IMPLEMENTATION OF BENSON RELAXATION TECHNIQUE IN POST-SURGERY PATIENTS OF BENIGN PROSTATE HYPERPLASIA (BPH) WITH ACUTE PAIN : A STUDY CASE

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A B S T R A C T

Acute pain is a common nursing problem in post-operative patients with Benign Prostatic Hyperplasia (BPH). Ineffective pain management can lead to serious complications and delay recovery. This study investigates the use of the Benson relaxation technique to manage acute pain in post-operative BPH patients. A case study was conducted with one participant who met the inclusion criteria: male, over 40 years old, and a post-operative BPH patient 2 hours after Transurethral Resection of the Prostate (TURP) surgery, experiencing moderate to severe pain. The research was conducted from May 27-29, 2024, in the Asparaga room at RSUD dr. Haryoto Lumajang. The patient, Mr. A, aged 61, presented with acute pain. The nursing intervention applied was pain management (I.12391), including non-pharmacological techniques such as the Benson relaxation method. This technique was implemented over two sessions daily, each lasting 15-20 minutes. The patient responded cooperatively and demonstrated a willingness to learn and use relaxation techniques for pain relief. Following the intervention, the patient's pain score, assessed using the Numeric Rating Scale (NRS), dropped from 4 to 0, indicating a significant reduction in pain. The intermittent, sharp pain previously experienced disappeared completely. The Benson relaxation technique effectively reduces pain by inhibiting the sympathetic nervous system and stimulating the parasympathetic system, resulting in muscle relaxation and pain relief. These findings suggest that Benson's relaxation technique is a viable non-pharmacological intervention for managing post-operative pain in BPH patients.

INTRODUCTION

An enlarged known as BPH which is prostate, is a condition that is often experienced by more than half of a percent of men over the age of 50[13]. BPH that is not treated

immediately will result in retention, bladder calculi, UTI, and disorders of the kidneys, and interfere with the quality of life (Harmilah, 2020) and (Duarsa, 2020). Severe pain after surgery will have a negative impact on the length of treatment and decreased activity so that patient productivity can decrease[1]. In addition, rest and sleep patterns are disturbed, there is physical discomfort, mood problems, and anxiety[5]. Pain management that is not carried out properly can result in serious complications, increase treatment costs, extend days, slow down treatment, the healing process and hinder the patient's healing process[4] and[2].

It is estimated that 165 million surgical procedures are performed worldwide each year, and 234 million patients are seen in hospitals worldwide. As many as 30 million men worldwide have BPH by the age of 40, which is about 40% of the male population in that age range.This figure increases to 50% when reaching the age range of 60 to 70 years, and at the age of over 70 years, the figure increases to 90%[8]. The global incidence of BPH in 2019 was 11.26 million, an increase of 5.78 million since 1990[16] . In Indonesia, BPH is the second most common after Bladder Calculi (Ministry of Health of the Republic of Indonesia, 2021). In 2023, the prevalence of BPH at dr. Haryoto Lumajang Hospital was 162 inpatients and 170 outpatients. Meanwhile, during January to March 2024, there were 23 inpatients and 7 outpatients.As we age, the prostate gland can undergo hyperplasia, which causes enlargement and pressure on the bladder. This will be pressing and can result in blockage of urine flow in the prostatic urethra. During the acute decompensation phase, patients will experience pain that can develop into chronic pain within a few days (Purwaningtyas, 2020). In patients with BPH who do not improve after receiving non-surgical therapy, surgery will be performed[26]. one of which is TURP. After TURP, the patient will be fitted with a three-way catheter for irrigation to prevent blood clots. Postoperative pain can be caused by various factors, including excessive blood clotting in the bladder, catheter blockage, damage to the bladder due to surgery, or inadequate use of analgesics[23].

