

Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. The nurse is providing care for a male patient diagnosed with acute prostatitis. Which intervention is unnecessary for the nurse to discuss with this patient?
1. Methods of pain management
 2. Need for surgery intervention
 3. Monitoring of ability to void
 4. Information about prevention
- _____ 2. A patient diagnosed with benign prostatic hyperplasia is prescribed the alpha-blocking medication tamsulosin to reduce symptoms. For which side effect does the nurse monitor this patient?
1. Dry mouth
 2. Headaches
 3. Hypotension
 4. Urinary frequency
- _____ 3. A 70-year-old male arrives in the emergency department and says, "I haven't urinated in 24 hours. I feel like I have to go, but I can't." Which care does the nurse anticipate providing first?
1. STAT administration of IV fluids
 2. Emergency preparation for a cystoscopy
 3. STAT insertion of an indwelling catheter
 4. Emergency preparation for an intravenous pyelogram (IVP)
- _____ 4. The nurse is providing preoperative care for an 80-year-old patient who is scheduled to have prostate surgery. The patient says, "I know a man who was impotent after this surgery. Will that happen to me?" Which response by the nurse is most appropriate?
1. "There are many treatments available if it does occur."
 2. "Most men your age learn to deal with erectile dysfunction if it does occur."
 3. "Impotence should not be a problem; sperm production is not affected by this surgery."
 4. "Prostate surgery can cause erectile dysfunction. I'll ask your surgeon to explain the risks to you."
- _____ 5. A patient has just returned from a transurethral resection of the prostate (TURP). Which explanation does the nurse provide if the patient asks why he needs a urinary catheter?
1. "The catheter keeps your bladder empty to reduce risk for infection"
 2. "The catheter is keeping pressure on the surgery area to prevent bleeding."
 3. "We can take the catheter out when you are able to urinate on your own."
 4. "The catheter is being used to irrigate your bladder with antibiotics."
- _____ 6. A male patient who is 60 years old is diagnosed with prostate cancer. Which condition does the nurse recognize as the best indication for a radical prostatectomy?
1. The cytology tests indicate slow-growing cells.
 2. A digital examination locates a small prostate nodule.

- 3. The patient is experiencing bone pain.
- 4. Age indicates lack of the need for fertility.

- _____ 7. The nurse in the emergency department is providing care for a male client with priapism, which has lasted for 6 hours. For which serious condition will the nurse monitor the patient?
 - 1. The ability to urinate
 - 2. The current level of pain
 - 3. The inability for an erection
 - 4. The signs of necrotic tissue
- _____ 8. A male patient has been diagnosed with acute epididymitis. The HCP has prescribed bedrest, elevation of the scrotum on ice packs, and antibiotics. The nurse is aware that which complication is least likely to develop with the patient's diagnosis?
 - 1. Abscess
 - 2. Orchitis
 - 3. Sterility
 - 4. Chronic epididymitis
- _____ 9. A 30-year-old male patient has just received a diagnosis of testicular cancer. He appears sad and states, "I always wanted to have children. Now it will be impossible." Which information does the nurse provide to assist the patient?
 - 1. Contact information for a support group.
 - 2. Provide the patient with literature about adoption.
 - 3. Validate the impossibility of the patient fathering a child.
 - 4. Share that it is possible to bank sperm before treatment.
- _____ 10. The nurse is reviewing a patient's understanding about a scheduled vasectomy. Which statement by the patient indicates the need for additional teaching?
 - 1. "There is no change in the way an ejaculation looks or feels."
 - 2. "Another kind of birth control should be used for 3 months."
 - 3. "Sperm will no longer be produced once healing is completed."
 - 4. "A semen sample evaluation will confirm success of the surgery."
- _____ 11. A male patient in an HCP's office, tells the nurse, "I am impotent and cannot have a fulfilling sex life with my spouse." In which way can the nurse support the patient?
 - 1. "We see many patients with your condition and it is usually emotional."
 - 2. "You should discuss the problem with your spouse and share feelings."
 - 3. "We no longer use negative terms as reference to erectile dysfunction."
 - 4. "The problem is usually related to fatigue and stress and can be managed."
- _____ 12. A patient has just received a new prescription for a transurethral suppository for erectile dysfunction. Which instruction should the nurse provide regarding the use of this medication?
 - 1. "Urinate before you insert the suppository into your urethra."
 - 2. "Remove the suppository after you are finished having intercourse."
 - 3. "Lubricate the suppository well and insert it into your rectum before intercourse."
 - 4. "Insert the suppository into the urethra at least 2 hours before anticipated intercourse."

