

Obesity and Bariatric Surgery Case Study

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Introduction

The provided case describes a single 32-year-old man who is suffering from Obesity. Although the patient reveals that he has been overweight since childhood, Mr C discloses how he has gained around 100 pounds in the last 2-3 years. His work at a phone catalogue might be the cause of his obese condition. The patient has sleep apnea and high blood pressure, which he manages by reducing sodium consumption. Mr C is presently examining the potential of bariatric treatment to retain his body weight. This paper will present Mr C's clinical manifestations, possible health risks, evaluation of Mr C's functional health patterns, the possibility for end-stage renal illness, ESRD stoppage and well-being promotion, as well as resources available for ESRD victims.

Thesis: Obesity is a significant health issue caused by overeating, lack of body exercise, and consuming an imbalanced diet.

Clinical Manifestations Present in Mr. C

In the ambulatory setting, Mr. C states to have gained around 100 pounds within the last 2-3 years. The patient has still been enduring sleep apnea, which is a critical illness that interferes with normal breathing. He still has hypertension, which he manages by consuming reduced amounts of sodium. Mr. C's plasma pressure and fasting sugar levels are extremely high, implying that the patient has impaired fasting sugar (Malley et al., 2021). Research states that this is a form of prediabetes which maximizes the possibility of suffering type 2 diabetes. Additionally, the client's level of cholesterol within the body is greater than normal. This puts him at a greater risk of heart illnesses. A thorough metabolic panel still shows that Mr C has increased levels of serum creatinine, which is 1.8 mg/dL, and BUN at 32 mg/dl. This is an indication of a defective kidney operation.

Possible Health Risks of Concern for Mr. C

Considering the symptoms indicated by Mr. C, there are several possible well-being threats connected with obesity and overweight. These health risks consist of heart illnesses, [diabetes type 2](#), illness of the gallbladder, increased LDL cholesterol, high levels of plasma sugar, as well as fatty liver illness (Malley et al., 2021).

Bariatric treatment is a proper innovation for Mr. C. This is because it contains gastric bypass and different kinds of weight-loss operations that change the digestive tract (Lee et al., 2019). This

modification of the digestive system acts as an alternative way to lose weight when exercise and diet have been shown to be ineffective or when an individual has an underlying health condition related to obesity. As per the information given in the case study, Mr C fits all the conditions for a bariatric operation. These conditions include a BMI of above 40, high blood pressure, diabetes, and a weight of below 450 pounds.

Assessment of Mr. C's Functional Health Patterns

Wellbeing perception- Mr. C says that he has been overweight since his childhood. However, he states that he has gained 100 pounds in the past 2-3 years. The client is also familiar with his obesity condition, and he is presently seeking more information about the bariatric operation for his slimming.

Health control- The patient manages his high blood pressure by minimizing sodium consumption.

Nutrition/Diet- The patient's diet is defined by low amounts of sodium consumption. Considering the maximized amounts of cholesterol, the patient may take highly concentrated fats.

Metabolic- As per the client's hospital evaluation, no metabolic illnesses were found.

Elimination- No data about Mr. C's removal status has been provided. Nevertheless, the results indicate a potentiality of kidney damage.

Body exercise- The patient spends much of his time sitting because he is a telephone catalogue worker.

Sleep/Rest- Mr. C experiences sleep apnea.

Mental/Perceptual- There are no mental problems identified.

Self-image- The client is familiar with his present well-being condition, and he is seeking medication.

Role relationship- No data for the account has been given.

Reproductive/sexuality- The patient does not establish his patterns of sexuality.

Strain/coping- Nothing is revealed about how Mr C copes with draining conditions.

Possible health issues from Mr. C's functional well-being patterns are sleep apnea, high blood pressure, obesity, end-renal illness, as well as heart illnesses.

Staging of end-stage Kidney Disease

End-stage kidney illness develops when there is a continuous loss of renal operation that reaches a complex stage. In this case, the nephrons no longer function to fulfil the requirements of the body (Lamprea et al., 2021). Donating factors of this illness consist of diabetes, high blood pressure, obesity, and glomerulonephritis. Staging of the illness takes into account the degree of albuminuria and the rates of glomerular filtration.

Stage 1: In this stage, kidneys are impaired with a regular GFR of more than 90ml per minute.

Stage 2: In stage two, there is a mild decline in the GFR level, which is usually 60-89 ml per minute.

Stage 3: this stage involves a moderate decline in the GFR levels, which is normally 59-30 ml per minute)

Stage 4: This stage is characterized by a serious decline in GFR levels (15 to29 ml per minute)

Stage 5: This stage is defined by renal failure involving GFR, which is lower than 15 ml per minute

ESRD Prevention and Health Promotion

Stoppages of end-stage kidney illness require victims to control their body weight, engage in body exercise, [eat healthy](#) foods, and manage their plasma pressure (Griva et al., 2020). Levels of cholesterol should also be monitored regularly. The promotion of well-being for end-age kidney/renal illness involves victim education. Therefore, Mr. C should be motivated to change his habits by incorporating body exercise and a proper diet to avoid more decay in his well-being.

Resources Available for ESRD Patients

Several resources are needed for victims with end-stage kidney illness. For example, recovery services enhance their social operation and nature of life. Still, transfer services should be offered to ESRD victims to permit them to attend clinical meetings/appointments without financial barriers (Griva et al., 2020). Extra resources include job-covered leaves for employed victims, as well as social safety allowances.

Conclusion

A cautious assessment of Mr C's account, it is established that a bariatric operation is the most beneficial innovation to [manage his weight](#). His obese condition is connected with various possible clinical conditions such as hypertension, diabetes, heart illnesses, and kidney disorders. Examination

of Mr. C's functional well-being designs uncovered health issues such as hypertension, sleep apnea, metabolic illnesses, and the possibility of ESRD. The stoppage of ESRD, as well as well-being promotion, is comprised of participating in physical body exercises, eating healthy foods, and controlling plasma sugar.

References

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