والمعلومات الديموغرافية والتاريخ المرضي السابق للمريض والمعلومات بعد العملية.

المنهجية : دراسة وصفية أجريت على 78 مريض لديهم عملية استئصال البروستات الحميدة بالناظور من الذين دخلوا الطوابق البولية والعيادات الاستشارية التخصصية البولية) في أربع مستشفيات التعليمية في مدينة بغداد لأجل العلاج والمتابعة للفترة من 1 حزيران 2007 ولغاية 1 تشرين الثاني 2008 . شملت استمارة الاستبيان على جزئيين ، الجزء الأول يحتوي على المعلومات الديموغرافية للمرضى ، أما الجزء الثاني يحتوي على المعلومات ما بعد العملية ، المضاعفات الجانبية والتاريخ المرضي السابق للمريض .

استغرقت عملية جمع المعلومات للفترة من 7 تشرين الاول 2007 ولغاية 30 أيار 2008 ، البيانات تم تحليلها من خلال أسلوب التحليل الوصفي والاستنتاجي.

النتائج : أظهرت نتائج الدراسة ، إن المعلومات الديموغرافية (العمر ، العمل ، المستوى الثقافي ، منطقة السكن ، تناول الكحول والتدخين) ذات علاقة معنوية مع المضاعفات الجانبية للمريض بعد العملية . كما بينت النتائج إن المعلومات بعد العملية (مدة بقاء القطرة البولية، مدة غسل المثانة، حجم السائل للغسيل، ومدة بقاء المريض في المستشفى) وتاريخ المريض السابق ذات دلالة معنوية مع المضاعفات الجانبية وتأثرت بمختلف درجات التأثير بعد العملية.

التوصيات : أوصت الدراسات بضرورة وجود برنامج ترفيهي وتعليمي يقدم إلى مرضى عملية استئصال البروستات وعوائلهم لزيادة وعيهم وفهمهم تجاه هذه المشاكل.

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