- _____ 13. The nurse is reviewing the report on fertility testing for a male patient who is 28 years of age. The report designates the cause of infertility as a low sperm count with no other identified physiological disorders. Which type of infertility does the nurse recognize?
1. Pretesticular
 2. Testicular
 3. Posttesticular
 4. Hormonal
- _____ 14. The nurse is participating in the care of a male patient in the emergency department for a severe episode of hypotension. The patient takes sildenafil for erectile dysfunction. Medical history indicates management of hypertension and diabetes. Which information does the nurse provide related to meeting this patient's needs?
1. The need to have antihypertensive medication adjusted
 2. Testing to determine compromised penile circulation
 3. The effectiveness of herbs for erectile dysfunction
 4. Testing to validate an adequate testosterone level
- _____ 15. The nurse is told during a physical examination that a male patient has a curved penis during erection. Which term does the nurse use to document this observation?
1. Priapism
 2. Phimosis
 3. Paraphimosis
 4. Peyronie disease
- _____ 16. The nurse is contributing to patient teaching for a patient who is not circumcised and diagnosed with penile cancer. The small red lesion was removed by laser surgery. Which postprocedure information does the nurse recognize as being least beneficial?
1. Refraining from unprotected sexual activity
 2. Maintaining good hygiene due to being uncircumcised
 3. The importance of early reporting of additional lesions
 4. The benefits and complications related to adult circumcision
- _____ 17. The parent of a newborn male is informed of a condition called *cryptorchidism*. The HCP states if the condition does not resolve within a few months, surgery will be required before the age of 1 year. The parent asks the nurse why surgery is so important. Which reason does the nurse provide in support of the surgery?
1. The child will be teased for looking different.
 2. Formation of sexual characteristics are delayed.
 3. Lack of correction can result in infertility.
 4. Normal sexual functioning will not be possible.
- _____ 18. A male patient expresses the desire to have a vasectomy reversed that was performed 5 years ago. Which information about vasectomy reversal does the nurse recognize as the most likely cause of an unsuccessful surgery?
1. Sections of the vas deferens were removed.
 2. Testing will be needed to confirm sperm production.
 3. The period of time passed may be too long.
 4. It may be necessary to reconnect at the epididymis.

- _____ 19. A male patient is unable to achieve or maintain a penile erection long enough for ejaculation. The erectile dysfunction is considered the reason for the patient's infertility. Which treatment does the nurse expect the HCP to prescribe initially?
1. Dehydroepiandrosterone
 2. Oral doses of tadalafil
 3. Testosterone replacement
 4. Penile injections
- _____ 20. A male patient reports that he is uncircumcised and has been having a problem retracting his foreskin for several months. The penis now looks reddened with a noticeable discharge. Which is the most likely reason the patient has delayed reporting the condition?
1. Fear of a serious disease such as cancer
 2. Not wanting a circumcision as an adult
 3. Confident about success with self-treatment
 4. Embarrassment about such a personal issue
- _____ 21. A male patient seeks medical advice about intermittent erectile dysfunction. Which comment by the patient prompts the nurse to collect additional information?
1. "After a few drinks, I always ask my partner for sex."
 2. "I have a very busy job, but feel up to the challenge."
 3. "I function well with 7 hours of sleep each night."
 4. "I have been really healthy except for the flu last year."
- _____ 22. A patient arrives in the emergency department with pain in the scrotum. The scrotal skin is tender, red, and warm to the touch. Which information will cause the nurse to suspect the patient has epididymitis?
1. The patient is single but has a monogamous sexual relationship.
 2. The patient has not traveled out of the country before.
 3. The patient started a new task on his job using a jack hammer.
 4. The patient has not been treated for any illness for 6 months.