The need to be free from pain is one of the basic human needs that is included in providing nursing care to patients. The main nursing intervention that refers to SIKI is Pain Management (I.08238). One of the therapeutic actions is to provide non-pharmacological therapy, one of which is Benson relaxation. One study showed a difference in pain in the intervention group that received Benson relaxation and a combination of analgesics after TUR Prostate surgery ($p = 0.021$).The combination of Benson relaxation and analgesic therapy is more effective in reducing postoperative pain in prostate TUR patients compared to those who only received analgesic therapy[17]. The advantages of relaxation technique training compared to other techniques are its ease and the absence of associated side effects[2].

Based on this description, the author is interested in conducting a case study on the application of Benson's relaxation technique inreducing acute pain in patients who have undergone BPH surgery at RSUD dr. Haryoto Lumajang.

METHODS

This case study describes the implementation of Benson relaxation technique in post-operative BPH patients experiencing acute pain according to the inclusion and exclusion criteria. Benson relaxation was given for 2 days of treatment with 2 sessions each day, each session taking 15 minutes.

Patient identity was obtained from the patient's medical record in the Asparaga room of RSUD dr. Haryoto Lumajang. Patient consent to undergo intervention and research was proven by signing an informed consent

RESEARCH RESULTS

The patient studied was Mr. A with a medical diagnosis of BPH (Benign Prostatic Hyperplasia) post- op TURP, with medical record number 454904. The patient is a 61-year-old man who works as a cattle breeder. The patient lives in Ranuyoso, Lumajang Regency and is Muslim. His last education was Elementary School (SD). The patient is married and has been hospitalized since May 27, 2024. The patient was assessed on May 28, 2024 after obtaining informed consent from the patient.

The patient complained of pain due to TURP surgery. The patient said it felt like being stabbed by a sharp object in the lower abdomen (genitalia) like a throbbing and intermittent pain, the pain increased especially when moving, coughing, or straining. The patient seemed careful when moving. The patient showed pain on a pain scale of 4 on the NRS. The patient felt pain since 15.00 (4 hours after being injected with analgesic drugs in the operating room). The characteristic limitations that emerged in the patient were the patient's subjective data.

complaining of pain, objective data: the patient appears to grimace when the pain occurs, the patient appears protective while holding the painful area when moving, the patient appears restless while closing his eyes, the patient has difficulty sleeping.

On May 14, 2024, the patient underwent an X-ray at the urology polyclinic of Dr. Haryoto Hospital and the results showed that the patient was diagnosed with BPH. The patient was admitted to the hospital on May 27, 2024 and underwent TURP (Transurethral Resection of the Prostate) surgery on May 28, 2024. After surgery, the patient complained of intermittent

lower abdominal pain with a scale of 4 according to the NRS. This pain is aggravated when the patient strains, coughs, or moves. The patient appears careful when moving.

The patient revealed that three years ago he had undergone hernia surgery at an independent doctor's practice. Before the hernia surgery, he also had urinary tract disease. The patient's family history of illness stated that no one in his family had the same illness as him. The patient also said that he had no history of hereditary disease.

The patient currently has a urinary catheter with 0.9% NACL fluid irrigation. Currently, the patient's urine is 2000 cc since leaving the operating room and is red in color and has a distinctive urine odor. There is no bladder enlargement or abdominal distension. The patient has pain in the waist. There are no disorders of anuria, incontinence, nocturia, oliguria, or retention. The external genitalia appear slightly reddish, there are no lumps.

The patient said that his sleep was often disturbed because of the pain he felt. The patient felt restless to sleep. He felt he could not sleep freely because every movement would hurt. When he woke up, the patient felt dissatisfied and not as fresh as usual.

Post-operatively, the patient ate a portion of food consisting of soft rice, soup, eggs, and water. The patient was not nauseous orvomiting. The patient is still on bed rest and the patient has an IV line. The way of walking/moving is still weak. The patient's mental status is normal/according to self- awareness. The patient is at moderate risk of falling. Muscle strength 5.

From the results of physical examination, it was found that the patient had a good general condition with vital signs of blood pressure: 130/90 mmHg, Temperature: 37.1°C, Pulse: 96 times per minute, Respiratory Rate: 18 times per minute, SpO2: 99%. The patient's consciousness was compos mentis with GCS (4-5-6). The patient's pupils appeared isocoric not dilated.

