



A nurse's guide to managing lipoedema after surgery

Liposuction for lipoedema

Lipoedema (or *Riding Breeches Syndrome*) is a [Fat Tissue Disorder](#) that affects mainly women (approximately 10%). It is a genuine medical condition characterised by an accumulation of painful fat below the waist, resulting in hips, buttocks and legs that are out of proportion with the upper body. It can also affect the arms, resulting in laxity of skin with abnormal fat pads at the elbow and wrist.

In the UK, the condition can be classified into the following three stages:

- **Stage 1:** Fine-noduled skin surface (orange peel skin) and fatty swelling in the hip area.
- **Stage 2:** Coarse-noduled, uneven skin surface with large depressions, also medically referred to as "Mattress Phenomenon".
- **Stage 3:** Large, deformed skin flaps and lobules, with the tissue being firmer and harder.

Symptoms of lipoedema

- Feeling of heaviness in the legs.
- Swollen legs.
- "Orange peel skin" and cellulite.
- Increased incidence of bruising in the affected body parts.
- Substantial pain in the legs; painful to touch.
- Difficulties running.
- Early onset of degenerative joint changes and arthritis. Long term this can result in severe mobility concerns.

Liposuction

Liposuction is a common procedure in Plastic Surgery and is mainly performed for cosmetic purposes. To a lesser extent it has been used for reconstructive surgery, for example, in the treatment of lymphoedema (Brorson and Svensson, 1997a; Brorson et al, 1998) and lipoedema.

How liposuction helps lipoedema sufferers

Liposuction for lipoedema as well as lymphoedema, involves the removal of fat beneath the skin of the affected limb. Suction-assisted liposuction involves the use of a cannula (a thin, hollow tube) to manually loosen and remove fat to create a nicer shape and reduce the volume of the limb. The cannula is inserted through tiny incisions in the skin and suction is applied to remove fat from the body. The limb is infiltrated with large volumes of fluid (tumesence) to allow the cannula to glide through the tissue with minimal damage to blood vessels and lymphatics.



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The procedure is most commonly carried out under anaesthetic, both local and general. However, it can also be performed under spinal block (when your legs are completely numb yet you are awake). The surgeon makes several 5mm cuts in the skin of the affected limb and inserts a small metal tube through these cuts. The tube is then attached to a vacuum pump, which is moved around to break up and suck away the fat cells. This permanently removes the excess fat cells in that area.

It takes two to three hours to perform liposuction depending on the size of the treatment area. The tiny incisions are closed with a small dissolvable stitch and a waterproof plaster is applied. A nurse experienced in the treatment of lipoedema is required in order to ensure that the compression is maintained as the size of your limb reduces.

The area where the fat is removed will be very tender and aching. Mobilising is encouraged the next day and swelling will be marked for up to 6 weeks, but will gradually disappear with time. You will stay in hospital for 2 nights to ensure that you are comfortable, have medical care and are able to mobilise.

Associated risks of surgery

Scars are very small and hidden in a skin crease. They should be barely perceptible. However some people do heal with thick scars and this can make them more noticeable.

Bruising and swelling happens in every patient and will be marked. However, they should disappear after a few weeks.

Swelling persists for anything up to 6 months. However, for most patients this swelling will reduce much sooner with constant and gradual improvement throughout.

Infection is not common but you will routinely be given a course of antibiotics to cover you during the healing process.

Contour irregularities and loose skin. It is possible that you will have indentations and loose skin following this procedure. Skin will contract to some degree yet if you are left with significant laxity, you may require further surgery with a thigh or armlift.

Wound healing problems. Blisters or even skin necrosis can occur following liposuction. This is rare and should settle with dressings. However, significant skin necrosis may even need a small split skin graft. This, however, is unlikely.

Altered sensation. Numbness, pins and needles or burning often occur as nerves recover. This



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should completely resolve over the course of a few weeks.

DVT/PE/fat embolus. Following any surgical procedure, it is possible to develop a blood clot in your legs, which could potentially break off and move to your lungs. If the blood clot is large enough it can prove fatal. In order to reduce any risks of this you are provided special stockings. These are to be worn in bed along with a blood thinning injection if you are not mobile.

Further liposuction may be required to achieve the desired result as only a certain amount of fat can be removed during one operation (between 5-8 litres). The removal of more than this in one session places you at risk of fluid shifts and blood loss. If you desire more liposuction then an additively procedure offers this flexibility.

All the risks will be discussed in detail at your consultation. However, if you have further questions or concerns, do not hesitate to discuss these with your surgeon. Decisions about surgery should never be rushed.

Before surgery

Your surgeon will see you for a full consultation in clinic and discuss the procedure of liposuction with you. All the risks will be discussed in detail. You will then be required to then see a lymphoedema nurse specialist. She will perform limb measurements and discuss with you all post-operative care and advice. You will also be measured for hosiery or surgical compression wraps which you will be required to wear post-surgery.

What do I need to provide?

If hosiery is not within your final hospital quotation, you will need two pieces that can be purchased from:

- Hospital (please check if this is included in your package price);
- Hosiery company;
- Local lymphoedema clinic.