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

- _____ 23. The nurse is collecting a medication history from a man with erectile dysfunction. For which class of medication and lifestyle substances should the nurse focus because they can cause erectile dysfunction? (Select all that apply.)
1. Alcohol
 2. Caffeine
 3. Antibiotics
 4. Antihistamines
 5. Beta-blocking agents
- _____ 24. A male patient reports that manifestations of benign prostatic hyperplasia (BPH) have been occurring for several years. On which problems related to this condition does the nurse focus when collecting health information? (Select all that apply.)
1. Urosepsis

2. Bladder cancer
3. Renal insufficiency
4. Evidence of hydronephrosis
5. Recurrent urinary tract infections

_____ 25. The nurse reviews orders from the HCP for a patient recovering from a TURP. The patient is prescribed for bladder irrigation, antispasmodic medication, and IV antibiotics every 6 hours. Which potential complications are these orders specifically addressing? (Select all that apply.)

1. Infection
2. Blood clots
3. Bladder spasms
4. Urinary retention
5. Nausea and vomiting

Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Answer Section

MULTIPLE CHOICE

1. ANS: 2

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders
Objective: Plan nursing care for men with genitourinary and reproductive disorders.
Page: 899
Heading: Prostatitis
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Client Need: Physiological Integrity—Physiological Adaptation
Cognitive Level: Analysis (Analyzing)
Concept: Sexuality
Difficulty: Moderate

	Feedback
1	The nurse needs to be sure the patient understands the methods of pain management, which will include both medication and nonmedication interventions.
2	At this point, it is likely to be unnecessary to discuss the need for surgery. If the condition persists and is unresponsive to treatment or becomes chronic, surgery is considered to rule out other conditions.
3	The nurse needs to explain the necessity and process for monitoring the ability to void. The patient will need to keep a diary with times and amounts of urination.
4	Information about prevention is important. The nurse will discuss all measures that can cause prostatitis and how to prevent reinfection.

PTS: 1

CON: Sexuality

2. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders
Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.
Page: 902
Heading: Benign Prostatic Hyperplasia
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Client Need: Physiological Integrity—Pharmacological Therapies
Cognitive Level: Analysis (Analyzing)
Concept: Safety
Difficulty: Moderate

	Feedback
1	Headache, dry mouth, and urinary frequency are also possible but are not life or health threatening.
2	Headache, dry mouth, and urinary frequency are also possible but are not life or

	health threatening.
3	Alpha-blocking medications dilate vessels, so the nurse should monitor the patient for hypotension, which under some circumstances can be life or health threatening.
4	Headache, dry mouth, and urinary frequency are also possible but are not life or health threatening.

PTS: 1 CON: Safety

3. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Plan nursing care for men with genitourinary and reproductive disorders.

Page: 903

Heading: Prostate Disorders

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Moderate

	Feedback
1	IV fluids will further add to his need to urinate.
2	Preparation for tests would wait until he is safe from immediate harm.
3	First, the patient must be assisted to empty his bladder to avoid rupture or other complications.
4	Preparation for tests would wait until he is safe from immediate harm.

PTS: 1 CON: Elimination

4. ANS: 4

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.

Page: 903

Heading: Prostate Disorders

Integrated Process: Clinical Problem-Solving Process

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Elimination

Difficulty: Moderate

	Feedback
1	It is inappropriate for the nurse to talk about treatments. It is not known from the information given if the patient is having a high-risk procedure. There is no reason to alarm the patient unnecessarily.
2	This reply is inappropriate because it makes an assumption about the patient's sexual function based on age.
3	It is inappropriate for the nurse to talk about treatments. It is not known from the

	information given if the patient is having a high-risk procedure. There is no reason to alarm the patient unnecessarily.
4	Some types of prostate procedures can lead to erectile dysfunction. The physician needs to address this risk with the patient.

PTS: 1 CON: Elimination

5. ANS: 2

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.