In the supporting examination, the patient with a diagnosis of BPH received supporting examinations in the form of laboratory examinations on Thursday, May 27, 2024. The patient underwent TURP on Friday, May 28, 2024. The patient received Nacl 0.9% infusion therapy 1500cc/24 hours, bed rest 24 after post-op, Ranitidine injection 2x50 mg iv, ondansetron 3x4 mg iv, antrain 3x1 mg iv, tranex acid 3x500 mg iv, Ciprofloxacin 2x400 mg.

Based on the case above, the nursing diagnosis that can be formulated is Acute Pain related to physical injury agent (TURP surgery procedure) as evidenced by the patient complaining of pain in the lower abdomen (genital area) after surgery with a pain scale of 4, described as sharp and intermittent. The pain increases with movement, coughing, or straining.

The patient grimaces when the pain occurs, appears protective by holding the painful area during movement, and shows signs of restlessness with eyes closed. The patient also has difficulty sleeping. The patient's vital signs are as follows: blood pressure: 130/90 mmHg, temperature: 37.1°C, pulse: 96 beats per minute, respiratory rate: 18 breaths per minute, and SpO2: 99%.

The determination of nursing interventions based on SIKI (Standar Intervensi Keperawatan Indonesia) is Pain Management (L.08238), with the goal that after 48 hours of intervention, the patient's pain is expected to decrease. The expected outcome criteria include a reduction in pain complaints, a decrease in grimacing, a reduction in protective behavior, less restlessness, and improved sleep quality. The primary intervention focuses on therapeutic actions, specifically providing non-pharmacological techniques, such as Benson relaxation.

The actions carried out during the 2-day treatment period were based on the planned interventions, which included monitoring vital signs (TTV), identifying the characteristics of the pain, teaching the Benson relaxation technique, monitoring the patient's attitude during Benson relaxation, monitoring the effectiveness of the Benson relaxation technique provided, facilitating rest and sleep, and collaborating in the administration of analgesics. On the second day of treatment, the action of identifying factors that worsen and relieve pain was not performed because the patient was already able to identify these factors independently.

The nursing evaluation of Mr. A with acute pain revealed the following on the first day: pain scale of 3, the patient showed a moderate decrease in grimacing, moderate protective behavior, and moderate restlessness. Vital signs improved with a blood pressure of 110/80 mmHg, pulse of 86 beats per minute, and respiratory rate of 18 breaths per minute. On the second day, the pain scale was 0, and the patient showed no signs of grimacing, protective behavior, or restlessness. Vital signs remained stable, with a blood pressure of 110/80 mmHg, pulse of 86 beats per minute, and respiratory rate of 18 breaths per minute.

DISCUSSION

The nursing problem that occurred in Mr. A was acute pain. TURP, which is considered the gold standard in the treatment of BPH, often causes postoperative pain due to damage and inflammation of the nerves due to the surgical wound that is formed[7]. A common nursing problem experienced by post-TURP surgery patients is pain[7]. Patients will experience significant levels of pain in the first two hours after surgery because the effects of anesthesia

begin to wear off. The sensation of pain is a complex, unique, and universal phenomenon, and is very individual, so that no two pain events produce the same response or feeling[2].

Pain occurs due to tissue/nerve damage that produces various mediators such as prostaglandins, bradykinins, histamine, and others, causing discomfort and known as pain mediators.The author is of the opinion that the acute pain experienced by Mr. A after the TURP procedure is a normal and common condition. TURP is the right management even though this procedure causes tissue damage and inflammation of the nerves which naturally cause pain. This post-operative pain is a natural physiological response so that variations in pain intensity and perception are common. The author considers that the pain scale 4 experienced by Mr. A, which is intermittent especially when moving or coughing, is part of a normal recovery process and is in accordance with the theory.

