

Lipoedema Frequently Asked Questions

What is lipoedema?

Lipoedema is a metabolic disease characterised by bilateral symmetrical excess fat deposition on the lower limbs, hips and arms. Patients also have a tendency for leg swelling that appears with prolonged standing. The disease is progressive and almost exclusively affects females. Lipoedema in male patients is extremely rare.

Does lipoedema always affect both legs?

Lipoedema is nearly always symmetrical. However, as the disease progresses one limb can become larger than the other.

Will my lipoedema get worse?

Lipoedema is a progressive disease but the rate of progression varies between patients. It is not possible to accurately predict the rate of progression, however the rate of progression during the previous few years is a reasonable indicator of future progression.

I don't have the 'pantaloon ankle', does that mean I don't have lipoedema?

Lipoedema has a spectrum of presentation and not all patients have the pantaloon ankle. Absence of the pantaloon ankle does not exclude the diagnosis of lipoedema. The diagnosis of lipoedema is made on the history and examination findings i.e. symptoms, progressive nature, family history, distribution and consistency of subcutaneous fat etc.

What treatments are available?

Both non-surgical and surgical treatments can be used to treat lipoedema.

Non-surgical treatments such as compression garments, manual lymphatic drainage and deep-oscillation therapy may provide symptom relief i.e. reduction in pain and orthostatic oedema (swelling of the ankles with prolonged standing). However, there is no evidence these treatments halt or slow down disease progression.

Liposuction is the only surgical treatment for lipoedema with proven benefit. It serves to;

- remove the excess fat
- halt progression of the disease
- reduce pain in the soft tissues
- reduce skin hypersensitivity
- reduce weight of the lower limbs
- improve knee range-of-motion
- improve knee alignment

What is meant by tumescent liposuction, water-assisted liposuction (WAL) and VASER?

Liposuction refers to a technique where a cannula (rigid tube) is inserted into the subcutaneous fat via a very small incision and the fat sucked out (known as aspiration). Liposuction methods differ with respect to how the fat is aspirated.

In tumescent liposuction the subcutaneous fat is first infiltrated with a solution containing saline, local anaesthetic and adrenaline. The fat is infiltrated until the overlying skin become swollen and tense (known as tumescence). A cannula is then inserted and the fat aspirated. A power-assisted cannula is often used, which vibrates at high frequency to dislodge the fat.

In water-assisted liposuction (WAL), the fat does not need to be infiltrated to achieve tumescence. The cannula that aspirates fat also emits a fan-shaped jet of infiltration solution, which contains local anaesthetic. Thus, the subcutaneous fat is rendered numb and aspirated at the same time.

VASER (Vibration **A**mplification of **S**ound **E**nergy at **R**esonance) liposuction is very similar to tumescent liposuction but differs in that cannula emits ultrasound to emulsify the fat. It is a very-high energy technique that can potentially damage the lymphatic system and cause skin burns.

Mr Karri performs WAL or tumescent liposuction and does not recommend VASER liposuction for lipoedema.

Which is the better liposuction technique for lipoedema?

Each technique has pros and cons. It is not necessarily the technology that is important but the way it is used. Regardless of the technique used, it is important it is done in a manner to minimize damage to the lymphatic system.

Water-assisted liposuction (WAL) can be performed under local anaesthetic and is therefore ideal for the patient who cannot have a general anaesthetic.

As the patient is awake, different areas can be treated more easily as patients can re-position themselves during surgery.

Tumescent liposuction is performed under general anaesthetic, which is preferred by some patients. It is ideal for lipoedema patients who have fibrotic fat or significant ankle pantaloons.

There are other pros and cons to each technique and Mr Karri will explain his rationale for choosing a particular technique for you.

Can the fat return after liposuction?

The results of lipoedema liposuction are generally long-lasting, providing your weight remains relatively stable. If you experience weight gain after liposuction then your legs as well as the rest of your body may increase in size.

Is lipoedema liposuction painful?

Water-assisted liposuction (WAL) is performed under local anaesthetic (and sedation if required). The first part of the operation to numb a specific area (known as the infiltration phase) involves injecting local anaesthetic solution into the fat. There is some stinging for about 10-30 seconds but numbness quickly sets in.



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During the second part of the operation (known as the aspiration phase) you will feel pushing and pressure but generally no pain. The cannula may occasionally pass through a tender area, but after more infiltration that area becomes numb. Mr Karri will continuously monitor your comfort throughout the surgery and ensure you are as comfortable as possible.

Water-assisted liposuction is quite unique in that local anaesthetic solution is sprayed into the fat *at the same time* as the fat is removed.

After WAL or tumescent liposuction, the vast majority of patients only require Paracetamol (US Tylenol) with occasional Codeine for the first few days.

Some lipoedema patients suffer from pressure hypersensitivity and are unable to tolerate any increase in pressure in the subcutaneous fat. Such patients require general anaesthetic for their lipoedema liposuction.

What happens to stab incisions / is there scarring?

The stab incisions through which the liposuction cannula is inserted measure 3-5mm and are not sutured and left to heal. This allows the infiltration fluid to easily drain after the surgery and swelling to quickly settle. The stab incisions eventually heal within 7-10 days and the resultant scars settle down very well.

Am I too young / too old for liposuction?

Mr Karri does not perform lipoedema liposuction for patients under the age of 18. However, it may be entirely appropriate if the patient has significant pain and has poor quality of life. There is no upper age limit.