Page: 903

Heading: Transurethral Resection of the Prostate

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Moderate

	Feedback
1	Antibiotics are not routine.
2	As the tissue is removed during TURP, bleeding occurs. A Foley catheter is left in place with 30 to 60 mL of sterile water inflating the balloon. The balloon is overfilled and may be secured tightly to the leg or abdomen to tamponade (compress) the prostate area and stop the bleeding.
3	The health care provider (HCP) will remove the Foley catheter after the danger of hemorrhage has passed.
4	Irrigation solution generally flows continuously; manual irrigation may be done for the first 24 hours to help maintain catheter patency by removing clots and tissue shreds.

PTS: 1 CON: Elimination

6. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.

Page: 907

Heading: Cancer of the Prostate

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Cellular Regulation

Difficulty: Moderate

	Feedback
1	When prostate cancers are determined to be slow growing, treatment does not always indicate the need for a radical prostatectomy.
2	A digital examination of the prostate will reveal a small hardened lump or lobe. The decision to perform a radical prostatectomy will depend on the type of

	cancer and whether metastases has occurred.
3	Metastases of prostate cancer frequently involves pain in bone tissue, most often of the back or hip. Bone pain may be an indication for a radical prostatectomy.
4	The decision for a radical prostatectomy is made based on physiological indications. Age is not a determining factor, and the patient's age is not necessarily an indication of sexual or reproductive functioning.

PTS: 1 CON: Cellular Regulation

7. ANS: 1

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Plan nursing care for men with genitourinary and reproductive disorders.

Page: 910

Heading: Priapism

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Moderate

	Feedback
1	Prolonged priapism can result in the inability to urinate, which can lead to bladder distention, dilation of the ureters, and hydronephrosis. This condition is considered serious.
2	The patient's pain level is to be monitored, but the presence of pain is expected and not considered to be serious.
3	After priapism, the patient may have an inability to have an erection. However, the nurse will not be monitoring for this condition. Diagnosis will occur after recovery from the episode.
4	The patient with prolonged priapism is at risk for penile tissue necrosis due to a lack of oxygen. However, the condition is not likely to occur during emergency care.

PTS: 1 CON: Sexuality

8. ANS: 2

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Explain the pathophysiology associated with each male genitourinary and reproductive disorder discussed in this chapter.

Page: 910

Heading: Epididymitis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Moderate

	Feedback
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1	With the diagnosis of epididymitis, it is possible for the patient to develop an abscess as a complication.
2	Orchitis is inflammation/infection of the testicles; it can be caused by trauma or infection from epididymitis, urinary tract infections (UTIs), sexually transmitted infections (STIs), or systemic diseases. However, because orchitis is a rare condition, it is the least likely complication.
3	It is possible for the patient with epididymitis to develop sterility.
4	Acute epididymitis can become a chronic condition if not treated or not responsive to treatment.

PTS: 1 CON: Sexuality

9. ANS: 4

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders
Objective: Plan nursing care for men with genitourinary and reproductive disorders.
Page: 910
Heading: Cancer of the Testicles
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Client Need: Physiological Integrity—Physiological Adaptation
Cognitive Level: Application (Applying)
Concept: Cellular Regulation
Difficulty: Moderate

	Feedback
1	The patient may benefit from a support group; however, the patient's current concern is the possibility of having children.
2	Providing adoption literature is inappropriate at this time.
3	Having children is possible even with the diagnosis of testicular cancer.
4	If the patient wants to have children, he should be encouraged to make deposits in a sperm bank before any surgery or treatment is started.

PTS: 1 CON: Cellular Regulation

10. ANS: 3

Chapter: Nursing Care of Male Patients With Genitourinary Disorders
Objective: Plan nursing care for men with genitourinary and reproductive disorders.
Page: 910
Heading: Vasectomy
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Client Need: Physiological Integrity—Physiological Adaptation
Cognitive Level: Analysis (Analyzing)
Concept: Sexuality
Difficulty: Moderate

	Feedback
1	When the patient states no change in the way an ejaculation looks or feels, there is no need for additional teaching.

2	Three months of additional birth control provides protection until the lack of sperm passage is validated.
3	This statement indicates a need for additional teaching. Sperm will continue to be produced by the testes, but they will be absorbed by the body.
4	The evaluation of a semen sample is the most effective way to confirm the success of a vasectomy. Unprotected intercourse should not be experienced before this confirmation.