In the study, it was discovered that Mr. A is currently 61 years old. According to the theory, thatin the prostate of men aged 30-40 years, there are microscopic changes. If these microscopic changes develop, they can cause pathological anatomical changes that occur in men aged 60 years, and the incidence rate is around 50 percent for those over 60 years of age[4]. The author argues that advanced age is a major risk factor for BPH, and emphasizes that a 61-year-old patient with BPH is a common case and fits the epidemiological pattern of this disease. So that this patient's condition can be considered reasonable in the context of existing theories and facts.

Apart from that, during the investigation, it was also discovered that Mr. A's last education was elementary school. Based on the results of the study, the level of education of respondents up to elementary school level is often a significant factor in influencing knowledge and behavior related to BPH prevention. For example, reducing or stopping caffeine consumption and the habit of not drinking anything two hours before bedtime can help reduce the incidence of nocturia or frequent urination at night[4] . The author argues that low levels of education, such as only completing elementary school, can affect the patient's ability to understand and apply BPH prevention measures according to facts and theories. Lack of adequate knowledge can lead to noncompliance with medical recommendations and lifestyle changes that can help reduce BPH symptoms. Effective education can help patients adopt healthier habits, such as reducing caffeine consumption and paying attention to drinking patterns before bedtime, which can ultimately improve their quality of life.

In the assessment, it was also found that the patient said that the symptoms that arose were that urination could not be controlled and was not realized. According to the theory of Nursalam & Fransisca (2009) in Febrianto, (2015) PatientsSevere Benign Prostate

Hyperplasia (BPH) often experiences complications such as urinary retention or difficulty urinating, a burning sensation, and a feeling of incomplete urination[22]. The author is of the opinion that the facts and theories are in accordance. Symptoms of uncontrollable and unconscious urination experienced by patients are common manifestations of severe BPH complications. This condition indicates that prostate enlargement has reached a significant level, disrupting normal urination function and causing symptoms that interfere with the patient's quality of life.

The patient also had a history of past illnesses, namely hernia and urinary tract disease. According to the theory, in the early stages of prostatic hyperplasia, the detrusor muscle is able to compensate well, maintaining a stable pattern and quality of urination. This stage is known as Compensated Prostate Hyperplasia. However, over time, this compensatory ability begins to decline, resulting in changes in the quality of urination. The contraction of the detrusor muscle is no longer strong and efficient enough, causing urine to often remain in the bladder after the urination process. In some cases, prostatic hyperplasia can increase intra-abdominal pressure (with straining), which can cause hernias and hemorrhoids. The peak of this compensation failure is the inability to completely empty urine, known as Decompensated Prostate Hyperplasia[23]. The author argues that increased intra-abdominal pressure associated with prostate hyperplasia can be a risk factor for hernia and hemorrhoids in patients. This process can then develop into decompensated prostate hyperplasia, which leads to urinary retention and more serious complications. This is in accordance with the facts and theories. In addition, the patient had previously experienced urinary tract disease.

According to Muttaqin 2011, this patient has a history of several previous diseases, which can affect or worsen the condition of his current urinary system disorders, such as diabetes mellitus (diabetes), history of edema (swollen legs), hypertension, kidney stone disease, hematuria (bloody urine), and other diseases[23]. So the author is of the opinion that the BPH disease experienced by the patient is the result of a complex interaction between risk factors such as a history of previous urinary tract disease and other factors involved in the development of BPH.

In the family history of disease, it can be seen that the participant did not have a family history of disease, this is also supported by Nikmatur's theory in 2012 that pathologically BPH is not a hereditary disease (Yudiansyah, 2020). Thus, the author is of the opinion that in the case of this participant, the emphasis is on other factors such as age and hormones. This shows that the treatment and management of BPH in participants without paying too much attention to family history of disease or genetic factors.

From the results of the study, the patient also has an activity as a cattle breeder. According to research, a person's job generally has an important impact on efforts to minimize someone from getting Benign Prostate Hyperplasia[4]. So the author is of the opinion that this patient's routine factor is what makes the patient's risk of getting BPH high.

Patients do heavy activities such as looking for animal feed in the fields, leading cows, lifting heavy loads. This will affect prostate enlargement.Based on the assessment data that has been obtained, Mr. A complains of pain.

