Chapter 12
Care of the Patient with a Reproductive Disorder

Overview of Anatomy and Physiology

- Male reproductive system
  - Testes
  - Ductal system
    - Epididymis
    - Ductus deferens (vas deferens)
    - Ejaculatory duct and urethra
  - Accessory glands
    - Seminal vesicles
    - Prostate gland
    - Cowper’s glands
  - Urethra and penis
  - Sperm

Figure 12-1
Longitudinal section of the male pelvis showing the location of the male reproductive organs.
Male sex cell (spermatozoon) greatly enlarged (left). Female sex cell (ovum) surrounded by sperm at time of fertilization (right).


Overview of Anatomy and Physiology

- Female reproductive system
  - Ovaries
  - Fallopian tubes
  - Uterus
  - Vagina
  - External genitalia
  - Accessory glands
    - Skene’s glands
    - Bartholin’s glands
  - Perineum
  - Mammary glands (breasts)

Longitudinal section of the female pelvis showing the location of the female reproductive organs.

**Figure 12-4**

Sectioned view of the uterus showing its relationship to the ovaries and vagina.


**Figure 12-6**

Lateral view of the breast (sagittal section).


**Figure 12-7**

Mammalian ovary showing successive stages of ovarian (graafian) follicle and ovum development.

Human Sexuality

- Sexual identity
  - The sense of being feminine or masculine
- Influences on sexual health
  - Overall wellness includes sexual health, and sexuality should be part of the health care program
- Illness and sexuality
  - Illness may cause changes in a patient’s self-concept and result in an inability to function sexually

Laboratory and Diagnostic Examinations

- Diagnostic tests for the female
  - Colposcopy; culdoscopy; laparoscopy
  - Biopsies: breast, cervical, endometrial
  - Conization; dilation and curettage
  - Cultures and smears
  - Schiller’s iodine test
  - Hysterosgrams
  - Mammography; pelvic ultrasonography
  - Tubal insufflation (Rubin’s test)
  - Human chorionic gonadotropin; serum CA-125

Figure 12-15

A, Lymph nodes of the axilla. B, Lymphatic drainage of the breast.

(From Seidel, H.M., Ball, J.W., Dains, J.E., Benedict, G.W. [2003]. Mosby’s guide to physical examination [5th ed.]. St. Louis: Mosby.)
Laboratory and Diagnostic Examinations

- Diagnostic tests for the male
  - Testicular biopsy
  - Semen analysis
  - Prostatic smears
  - Cystoscopy
  - Prostate specific antigen (PSA)

The Reproductive Cycle

- Amenorrhea
  - Etiology/pathophysiology
    - Absent or suppressed menstrual flow
  - Clinical manifestations/assessment
    - No menstrual flow for at least 3 months
  - Medical management/nursing interventions
    - Based on underlying cause
    - Hormone replacement may be necessary

The Reproductive Cycle

- Dysmenorrhea
  - Etiology/pathophysiology
    - Uterine pain with menstruation
  - Clinical manifestations/assessment
    - Breast tenderness; headache
    - Abdominal distention; nausea and vomiting
    - Vertigo
    - Palpitations
    - Excessive perspiration
    - Colicky, cyclic pain; dull pain in the lower pelvis
The Reproductive Cycle

• Dysmenorrhea (continued)
  • Medical management/nursing interventions
    • Exercise
    • Nutritious foods, high in fiber
    • Heat to pelvic area
    • Mild analgesics
    • Prostaglandin inhibitors

The Reproductive Cycle

• Abnormal uterine bleeding
  • Menorrhagia
    • Excessive bleeding during the regular menstrual flow
    • Causes: endocrine disorders; inflammatory disturbances; uterine tumors
  • Metrorrhagia
    • Uterine bleeding between regular menstrual periods or after menopause
    • May indicate cancer or benign tumors of the uterus

The Reproductive Cycle

• Premenstrual syndrome (PMS)
  • Etiology/pathophysiology
    • Related to the neuroendocrine events occurring within the anterior pituitary gland
  • Clinical manifestations/assessment
    • Irritability, lethargy, and fatigue
    • Sleep disturbances; depression
    • Headache; backache; breast tenderness
    • Vertigo
    • Abdominal distention
    • Acne
The Reproductive Cycle