PTS: 1 CON: Sexuality

11. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Discuss the nurse's role in helping men cope with loss of sexual function.

Page: 912

Heading: Sexual Functioning

Integrated Process: Caring

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Difficult

	Feedback
1	Before the 1980s, 90 percent of erectile dysfunction was thought to be caused by emotional issues. Researchers now believe that 80 to 90 percent are caused by physical problems.
2	This statement does not provide the patient with support. Also, the nurse does not know if the patient and spouse have already discussed the issue.
3	The nurse can support the patient by replacing the client's negative terminology with the term of <i>erectile dysfunction</i> . The term <i>impotence</i> carries a negative meaning of "powerlessness."
4	The problem may be related to fatigue and stress, but there is no indication that the patient is experiencing either outside the problem itself. This does not provide the patient with the best support.

PTS: 1 CON: Sexuality

12. ANS: 1

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Discuss the nurse's role in helping men cope with loss of sexual function.

Page: 912

Heading: Transurethral Suppository

Integrated Process: Teaching/Learning

Client Need: Physiological Integrity—Pharmacological Therapies

Cognitive Level: Application (Applying)

Concept: Sexuality

Difficulty: Moderate

	Feedback
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1	The patient is instructed to urinate before use of the suppository.
2	The suppository will be absorbed and is not removable.
3	A tiny pellet (microsuppository) is inserted into the urethra using a specialized single-dose applicator. The medication usually begins to work in 5 to 10 minutes, and the effects last for approximately 30 to 60 minutes.
4	Two hours is too long to insert before having intercourse.

PTS: 1 CON: Sexuality

13. ANS: 2

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Identify disorders of the male reproductive system that interfere with fertility.

Page: 913

Heading: Infertility

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Difficult

	Feedback
1	Pretesticular infertility is usually associated with pituitary or adrenal tumors, thyroid problems, or uncontrolled diabetes mellitus. The report notes no physiological disorders.
2	Testicular infertility is caused by two factors: varicoceles and idiopathic. The report notes no physiological disorder, which would include varicoceles. However, idiopathic causes are numerous: A common cause is anything that raises the temperature of the testes or causes damage or injury.
3	Posttesticular infertility is caused by any surgery or injury along the path of the sperm from the testes to the outside of the body, such as vasectomy or any other surgery that can cause retrograde ejaculation.
4	Hormonal infertility by definition is considered pretesticular.

PTS: 1 CON: Sexuality

14. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: List treatment options available for treatment of male infertility.

Page: 913

Heading: Erectile Dysfunction

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Pharmacological Therapies

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Moderate

	Feedback
1	If the patient is being treated for hypertension, adjustment of the medication can

	be considered, but may not be possible. Any antihypertensive medication will likely cause a hypotensive episode when sildenafil is used.
2	The patient is a diabetic and may very well have compromised penile circulation. Acquisition of this knowledge does not alone meet the patient's need.
3	Several herbal remedies may be effective in resolving erectile dysfunction, such as yohimbine, ginseng, ginkgo, and others. The patient needs to understand that herbal therapies can have side effects and the HCP should be aware of the therapy.
4	Testing to validate an adequate testosterone level will not alone meet the patient's need.

PTS: 1 CON: Sexuality

15. ANS: 4

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe disorders of the testicles and penis and how they affect sexual function.

Page: 916

Heading: Penile Disorders

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)

Concept: Sexuality

Difficulty: Moderate

	Feedback
1	Priapism is a painful erection that lasts too long.
2	Phimosis describes a condition in which the foreskin of an uncircumcised male becomes so tight it is difficult or impossible to pull back, away from the head of the penis.
3	Paraphimosis occurs when the uncircumcised foreskin is pulled back, during intercourse or bathing, and not immediately replaced in a forward position. This causes constriction of the dorsal veins, which leads to edema and pain.
4	Peyronie disease often gives the penis a curved or crooked look when it is erect.

PTS: 1 CON: Sexuality

16. ANS: 4

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe disorders of the testicles and penis and how they affect sexual function.