According to the Indonesian Nursing Diagnosis Standards Book[18]. Acute Pain is a sensory or emotional related to actual or functional tissue damage, with sudden or slow onset and mild to severe intensity lasting less than 3 months. Causes of acute pain include physiological injuring agents (eg inflammation, ischemia, neoplasm), chemical injuring agents (eg burns, irritant chemicals), physical injuring agents (eg abscess, amputation, burns, cuts, heavy lifting, surgical procedures, trauma, excessive physical exercise). Therefore, the author argues that a deep understanding of the causes and symptoms of postoperative pain is essential for nurses to provide effective care and reduce patient suffering.

In the assessment of Mr. A, the symptoms that appeared were that the patient appeared to be grimacing, acting protective, slightly restless, and had difficulty sleeping. In the signs and symptoms of SDKI (D.0077) shortre Major symptoms and signs of acute pain are patients complaining of pain, appearing to grimace, being protective (eg alert, position to avoid pain), restlessness, increased pulse rate, difficulty sleeping. And minor symptoms and signs of acute pain are increased blood pressure, altered breathing patterns, altered appetite, disturbed thought processes, withdrawal, self-focus, and diaphoresis.The author established this diagnosis based on the major and minor criteria in the Indonesian Nursing Diagnosis Standards (IDHS).

Through the results of the assessment, the signs and symptoms experienced by Mr. A meet more than 80% of the major signs. In addition, the clinical conditions of the surgery also support the establishment of this diagnosis. In addition to postoperative pain, patients also often experience sleep disturbances and wake up on the first night after surgery, which can interfere with the recovery process[10] . According to Hilman (2017), sleep disorders can be categorized into three types: insufficient sleep duration, inappropriate sleep time, and disturbed sleep quality. Sleep quality disorders occur when the duration and period of sleep are met at night, but sleep is disturbed so that a person wakes up feeling unrefreshed[14]. Thus, the author is of the opinion to emphasize the importance of acute pain management as a priority in post-operative care to improve patient comfort and accelerate the recovery process.

The pain experienced by Mr. A meets more than 80% of the major signs according to the SDKI, indicating that the diagnosis of acute pain is correct. In addition, the clinical condition after surgery supports the establishment of this diagnosis. Sleep pattern disorders that occur in these patients are normal. Post-TURP pain often causes significant discomfort, which will naturally affect the patient's sleep patterns. Therefore, this condition is considered part of the body's normal response to pain and post-operative stress. The patient's blood pressure, pulse, RR are normal, perhaps this is because the patient has no history of hypertension, or shortness of breath, and the pain scale is still in the moderate category so that minor symptoms are likely not present in the patient's condition.

From the assessment data, Mr. A is currently being irrigated using a 0.9% NACL three-away foley catheter, and his urine is red. In post-TURP patients, post-operative pain usually occurs due to the removal of obstruction in the central prostate area, which causes blood clots to form. Therefore, irrigation is installed to remove residual blood clots. Pain can also occur if the flow of irrigation to the bladder is not smooth[9]. In post-BPH surgery clients, a treeway foley catheter is installed and hematuria usually occurs after surgery, so there are blood clots in the catheter[15]. So the author is of the opinion that this condition is normal in post-BPH surgery patients. Hematuria or red urine after BPH surgery is common due to the presence of surgical scars on urinary tract that causes blood to mix with urine. The use of a treeway follley catheter with 0.9% NaCl irrigation helps clean the urinary tract from blood clots that may form, but does not completely eliminate the possibility of blood in the urine. Therefore, the presence of red urine in post-BPH surgery patients is a condition that can be considered normal and does not require excessive concern, as long as there are no signs of other complications such as infection or excessive bleeding.