How long does liposuction take?

It takes approximately 3.5 hours to treat both lower limbs, and approximately 4-4.5 hours to treat the arms and legs during the same session.

Is there a maximum volume of fat that one can remove during a single-session of liposuction?

Mr Karri generally limits the maximum amount of fat aspiration to 5L during a single-session of liposuction. This limit is not absolute and some patients have more removed depending on individual circumstances.

Lipoedema liposuction should be considered major surgery and carries risks such as infection, deep vein thrombosis (DVT), pulmonary embolism, fat embolism, sudden drops in blood pressure etc.

The American Society for Aesthetic Plastic Surgery (ASAPS), have previously stated that the main factors increasing the risks of liposuction are poor patient health, **excessive fat removal**, using too much fluid and local anaesthesia during the procedure, and performing multiple procedures during the same surgical session.

If one wishes to remove more than 5L of fat, then logically one has to inject very large volumes of fluid, which ASAPS has recognised as a risk factor for liposuction complications.

Mr Karri continually audits his outcome data and can report **none** of his patients have suffered any complications following lipoedema liposuction, specifically wound-healing delay, chronic pain, lymphoedema, prolonged hospital stay (defined as more than 2 night-stay), deep-vein thrombosis, pulmonary embolism or fat embolism.

It is important to understand that the volume of fat aspirated does not necessarily correlate with a completely successful outcome. For some patients, aspiration of less than 5L is sufficient to alleviate their pain, alleviate pressure hypersensitivity, improve their joint mobility and improve walking-distance.

Should I have manual lymphatic drainage before lipoedema liposuction?

It is not necessary and there is no evidence that recovery / outcome is improved.

Is anything I can do to enhance my recovery after surgery?

Yes, there are a number of steps you can take to optimize your recovery. These include;

- Stop smoking
- Improve your fitness by walking and/or swimming
- Take Arnica 30X 4 tablets, 4 times a day for 3 days before surgery and 5 days after.

I'm thinking of having a baby. Should I have liposuction before or after pregnancy?

It all depends on how much the lipoedema is affecting your quality of life *right now*. If you have a poor quality of life that may potentially affect your ability to care for your child, then Mr Karri would recommend liposuction prior to pregnancy. You must be in the best state mentally and physically after giving birth to care for your child.

It is a personal choice as there is no evidence to support one way or another. The difficulty is that one cannot reliably predict which patients will worsen with pregnancy.

I have lipo-lymphoedema. Will I still have it after liposuction?

One cannot reliably predict. In patients with lipo-lymphoedema, it is not known if the primary problem is excess fat compromising the lymphatic system or if the lymphatic system dysfunction is a separate issue to the excess fat.

It is possible the lymphoedema may worsen after liposuction, and this may not be related to the surgery, but is the natural history of a deteriorating lymphatic system.

What are the risks of liposuction?

It is important to understand there are sequelae and risks. Sequelae refer to findings that you **should expect** and include;

- Bruising
- Swelling
- Itchiness
- Oozing of fluid from the stab incisions
- Knee / hip stiffness
- Skin irregularities
- Asymmetry
- Skin laxity / skin folds
- Numbness

Risks refer to **unexpected findings** and include;

Infection – may show up as a red flare around a stab incision

Chronic pain

Irregularities that do not resolve

Significant asymmetry

Deep vein thrombosis

Fat embolism

Skin laxity / skin folds – for some patients the skin does not tighten sufficiently

My legs look lumpy now, will they still look lumpy after the liposuction?

Lipoedema liposuction serves to remove the excess, nodular fat and small lipomas that may also exist. In doing so the 'lumpy' appearance may improve but there is no guarantee.

How quickly can I fly after the liposuction?

Mr Karri would not recommend you fly until at least 2 weeks after surgery.

How long will I need off work?

Mr Karri would recommend a minimum of 2-3 weeks but it also depends on the nature of your job.

When will I be able to drive?

Usually after 1-2 weeks

When I can resume exercise / swimming?

Usually after 4 weeks



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I am quite heavy, can I still have water-assisted liposuction under local anaesthetic?

Yes. For the heavier patient, water-assisted liposuction can be a safer option. At The Karri Clinic we have a special operating table that can accommodate the heavier patient.

Will I have to wear compression garments after the liposuction?

Yes, you will be required to wear a compression garment for 6 weeks continuously.

Do I need to have any pre-op tests?

For those patients undergoing WAL, pre-op blood tests are generally not required. For patients requesting general anaesthetic, blood tests may be required and this decision is made on a case-by-case basis.

Will I need any special investigations before undergoing liposuction?

Mr Karri does not request special investigations routinely but may request them depending on the clinical picture.

I want to be seen, what happens now?

A consultation with Mr Karri can be arranged by calling The Karri Clinic on 01482 976980. The consultation fee of £150 is payable in advance or on the day.

If you are planning to use your health insurance policy to cover the cost of the consultation, please confirm with your health insurance company that the consultation fee will be covered.

Medical advice disclaimer

The information contained herein should not be construed as medical advice. Nothing contained in this FAQ booklet is intended to create a doctor-patient relationship, to replace the services of a licensed, trained doctor or health professional or to be a substitute for medical advice of a doctor licensed in your country. You hereby agree that you shall not make any health or medical related decision based in whole or in part on anything contained in this FAQ booklet.

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