• Premenstrual syndrome (PMS) (continued)
  • Medical management/nursing interventions
    • Analgesics; diuretics; progesterone
    • Diet
      • High in complex carbohydrates
      • Moderate in protein
      • Low in refined sugar and sodium
      • Limit caffeine, chocolate, and alcohol
      • Reduce or eliminate smoking
      • Exercise; adequate rest, sleep, and relaxation

The Reproductive Cycle

• Menopause
  • Etiology/pathophysiology
    • The normal decline of ovarian function resulting from the aging process
    • May be induced by irradiation of the ovaries or surgical removal of both ovaries
    • Not considered complete until 1 year after the last menstrual period

The Reproductive Cycle

• Menopause
  • Clinical manifestations/assessment
    • Decrease in frequency, amount, and duration of the normal menstrual flow
    • Shrinkage of vulval structures; shortening of the vagina
    • Dryness of the vaginal wall; pelvic relaxation
    • Loss of skin turgor and elasticity
    • Increased subcutaneous fat; decreased breast tissue; thinning of hair
    • Osteoporosis
The Reproductive Cycle

- Menopause (continued)
  - Medical management/nursing interventions
    - Estrogen therapy
      - Premarin
      - Provera
    - Calcium supplements

The Reproductive Cycle

- Male climacteric
  - Etiology/pathophysiology
    - Gradual decrease of testosterone levels and seminal fluid production; 55-70 years of age
  - Clinical manifestations/assessment
    - Decreased erections; decreased seminal fluid
    - Enlarged prostate gland; decreased muscle tone
    - Loss or thinning of hair
  - Medical management/nursing interventions
    - Emotional support; treatment for impotence

The Reproductive Cycle

- Impotence
  - Etiology/pathophysiology
    - Inability of an adult man to achieve penile erection
    - Functional; anatomical; atonic
  - Medical management/nursing interventions
    - Remove cause if possible
    - Treat diseases
    - Viagra
    - Mechanical devices: penile prosthesis
The Reproductive Cycle

- Infertility
  - Etiology/pathophysiology
    - Inability to conceive after 1 year of sexual intercourse without birth control
  - Medical management/nursing interventions
    - Depends on the cause
    - Hormone therapy
    - Repair occlusion
    - Intrauterine insemination
    - In vitro fertilization

Infections of the Female Reproductive Tract

- Simple vaginitis
  - Etiology/pathophysiology
    - Common vaginal infection
    - Causitive organisms: *E. coli*; staphylococcal; streptococcal; *T. vaginalis*; *C. albicans*; *Gardnerella*
  - Clinical manifestations/assessment
    - Inflammation of the vagina
    - Yellow, white, or grayish white, curd-like discharge
    - Pruritus and vaginal burning

Infections of the Female Reproductive Tract (continued)

- Simple vaginitis (continued)
  - Medical management/nursing interventions
    - Douching
    - Vaginal suppositories, ointments, and creams
      - Organism-specific
    - Sitz baths
    - Abstain from sexual intercourse during treatment
    - Treat partner if necessary
Infections of the Female Reproductive Tract

- Cervicitis
  - Etiology/pathophysiology
    - Infection of the cervix
  - Clinical manifestations/assessment
    - Backache
    - Whitish exudate
    - Menstrual irregularities
  - Medical management/nursing interventions
    - Vaginal suppositories, ointments, and creams; organism-specific

Infections of the Female Reproductive Tract

- Pelvic inflammatory disease (PID)
  - Etiology/pathophysiology
    - Any acute, subacute, recurrent, or chronic infection of the cervix, uterus, fallopian tubes, and ovaries that has extended to the connective tissues
    - Most common causative organisms
      - Gonorrhea; streptococcus; staphylococcus; Chlamydia; tubercle bacilli
    - High risk: surgical and examination procedures; sexual intercourse (especially with multiple partners); pregnancy

Infections of the Female Reproductive Tract

- Pelvic inflammatory disease (PID) (continued)
  - Clinical manifestations/assessment
    - Fever and chills
    - Severe abdominal pain
    - Malaise
    - Nausea and vomiting
    - Malodorous purulent vaginal exudate
  - Medical management/nursing interventions
    - Antibiotics; analgesics
    - Bedrest
Infections of the Female Reproductive Tract

- Toxic shock syndrome
  - Etiology/pathophysiology
    - Acute bacterial infection caused by *Staphylococcus aureus*
    - Usually occurs in women who are menstruating and using tampons