In addition, based on the results of the assessment, the patient finished his portion of food (fine rice, soup, eggs, water), the patient did not feel nauseous or vomit. According to Nileshwar (2014), postoperative nausea and vomiting (PONV) refers to nausea and vomiting experienced by patients after undergoing surgery. This condition is a common complication during the anesthesia period[12] . Based on the author's opinion, the patient did not experience nausea or vomiting after surgery because he had been given ondansetron 3x4 mg iv. So that routine administration of ondansetron and in the right dose has been proven effective in preventing PONV in postoperative patients.

This suggests that PONV prevention management through the use of antiemetics such as ondansetron is essential in improving patient comfort and accelerating the postoperative recovery process. Thus, the use of ondansetron can be considered an integral part of

postoperative care protocols to reduce common complications such as nausea and vomiting. Based on the results of the assessment, the patient is still on bed rest and the patient is on IV line. The way of walking/moving is still weak. The patient's mental status is normal/according to self-awareness. The patient is at moderate risk of falling. Muscle strength 5. According to the theory of pain or soreness caused after surgery, the patient will feel weak and less mobilization or activity[11]. Based on these facts and theories, the author is of the opinion that the patient's condition is appropriate because postoperative pain can indeed cause decreased mobility and weakness. Patients who still feel pain tend to stay in bed and need help moving around, which also increases the risk of falling.

According to the Indonesian Nursing Intervention Standards (SIKI), the intervention given to patients experiencing acute pain is pain management (1.08238). One of the therapeutic steps in pain management is through the provision of non-pharmacological techniques to relieve pain. The author made adjustments and modifications to non-pharmacological therapy to reduce pain in patients after surgery, namely the Benson Relaxation Technique. The purpose of this implementation is expected to decrease the level of pain (L.08066) with the criteria of increased activity ability, decreased pain complaints, decreased grimacing, decreased protective attitudes, decreased anxiety, decreased difficulty sleeping, decreased nausea and vomiting, decreased pulse, improved breathing patterns, improved blood pressure, improved urinary function, improved appetite.

Mr. A received Nacl 0.9% infusion therapy 1500cc/24 hours, bed rest 24 hours after post-op, Ranitidine injection 2x50 mg iv, ondansetron 3x4 mg iv, antrain 3x1 mg iv, tranex acid 3x500 mg iv. The administration of analgesics to patients with pain given to Mr. A here is antrain 3x1 mg iv. Antrain is a drug from the NSAID (Non Steroidal Anti-Inflammatory Drugs) class that contains Metamizole sodium. This drug is used to relieve pain, especially colic pain and post-operative pain.Metamizole sodium works by inhibiting the transmission of pain to the central and peripheral nervous systems, so it can help reduce the intensity of pain[3]. This shows that post-operative patients require analgesic therapy to reduce pain, and to make the pain decrease more quickly, relaxation therapy can be added as a non-pharmacological effort. At the beginning, the patient was asked to choose 1 word that was calming according to his/her beliefs. In the assessment, the patient said that the thing that could relieve his/her pain was to ask for forgiveness. So "Astagfirullah" is the word chosen by the patient for the word in this therapy which means "I ask forgiveness from Allah SWT" by asking for forgiveness, the patient believes that he/she will receive help from Allah SWT so that the patient can recover quickly. According to Purwanto and Zulaikah (2009) in

Solehati, & Kosasih, (2015), by mentioning the name of Allah means remembering Allah, remembering this is not just mentioning the name of Allah verbally or in the mind and heart, but mentioning the name of Allah means remembering His Essence, Attributes and Actions and then surrendering life and death to Him.

The attitude of surrender that underlies the mention of the name of Allah is a passive attitude that is absolutely needed in Benson relaxation. For sufferers who really need a technique to reduce the scale of pain, Benson relaxation therapy has been proven to work by inhibiting the sympathetic nerves and causing the parasympathetic nerves to work, resulting in the body's muscles relaxing and suppressing pain in patients[4]. In addition, Benson Relaxation focuses on certain words or sentences that are said repeatedly with a regular rhythm and accompanied by an attitude of surrender to God Almighty according to the patient's beliefs has a calming meaning. Respondents who do Benson therapy by reciting istigfar, then the central nervous system works according to the gate control theory, where high activation of the brain center can cause the bone marrow gate to close so as to modulate and prevent pain input to enter higher brain centers to be interpreted as a pain experience[2].

