

# B

## BE SCULPTURED

### Liposculpture for LIPOEDEMA

Lipoedema is an abnormal build-up of fat in your legs and sometimes arms. It can be painful and affect daily life. It is more common in women and usually affects both sides equally.

Women may have heavy legs, a narrow waist and much smaller upper body. Some women may have a large bottom, thighs and lower legs yet the feet are unaffected.

Some women have fatty upper arms yet the forearm and hands are unaffected. There may be pain, tenderness or heaviness in the affected limbs and may bruise easily. Joints may be affected which can make walking difficult, and some people may have knock knees and flat feet. Inability to exercise may lead to secondary obesity. This in turn, may lead to depression, low self-esteem or anxiety and restriction of social life. Buying clothes is often difficult for people with lipoedema, as the upper body and lower body are very different in size.

If the skin is tight and firm but does not hurt to touch, and leaves a dent when thumb presses down on the skin, then the condition could be lymphodema. That is a problem of the lymphatic system (a network of vessels and glands that help fight infection and drain excess fluid from the tissue). That may cause swollen feet, most usually. But in lipoedema, the feet are not usually affected.

Compression therapy can sometimes help manage lipoedema. As well as changing diet possibly, massage therapy and water-based activities may improve the condition. Liposculpture may help too, which also changes the body shape by removing the excess fat cells. But compression is also necessary after liposculpture/ liposuction.

Since 2005, surgical treatment with liposuction has been included in the lipoedema treatment guidelines in Germany. Reich-Schupke S, Schmeller W, Brauer WJ, Cornely ME, Faerber G, Ludwig M, Lulay G, Miller A, Rapprich S, Richter DF, Schacht V, Schrader K, Stücker M, Ure C. S1 guidelines: Lipedema. J Dtsch Dermatol Ges. 2017 Jul;15(7):758-767. <https://pubmed.ncbi.nlm.nih.gov/28677175/>

By reducing the pathologically increased volume of subcutaneous fat, the patient's symptoms are significantly improved. The tumescent local anaesthetic technique allows the procedure to be done without the need for general anaesthesia. Liposuction, however, is not a treatment for obesity or Body Dysmorphic Disorder (BDD), a pathological dislike of one's own body, which is a psychiatric disorder. Only stage 1 and 2 lipoedema patients may have liposuction at Be Sculptured and must have a BMI < 35. For staging of lipoedema please refer to <https://www.lipedema.org/staging>

Lipoedema can occur because of changes in female hormones, and the onset most often occurs around puberty. Family history of the condition increases incidence.

In contrast to those with lipoedema, people with lymphoedema will find that:

- Their feet (and hands) are affected
- The degree of swelling is not the same in each limb. If both legs or arms are affected then one limb may be more affected than the other.
- The swelling is caused by a build-up of fluid in the lymphatic system
- If the lymphoedema is of short duration, the swollen skin will pit or indent if you press it with your fingers- the pressure will leave a temporary mark in your skin
- There is an increased risk of infection

Other reasons for swelling include:

- Obesity – where there is fat evenly distributed over the whole body. Liposuction / liposculpture is not a treatment for obesity and patients should have a BMI <35.
- Phleboedema and chronic venous insufficiency- characterised by the absence of fat and the presence of fluid. The skin is often itchy with a brownish discolouration.

The persistence of cosmetic and symptomatic improvements achieved by liposuction/ liposculpture has been confirmed in a long-term study. In addition to a reduction in the pathologically increased fat deposits with normalisation of body proportions, there was a marked improvement in clinical symptoms, which showed significant pre- and post-operative differences. Following liposuction, 40% of women reported no longer needing lymph drainage, and 60% had a reduced requirement.

Spontaneous pain and tenderness, oedema formation, tendency to bruise easily, reduced mobility, and cosmetic disfigurement decreased, with subsequent improvement in the quality of life. The reduction in fat deposits on the inner thighs and knees also led to a decrease or total elimination of mechanical and occlusion-related skin damage. The pseudo-X leg position caused by increased adipose tissue present in some patients was also reduced or abolished.

Based on its efficacy and long-lasting results, the surgical removal of fat, together with combined physical decongestive therapy, is an essential part of treatment for lipoedema. The only way to achieve long-lasting results is to use a combination of all of the treatment measures described above. <https://dermnetnz.org/topics/lipoedema-therapy>

Other references-

<https://www.nhs.uk/conditions/lipoedema>,

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/Lipoedema>

Sandhofer, Matthias MD; Hanke, C. William MD; Habbema, Louis MD; Podda, Maurizio MD; Rapprich, Stefan MD; Schmeller, Wilfried MD; Herbst, Karen MD; Anderhuber, Friedrich PhD; Pilsl, Ulrike PhD; Sattler, Gerhard MD; Sandhofer, Martina MD; Moosbauer, Werner MD; Sattler, Sonja MD; Schauer, Patrick MD; Faulhaber, Jörg MD; Maier, Sabine MD; Barsch, Martin MD; Mindt, Sonani MD; Halk, Anne B. MD. Prevention of Progression of Lipedema With Liposuction Using Tumescent Local Anesthesia: Results of an International Consensus Conference. *Dermatologic Surgery* 46(2):p 220-228, February 2020

[https://journals.lww.com/dermatologicsurgery/Abstract/2020/02000/Prevention\\_of\\_Progression\\_of\\_Lipedema\\_With.10.aspx](https://journals.lww.com/dermatologicsurgery/Abstract/2020/02000/Prevention_of_Progression_of_Lipedema_With.10.aspx) This study concluded that Lymph-sparing liposuction using tumescent local anaesthesia is currently the only effective treatment for lipedema.

Dadras M, Mallinger PJ, Corterier CC, Theodosiadi S, Ghods M. Liposuction in the Treatment of Lipedema: A Longitudinal Study. *Arch Plast Surg*. 2017 Jul;44(4):324-331. "Liposuction in the Treatment of Lipedema: A Longitudinal Study". <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5533060/> In this study in 2017, it was concluded that liposuction is effective in the treatment of lipedema and leads to an improvement in quality of life and a decrease in the need for conservative therapy.

Baumgartner A, Hueppe M, Schmeller W. Long-term benefit of liposuction in patients with lipoedema: a follow-up study after an average of 4 and 8 years. *Br J Dermatol*. 2016 May;174(5):1061-7.

<https://pubmed.ncbi.nlm.nih.gov/26574236/> In this study in 2016, it was concluded that their results demonstrate for the first time the long-lasting positive effects of liposuction in patients with lipoedema.