Page: 910

Heading: Penile Cancer

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Application (Applying)

Concept: Cellular Regulation

Difficulty: Moderate

	Feedback
1	Penile cancer can be spread to a sexual partner. Because the patient is at risk for additional lesions, the patient and the patient's partner may benefit by having protected sex.
2	It is important for the patient to understand the importance of good hygiene, especially when uncircumcised.
3	The patient is at risk for reoccurrence of penile cancer. Monitoring for lesions regularly allows for early treatment.
4	If a male patient has had penile cancer, he may want to consider being circumcised to decrease the risk of reoccurrence of the disease. However, this is the least beneficial information at this time.

PTS: 1 CON: Cellular Regulation

17. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Identify disorders of the male reproductive system that interfere with fertility.

Page: 910

Heading: Testicular Disorders

Integrated Process: Teaching/Learning

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Difficult

	Feedback
1	The reason that the child will be teased for looking different is not necessarily supportive of surgery.
2	Cryptorchidism does not delay the formation of sexual characteristics if surgery is not performed.
3	The nurse should inform the parent that not having the surgery can result in the development of infertility. This factor is strongly supportive of surgery.
4	Cryptorchidism does not interfere with normal sexual functioning.

PTS: 1 CON: Sexuality

18. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: List treatment options available for male infertility.

Page: 912

Heading: Vasectomy Reversal

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Moderate

	Feedback
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1	When a section of the vas deferens is removed during a vasectomy, the HCP may not be able to reconnect the ends. However, another type of surgery is available.
2	It is true that sperm production may be limited or absent, depending on the time lapse for the vasectomy. However, this fact alone does not reflect the success of the surgery.
3	Reversed vasectomy is more likely to be successful if the time span from the vasectomy is short. The reconstruction process and sperm production both decline with the passage of time.
4	When the ends of the vas deferens are too short or are unable to be reconnected, the vas deferens can be connected directly to the epididymis.

PTS: 1 CON: Sexuality

19. ANS: 2

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Identify disorders of the male reproductive system that interfere with fertility.

Page: 912

Heading: Erectile Dysfunction

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Pharmacological Therapies

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Difficult

	Feedback
1	Dehydroepiandrosterone (DHEA) is a steroid hormone that is listed under herbal remedies in this book. Treatment from this category may or may not be effective. This is unlikely to be the HCP's initial prescription.
2	Oral medications such as tadalafil, sildenafil, and vardenafil are now the first line of therapy used to treat erectile dysfunction.
3	Testosterone replacement can be prescribed if a deficiency is identified. The HCP must assure that the patient does not have contraindications such as prostate cancer. This is not likely to be the HCP's first approach.
4	Penile injections are a possible treatment for erectile dysfunction; however, it requires careful evaluation of the patient and the patient's partner to determine their ability to perform the injections. This is not likely the HCP's first approach.

PTS: 1 CON: Sexuality

20. ANS: 4

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe disorders of the testicles and penis and how they affect sexual function.

Page: 910

Heading: Phimosis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Application (Applying)
Concept: Sexuality
Difficulty: Moderate

	Feedback
1	Fear of a serious disease may cause some patients to report phimosis, but this is not the most likely reason to delay seeking medical help.
2	Not wanting a circumcision as an adult is not likely to be the reason to delay seeking medical help.
3	Being confident about success with self-treatment may be motivated by embarrassment, but alone it is not the likely reason to delay seeking medical help.
4	Many male patients have difficulty reporting penile disorders to HCPs because of embarrassment about reporting such a personal problem.

PTS: 1 CON: Sexuality

21. ANS: 1

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: List selected physical and emotional causes of erectile dysfunction.

Page: 912

Heading: Erectile Dysfunction

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Moderate

	Feedback
1	Excessive use of drugs or alcohol can cause erectile dysfunction. The nurse needs to collect more specific information about how much alcohol the patient consumes, especially before a sexual encounter.
2	Stress can be a cause of erectile dysfunction. The patient's comment about his job does not indicate a source of stress.
3	Many adults function well with 7 hours of nightly sleep; this comment does not prompt the need to seek additional information. The patient has not reported fatigue.
4	Illness can be a cause for penile dysfunction; however, the patient reports good health during the past year.

PTS: 1 CON: Sexuality

22. ANS: 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe disorders of the testicles and penis and how they affect sexual function.