According to Morita (2020), the Benson relaxation technique is an adaptation of the deep breathing method, which combines patient beliefs and creates a calm atmosphere to help them achieve optimal health and well-being. This method is done by diverting the patient's attention from pain by creating a comfortable environment and a relaxed body, as well as reciting the names of God such as "istighfar" to produce a feeling of peace[25]. Benson's relaxation effect on postoperative pain involves inhibition of noxious impulses through gate control theory. This theory was put forward by Melzack and Wall, who explained that pain impulses can be regulated or inhibited through defense mechanisms in various parts of the central nervous system such as the gelatinous substance cells in the dorsal horn of the spinal cord, thalamus, and limbic system (Purwaningtyas, 2020). According to this theory, when the defense gate is open, pain impulses from T cells in the dorsal horn will travel to the spinal cord and brain, causing the sensation of pain. Conversely, a closed gate will inhibit or reduce the sensation of pain. Benson relaxation therapy aims to close this pain gate, which is the basis for post-operative pain management. When a person relaxes, the thalamus's attention is diverted to the prefrontal cortex to change the response to pain stimuli, resulting in inhibition of pain impulses. The brain then shuts down the transmission of noxious impulses, so that the sensation of pain can be reduced or inhibited. In addition, the descending nervous system releases endogenous opioids such as endorphins and dynorphins as the body's natural

response to pain. These neuromodulators play a role in inhibiting the release of substances chemicals that trigger pain and help shut down defense mechanisms against pain[2].

The administration of Benson relaxation therapy takes into account indications and contraindications. The indications for Benson therapy are for someone who experiences pain, stress, insomnia, high blood pressure, and anxiety. Meanwhile, this therapy is contraindicated in someone who experiences respiratory disorders, post-chest and abdominal surgery, shortness of breath, and rib fractures according to (Samsugito, 2022). Patients are given Benson relaxation therapy for 2 days with 2 sessions each meeting[21]. Estimated time is around 15 minutes in each session[2]. Patients are taught to do the Benson relaxation technique correctly.

Patients received antrain analgesic therapy 3x1 mg iv as pharmacological therapy and Benson relaxation therapy as non-pharmacological therapy. Benson relaxation therapy has been shown to be effective in reducing pain, especially in patients with acute post- operative BPH pain. Based on research, this technique significantly reduces the pain scale in a relatively short time when combined with analgesic therapy.

The combination of Benson relaxation therapy and analgesic therapy is more effective in reducing postoperative pain in TURP patients compared to those who only receive analgesic therapy[17]. So the author is of the opinion that Benson relaxation therapy and analgesics are suitable for use as interventions for patients experiencing pain. The integration of both pharmacological and non-pharmacological approaches results in more comprehensive and effective postoperative pain management. The combination of both can increase comfort and accelerate the recovery Tofipostoperative patients.Patients who underwent this therapy experienced a decrease in pain scale from 4 to 0 in just two days. EffectivenessThis is mainly due to the combination of deep breathing techniques and repetition of soothing words according to the patient's beliefs, which helps to divert attention from the pain and create a calm atmosphere.

The success of Benson's relaxation therapy in reducing pain can also be explained through the gate control theory, which states that patients undergo relaxation by repeating words or sentences that are in accordance with their beliefs, which helps inhibit noxious impulses in the descending control system (gate control theory) and increases control over pain. This suggests that Benson's relaxation therapy not only reduces the perception of pain but also helps patients feel more comfortable and calm, which is an important aspect of the healing process.

In addition, this therapy provides additional benefits such as improved sleep quality and decreased anxiety levels, which often accompany post-operative pain. Effective pain reduction and stress management through Benson relaxation therapy indicate that this approach focuses not only on the physical aspects but also on the mental and emotional well-being of patients. Thus, the integration of Benson relaxation therapy in post-operative pain management is an appropriate and effective step to improve the quality of life of patients during the recovery period.