Infections of the Female Reproductive Tract (continued)

- Toxic shock syndrome
  - Clinical manifestations/assessment
    - Usually occurs between days 2 and 4 of the menstrual period
    - Flu-like symptoms; sore throat; headache
    - Red macular palmar or diffuse rash
    - Decreased urinary output; BUN elevated
    - Pulmonary edema
  - Medical management/nursing interventions
    - Antibiotics; IV fluid therapy; oxygen

Disorders of the Female Reproductive System

- Endometriosis
  - Etiology/pathophysiology
    - Endometrial tissue appears outside the uterus
    - The tissue responds to the normal stimulation of the ovaries; bleeds each month
  - Clinical manifestations/assessment
    - Lower abdominal and pelvic pain
    - May radiate to lower back, legs, and groin
  - Medical management/nursing interventions
    - Antiovulatory medications; pregnancy
    - Laparoscopy; total hysterectomy
Common sites of endometriosis.

Disorders of the Female Reproductive System

- Vaginal fistula
  - Etiology/pathophysiology
    - Abnormal opening between the vagina and another organ
  - Clinical manifestations/assessment
    - Urine and/or feces being expelled from vagina
  - Medical management/nursing interventions
    - Oral or parenteral antibiotics
    - Diet: high protein; increase vitamin C
    - Surgery: repair fistula; urinary or fecal diversion

Types of fistulas that may develop in the vagina and uterus.
Disorders of the Female Reproductive System

- Displaced uterus
  - Etiology/pathophysiology
    - Congenital
    - Childbirth
    - Backward displacement
      - Retroversion
      - Retroflexion
    - Forward displacement
      - Anteversion
      - Anteflexion

Disorders of the Female Reproductive System (continued)

- Displaced uterus
  - Clinical manifestations/assessment
    - Backache
    - Muscle strain
    - Leukorrheal discharge
    - Heaviness in the pelvic area
  - Medical management/nursing interventions
    - Pessary
    - Uterine suspension

Disorders of the Female Reproductive System

- Uterine prolapse
  - Etiology/pathophysiology
    - Prolapse of the uterus through the pelvic floor and vaginal opening
  - Clinical manifestations/assessment
    - Fullness in vaginal area
    - Backache
    - Bowel or bladder problems
    - Protrusion of cervix and vaginal walls in perineal area
Disorders of the Female Reproductive System

- Uterine prolapse (continued)
  - Medical management/nursing interventions
    - Pessary
    - Surgery
      - Vaginal hysterectomy
      - Anteroposterior colporrhaphy

Disorders of the Female Reproductive System

- Cystocele and rectocele
  - Etiology/pathophysiology
    - Cystocele
      - Displacement of the bladder into the vagina
    - Rectocele
      - Rectum moves toward posterior vaginal wall

Figure 12-12
(Uterine prolapse."

Figure 12-13

A, Cystocele; B, Rectocele.

Disorders of the Female Reproductive System

• Cystocele and rectocele (continued)
  • Clinical manifestations/assessment
    • Cystocele
      • Urinary urgency, frequency, and incontinence; pelvic pressure
    • Rectocele
      • Constipation; rectal pressure; hemorrhoids
  • Medical management/nursing interventions
    • Surgical repair
      • Anteroposterior colporrhaphy; bladder suspension

Disorders of the Female Reproductive System

• Leiomyomas of the uterus
  • Etiology/pathophysiology
    • Arise from the muscle tissue of the uterus
    • Stimulated by ovarian hormones
  • Clinical manifestations/assessment
    • Pelvic pressure; pain; backache
    • Dysmenorrhea; menorrhagia
    • Constipation; urinary symptoms
  • Medical management/nursing interventions
    • Surgery: myomectomy; hysterectomy
Disorders of the Female Reproductive System

- Ovarian cysts
  - Etiology/pathophysiology
    - Benign tumors that arise from dermoid cells of the ovary
  - Clinical manifestations/assessment
    - May be no symptoms
    - Palpable on examination
    - Disturbance of menstruation
    - Pelvic heaviness; pain
  - Medical management/nursing interventions
    - Ovarian cystectomy