Page: 910

Heading: Epididymitis

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Physiological Adaptation
 Cognitive Level: Analysis (Analyzing)
 Concept: Sexuality
 Difficulty: Moderate

	Feedback
1	One source of epididymitis can be an STI; the patient is in a monogamous relationship, which does not indicate the likelihood of an STI infection.
2	Travel outside the country can sometimes expose a patient to illnesses or diseases from parasites. This is not a likely source for this patient's symptoms.
3	Epididymitis can be caused by trauma. The patient's new job task, using a jack hammer, is a likely source of epididymitis.
4	Bacterial or viral infections can cause epididymitis; however, the patient has not been ill for 6 months.

PTS: 1 CON: Sexuality

MULTIPLE RESPONSE

23. ANS: 1, 2, 4, 5

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: List selected physical and emotional causes of erectile dysfunction.

Page: 912

Heading: Erectile Dysfunction

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Sexuality

Difficulty: Difficult

	Feedback
1.	Beta blockers, alcohol, antihistamines, and caffeine can all contribute to erectile dysfunction.
2.	Beta blockers, alcohol, antihistamines, and caffeine can all contribute to erectile dysfunction.
3.	Antibiotics do not cause erectile dysfunction.
4.	Beta blockers, alcohol, antihistamines, and caffeine can all contribute to erectile dysfunction.
5.	Beta blockers, alcohol, antihistamines, and caffeine can all contribute to erectile dysfunction.

PTS: 1 CON: Sexuality

24. ANS: 1, 3, 4, 5

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.

Page: 902

Heading: Benign Prostatic Hyperplasia

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Difficult

	Feedback
1.	When BPH is untreated and obstruction is prolonged, serious complications can occur. Urine that sits in the bladder for too long can back up into the kidneys, causing hydronephrosis, renal insufficiency, or urosepsis; it can also damage the bladder walls, leading to bladder dysfunction and recurrent urinary tract infections.
2.	Bladder cancer is not an adverse effect of untreated BPH.
3.	When BPH is untreated and obstruction is prolonged, serious complications can occur. Urine that sits in the bladder for too long can back up into the kidneys, causing hydronephrosis, renal insufficiency, or urosepsis; it can also damage the bladder walls, leading to bladder dysfunction and recurrent urinary tract infections.
4.	When BPH is untreated and obstruction is prolonged, serious complications can occur. Urine that sits in the bladder for too long can back up into the kidneys, causing hydronephrosis, renal insufficiency, or urosepsis; it can also damage the bladder walls, leading to bladder dysfunction and recurrent urinary tract infections.
5.	When BPH is untreated and obstruction is prolonged, serious complications can occur. Urine that sits in the bladder for too long can back up into the kidneys, causing hydronephrosis, renal insufficiency, or urosepsis; it can also damage the bladder walls, leading to bladder dysfunction and recurrent urinary tract infections.

PTS: 1

CON: Elimination

25. ANS: 1, 2, 3

Chapter: Chapter 43. Nursing Care of Male Patients With Genitourinary Disorders

Objective: Describe the etiologies, signs and symptoms, and treatments of prostate disorders.

Page: 903

Heading: Transurethral Resection of the Prostate

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Client Need: Physiological Integrity—Reduction of Risk Potential

Cognitive Level: Analysis (Analyzing)

Concept: Elimination

Difficulty: Difficult

	Feedback
1.	Complications associated with prostate surgery depend on the type and extent of the procedure performed. The main medical complications include clot

	formation, bladder spasms, and infection.
2.	Complications associated with prostate surgery depend on the type and extent of the procedure performed. The main medical complications include clot formation, bladder spasms, and infection.
3.	Complications associated with prostate surgery depend on the type and extent of the procedure performed. The main medical complications include clot formation, bladder spasms, and infection.
4.	Bladder irrigation, antispasmodic medication and IV antibiotics are not prescribed to prevent urinary retention or nausea and vomiting.
5.	Bladder irrigation, antispasmodic medication and IV antibiotics are not prescribed to prevent urinary retention or nausea and vomiting.

PTS: 1

CON: Elimination