Changes in Acute Pain in Post-operative BPH Patients after being given the Benson Relaxation Technique in knowing the success of problem solving from the actions taken during the nursing process on Mr. A, it is necessary to conduct an evaluation from the beginning to the end and align it with the expected outcome. The outcome of the expected outcome criteria after implementation to patients for 2 days with acute pain nursing problems is the pain scale from moderate to mild (4 to 0), decreased grimacing, decreased protective attitudesdecreased anxiety, decreased difficulty sleeping. The author uses formative evaluation in the form of development notes consisting of SOAP (Subjective, Objective, Assessment, Planning).

The results obtained after carrying out all implementations in accordance with the nursing interventions that have been prepared with acute pain nursing problems are the first day of subjective data, the patient said the pain in the surgical area (Genitalia) was sharp and intermittent, pain scale 3. The patient said he was starting to feel sleepy. Objective data The patient appeared to be grimacing quite a bit, the patient appeared moderately protective, the patient appeared moderately restless, Results: BP: 110/80 mmHg, Temperature: 36.8°C, N: 86 times per minute, RR: 18 times per minute, SpO2: 99%. Assessment of the problem has not been resolved, Planning to continue the intervention.

On the second day, the patient's subjective data said that there was no more pain in the surgical area (Genitalia), although moving now is not painful, pain scale 0. The patient can sleep well. The patient did not appear to wince, the patient did not appear protective, the patient did not appear restless, BP: 110/80 mmHg, Temperature: 36.8°C, N: 86 times per minute, RR: 18 times per minute, SpO2: 99%.

Problem assessment resolved, intervention planning stopped by KRS patient. Benson relaxation therapy has an effect on reducing pain in post-operative BPH patients. In line with research (Andayani et al., 2021) that there was a decrease in average pain and decreased pain.

According to Solehati and Kosasih, (2015) Benson relaxation is a form of relaxation that utilizes breathing techniques that are commonly used in hospital settings to relieve pain

or anxiety in patients. One of the unique features of Benson relaxation is the addition of an element of belief through repetition of words to help overcome the anxiety felt by the patient. Benefits of practicing Relaxation techniquesThis is compared to other approaches because of its ease of implementation and the absence of possible side effects[2].

A study by Gallop and Joner (1989) found that older adults showed a strong interest in spiritual aspects and prayer. Similar findings were also reported by Cupertino and Haan (1999), who found that older adults with a strong religious orientation tended to have better health. Therefore, older patients may be more receptive to the Benson Relaxation technique because it can shift their beliefs to reduce pain[7].

Based on the results of this intervention, the author found that Benson relaxation therapy had a positive impact in reducing pain levels in patients. The intervention process was supported by a cooperative response from patients and the fulfillment of the inclusion and exclusion criteria that had been set.

The patient voluntarily agreed to the implementation of this therapy, indicating his willingness to learn and implement the relaxation technique as a non- pharmacological management of his pain. When compared with the established outcome criteria, the results were appropriate in implying that the patient's acute pain problem had been successfully resolved. Thus, Benson relaxation therapy had a significant impact on Mr. A in reducing post-operative BPH pain.

CONCLUSION

Based on The results of the discussion on the Implementation of Benson's Relaxation Technique in Post-BPH Surgery Patients with Acute Pain Nursing Problems at Dr. Haryoto Lumajang Regional Hospital can be concluded that the characteristics of acute pain in Mr. A post-BPH surgery include pain in the lower abdomen (genitalia) with a scale of 4, sharp pain that comes and goes, increasing when moving, coughing, or straining, and the patient appeared to be grimacing, protective, restless, and had difficulty sleeping. Implementation of Benson's relaxation on Mr. A was carried out for 2 days, with 2 sessions each day, and each session lasted for 15 minutes. The results showed a decrease in Mr. A's pain scale from 5 expected outcome criteria, namely complaints of pain, grimacing, protective attitudes, restlessness, and difficulty sleeping, all decreased, with the pain scale decreasing from 4 to 0.

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