Cancer of the Female Reproductive Tract

- Cancer of the cervix
  - Etiology/pathophysiology
    - Squamous cell carcinoma
    - Carcinoma in situ
    - If untreated, invades the vagina, pelvic wall, bladder, rectum, and regional lymph nodes
    - High risk
      - Sexually active during teens
      - Multiple sexual partners
      - Multiple births
Cancer of the Female Reproductive Tract

• Cancer of the cervix (continued)
  • Clinical manifestations/assessment
    • Few symptoms in early stages
    • Leukorrhea
    • Irregular vaginal bleeding; spotting
    • Advanced
      • Pain in the back, upper thighs, and legs

Cancer of the Female Reproductive Tract

• Cancer of the cervix (continued)
  • Medical management/nursing interventions
    • Carcinoma in situ
      • Removal of the affected area
    • Early carcinoma
      • Hysterectomy
      • Intracavitary radiation
    • Advanced carcinoma
      • Radical hysterectomy with pelvic lymph node dissection

Cancer of the Female Reproductive Tract

• Cancer of the endometrium
  • Etiology/pathophysiology
    • Adenocarcinoma of the uterus
  • Clinical manifestations/assessment
    • Postmenopausal bleeding (50% will have cancer)
    • Abdominal pressure; pelvic fullness
  • Medical management/nursing interventions
    • Surgery: total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH-BSO)
    • Radiation: chemotherapy
Cancer of the Female Reproductive Tract

• Cancer of the ovary
  • Etiology/pathophysiology
    • Fourth most common cause of cancer death in women
    • High risk: infertile; anovulatory; nulliparous; habitual aborters; high-fat diet; exposure to industrial chemicals

Cancer of the Female Reproductive Tract

• Cancer of the ovary (continued)
  • Clinical manifestations/assessment
    • Early
      • Vague abdominal discomfort
      • Flatulence; mild gastric disturbance
    • Advanced
      • Enlarged abdominal girth
      • Flatulence; constipation
      • Urinary frequency
      • Nausea and vomiting
      • Weight loss

Cancer of the Female Reproductive Tract

• Cancer of the ovary (continued)
  • Medical management/nursing interventions
    • Surgery
      • TAH-BSO and omentectomy
    • Radiation and/or chemotherapy
**Hysterectomy**

- Total hysterectomy
  - Removal of the uterus including the cervix
- TAH-BSO
  - Removal of the uterus, fallopian tubes, and ovaries
- Radical hysterectomy
  - TAH-BSO with removal of the pelvic lymph nodes
- Vaginal hysterectomy
  - The uterus is removed through the vagina
- Abdominal hysterectomy
  - Abdominal incision is made to perform procedure

**Disorders of the Female Breast**

- Fibrocystic breast condition
  - Etiology/pathophysiology
    - Hyperplasia and cystic formation in mammary ducts
  - Clinical manifestations/assessment
    - Cysts are soft, well-differentiated, tender, and freely moveable; often bilateral and multiple
  - Medical management/nursing interventions
    - Eliminate methylxanthines
    - Danazol (danocrine); vitamin E

**Disorders of the Female Breast**

- Acute mastitis
  - Etiology/pathophysiology
    - Acute bacterial infection of the breast
  - Clinical manifestations/assessment
    - Breasts are tender, inflamed, and engorged
  - Medical management/nursing interventions
    - Keep breasts clean
    - Application of warm packs
    - Support: well-fitting bra
    - Systemic antibiotics
Disorders of the Female Breast

• Chronic mastitis
  ▪ Etiology/pathophysiology
    • Fibrosis and cysts in the breast
  ▪ Clinical manifestations/assessment
    • Tender, painful, and palpable cysts
    • Usually unilateral
  ▪ Medical management/nursing interventions
    • Same as for acute mastitis

Disorders of the Female Breast

• Breast cancer
  ▪ Etiology/pathophysiology
    • Unknown cause; usually adenocarcinoma
  ▪ Clinical manifestations/assessment
    • Small, solitary, irregular-shaped, firm, non-tender, and non-mobile tumor
    • Change in skin color
    • Puckering or dimpling of tissue
    • Nipple discharge, retraction of nipple
    • Axillary tenderness

Disorders of the Female Breast

• Breast cancer (continued)
  ▪ Medical management/nursing interventions
    • Depends on the stage
      • Radiation
      • Chemotherapy
      • Surgery
        ▪ Lumpectomy
        ▪ Mastectomy—partial, subcutaneous, simple, radical
Inflammatory Disorders of the Male Reproductive System

• Prostatitis
  ▪ Etiology/pathophysiology
    • Acute or chronic infection of the prostate gland
  ▪ Clinical manifestations/assessment
    • Chills and fever
    • Dysuria; urgency and frequency of urination
    • Cloudy urine
    • Perineal fullness; lower back pain
    • Arthralgia; myalgia
    • Tenderness, edema, and firmness of the prostate

• Prostatitis (continued)
  ▪ Medical management/nursing interventions
    • Antibiotics
    • Digital massage of the prostate
    • Sitz baths
    • Monitor I&O

Inflammatory Disorders of the Male Reproductive System

• Epididymitis
  ▪ Etiology/pathophysiology
    • Infection of the epididymis
  ▪ Clinical manifestations/assessment
    • Scrotal pain and edema
    • Pyuria; chills and fever
  ▪ Medical management/nursing interventions
    • Bedrest
    • Elevate scrotum; cold compresses
    • Antibiotics
Disorders of Male Genital Organs

• Phimosis
  ▪ Etiology/pathophysiology
    • Prepuce is too small to allow retraction of the foreskin over the glans
    • Usually congenital; may be due to inflammation or disease
  ▪ Clinical manifestations/assessment
    • Infection of foreskin and glans penis
    • Occasionally causes obstruction of urine flow
  ▪ Medical management/nursing interventions
    • Circumcision

Disorders of Male Genital Organs

• Hydrocele
  ▪ Etiology/pathophysiology
    • Accumulation of fluid between the membranes of the testes
  ▪ Clinical manifestations/assessment
    • Enlargement of the scrotum; pain
  ▪ Medical management/nursing interventions
    • Aspiration of fluid
    • Surgical removal of testicular sac
    • Bedrest; elevate scrotum; cold compresses

Disorders of Male Genital Organs

• Varicocele
  ▪ Etiology/pathophysiology
    • Dilation of scrotal veins causing obstruction and malfunction of circulation
  ▪ Clinical manifestations/assessment
    • Engorgement and elongation of the scrotum
    • Pulling sensation in scrotum; dull, aching pain
  ▪ Medical management/nursing interventions
    • Surgery: removal of obstruction
    • Bedrest
    • Elevate scrotum; cold compresses
Cancer of the Male Reproductive Tract

- Cancer of the testis
  - Etiology/pathophysiology
    - Cause unknown
  - Clinical manifestations/assessment
    - Enlarged scrotum; feeling of heaviness
    - Firm, painless, smooth mass
  - Medical management/nursing interventions
    - Radical inguinal orchiectomy
    - Radiation and/or chemotherapy
    - Teach testicular self-examination

Cancer of the Male Reproductive Tract

- Cancer of the penis
  - Etiology/pathophysiology
    - Very rare
  - Clinical manifestations/assessment
    - Painless, wart-like growth or ulceration, usually on the glans penis
  - Medical management/nursing interventions
    - Surgery
      - Removal of tissue
      - Partial or total amputation of the penis
      - Metastasis: radical surgical procedures

Sexually Transmitted Diseases

- Genital herpes (herpes simplex virus type II)
  - Etiology/pathophysiology
    - Infectious viral disease; usually acquired sexually
  - Clinical manifestations/assessment
    - Fluid-filled vesicles
    - Eventually rupture and develop shallow, painful ulcers
    - Fever; malaise
    - Dysuria
    - Leukorrhea (female)
Figure 12-20

Herpes simplex virus type II in a male and female patient.


Sexually Transmitted Diseases

• Genital herpes (herpes simplex virus type II) (continued)
  • Medical management/nursing interventions
    • No cure; treat symptoms
    • Acyclovir (Zovirax)
    • Sitz baths
    • Local anesthetic; analgesics
    • Keep lesions clean and dry
    • GOOD handwashing
    • No sexual contact while lesions are present
    • Encourage use of condoms

Sexually Transmitted Diseases

• Syphilis
  • Etiology/pathophysiology
    • Treponema pallidum organism
    • Transmission occurs primarily with sexual contact
  • Clinical manifestations/assessment
    • Incubation period
      • No symptoms
    • Primary stage
      • Chancre; headaches; enlarged lymph nodes
Sexually Transmitted Diseases

• Syphilis (continued)
  ▪ Clinical manifestations/assessment
    ▪ Secondary stage
      • Rash on palms of hands and soles of feet
      • Generalized enlargement of lymph nodes
    ▪ Latent stage
      • No symptoms
    ▪ Tertiary or late stage
      • Lesions may affect many different systems; may be fatal

Sexually Transmitted Diseases

• Syphilis (continued)
  ▪ Medical management/nursing interventions
    ▪ Penicillin
    ▪ Tetracycline or erythromycin, if allergic to penicillin
    ▪ May be treated in any stage; damage will not be reversed
    ▪ Treat all sexual contacts

Sexually Transmitted Diseases

• Gonorrhea
  ▪ Etiology/pathophysiology
    ▪ N. gonorrhoeae
    ▪ Transmitted by sexual contact
  ▪ Clinical manifestations/assessment
    ▪ Vaginal (female)
      ▪ Urinary frequency and pain
      ▪ Yellowish discharge
      ▪ Nausea and vomiting
Sexually Transmitted Diseases

- Gonorrhea (continued)
  - Clinical manifestations/assessment (continued)
    - Urethra (male)
      - Urethral discomfort; dysuria
      - Yellowish discharge containing pus
      - Red and swollen meatus
    - Rectal (male and female)
      - Perineal discomfort; purulent rectal discharge
    - Pharyngitis (male and female)
      - Sore throat and swallowing discomfort
      - Edema of the throat

Sexually Transmitted Diseases

- Gonorrhea (continued)
  - Medical management/nursing interventions
    - Penicillin
    - Rocephin
    - Doxycycline or tetracycline
    - TREAT ALL SEXUAL CONTACTS

Sexually Transmitted Diseases

- Trichomoniasis
  - Etiology/pathophysiology
    - T. vaginalis protozoan
    - Usually sexually transmitted
  - Clinical manifestations/assessment
    - Most are asymptomatic
    - Male: urethritis, dysuria, urinary frequency, pruritus, and purulent exudate
Sexually Transmitted Diseases

- Trichomoniasis (continued)
  - Clinical manifestations/assessment (continued)
    - Female
      - Frothy, gray, green, or yellow malodorous discharge
      - Pruritus
      - Edema
      - Tenderness of vagina
      - Dysuria and urinary frequency
      - Spotting; menorrhagia; dysmenorrhea

Sexually Transmitted Diseases

- Trichomoniasis (continued)
  - Medical management/nursing interventions
    - Metronidazole (Flagyl)
    - TREAT ALL SEXUAL CONTACTS

Sexually Transmitted Diseases

- Candidiasis
  - Etiology/pathophysiology
    - C. albicans and C. tropicalis
  - Clinical manifestations/assessment
    - Mouth: edema; white patches
    - Nails: edematous, darkened, erythematous nail base; purulent exudate
    - Vaginal: cheesy, tenacious white discharge; pruritus; inflammation of the vagina
    - Penis: purulent exudate
    - Systemic: chills; fever; general malaise
Sexually Transmitted Diseases

- Candidiasis (continued)
  - Medical management/nursing interventions
    - Treat underlying condition
    - Nystatin (Mycostatin)
    - Topical amphotericin B

Sexually Transmitted Diseases

- Chlamydia
  - Etiology/pathophysiology
    - Chlamydia trachomatis
  - Clinical manifestations/assessment
    - Usually asymptomatic
    - Male
      - Scanty white or clear exudate
      - Burning or pruritus
      - Urinary frequency; mild dysuria

Sexually Transmitted Diseases

- Chlamydia (continued)
  - Clinical manifestations/assessment
    - Female
      - Vaginal pruritus or burning
      - Dull pelvic pain
      - Low-grade fever
      - Vaginal discharge; irregular bleeding
  - Medical management/nursing interventions
    - Tetracycline; doxycycline; Zithromax
    - TREAT ALL SEXUAL CONTACTS
Nursing Process

- Nursing diagnoses
  - Anxiety
  - Body image, disturbed
  - Coping, ineffective
  - Fear
  - Fluid volume, deficient
  - Health maintenance, ineffective
  - Infection, risk for
  - Knowledge, deficient
  - Pain, acute and chronic
  - Self-esteem, situational low
  - Sexual dysfunction
  - Skin integrity, impaired
  - Tissue perfusion, ineffective
  - Urinary elimination, impaired