You must also get a hosiery applicator for applying and removing the garment. This will reduce any pain or discomfort.

If you have a local lymphoedema service, you are advised to inform them about your planned surgery. They will possibly support you with any garments required and also provide post-operative Manual Lymphatic Drainage (MLD) or bandaging.

It is very important that these garments are with you on the day of surgery.



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Recovery and healing

Please note the following key points that will help during the healing process after surgery and in the following days at home:

- At the end of the procedure in hospital, a compression garment will be applied to the limb to help the skin conform to the new shape and to reduce any swelling.
- Garments will initially be fitted in theatre and you will return to the ward in them. Your limbs will be elevated slightly.
- Garments/wraps will then be removed within 48 hours. This will allow for the limb to be washed (or you may have a shower), wounds checked and cleaned, and then garments reapplied. You will go home usually after two days. You will be wearing wraps or garments that you will have been shown to remove and apply by yourself.
- Pain Management. Recovery from liposuction can be extremely painful and can affect your ability to be comfortable and sleep. Most patients agree that the worst period for pain is between 3-10 days after surgery. It is very important to understand, however, that this is to be expected. This is a consequence of an entirely natural healing process as the body begins to repair itself after the rigours of liposuction surgery.

Take painkillers as prescribed, particularly half an hour prior to bedtime or when removing or applying compression. Walking is recommended to aid healing and encouraging the lymphatic system yet let allow yourself to be guided by how comfortable or tired you are feeling. Gradually become more active as days progress beyond surgery. Lots of rest and keeping your legs elevated is also important throughout recovery.

- Recovering at home. The following tips will help when you are at home:
 - Try and ensure any chairs used have armrests that allow your upper body to assist in standing or sitting.
 - Use an inflatable rubber ring on the toilet seat. This will help limit pain on the thighs.
 - In bed, use pillows and cushions to support and make yourself comfortable as possible. A maternity pillow is also a great investment.
- Always make sure that there are no creases in the compression garments, particularly around the ankles, knees or elbows.
- Your limbs are likely to be very swollen for quite some time. This may cause frustration and anxiety but do not panic. It takes months for the post-operative swelling to go down before you see the final result and the eventual shape and size of your arms or legs. Immediately after surgery your limbs will look much smaller. However, then the swelling starts. It will take weeks for the fluid to be fully absorbed by the body. Try and be patient. Liposuction is not easy or an instant fix yet, in time, your body will heal itself.



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- **Diet.** Follow a good nutritional diet; consider following an anti-inflammatory diet long-term (a diet that is high in omega-3 rich foods and antioxidants). Drinking plenty of fluids is required.
- **Bruising.** Extensive bruising is to be expected within days of surgery and may be present for a few weeks. This can be managed with flexible ice-packs or packets of frozen peas. These are applied for up to 10 minutes at a time, take the packs off for 20 minutes then re-apply for 10 minutes. This can be repeated in order to help reduce pain too. Daily application of Arnica gel, St John's Wort Oil or Vitamin K cream will also assist in reducing bruising.
- **Unusual sensation.** These can commence within a week or two of surgery. Unpleasant sensations usually last up to 6-10 weeks and is associated with nerves 'waking up'. These have been described as: itching, tingling, "tiny electrical shocks", "bee stings", "insects crawling under the skin", "pins and needles" and "shooting pains". Some may also experience "intense hot flushes or burning" whilst may feel that their legs have become "solid blocks of wood". Numbness is also very common and can be very disconcerting. Unfortunately, these symptoms cannot all be treated and only management and time will help. Antihistamines can, however, help itching. Generally these unusual sensations will disappear or dramatically reduce three months after the operation.
- **Garments.** Wear your compression garments as instructed by the specialist nurse. They should be worn for 20 – 23 hours a day for the first week less when they are removed for showering. Then day time only after that for up to 3 months. Remove compression garments about 30 minutes after taking painkillers, especially in the first week after surgery. If swelling does persist in feet and ankles, you may need a stronger Class 2 garment. The most important time is during the first 3 months as garments may well require resizing as the limb reduces. You may wish to liaise with your local lymphoedema team for support throughout healing.
- **Showering.** Prior to any shower, you must allow your blood pressure stabilise as you may begin to feel dizzy. You should rest for up to 20 minutes before you commence.
- **MLD.** Manual/Medical Lymphatic Drainage (MLD) after your operation will help with your recovery and maintenance. Private recognised MLD therapists can be found in your area by accessing the MLD UK web site. You can book the hospital's lymphoedema specialist.
- **Your Skin.** Expect some skin laxity. However, with the compression the skin will usually shrink back. If it does not then discussion with your consultant about further surgery may be required.
- **Exercise.** Initially, patients should not attempt too much exercise. It is recommended that patients start out by doing about a quarter of their usual amount of exercise. Thereafter, this can increase with what can be tolerated. You are strongly encouraged to commence regular and gentle exercise so that your joints do not stiffen and cause unintended complications. Within one to two days after surgery, all patients should be physically able to walk around inside the house – albeit in pain – and go for brief walks. Remaining in bed



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and not walking increases the risk for blood clots (DVT) in the legs and lungs. Most patients can resume their routine exercising within a few days after liposuction. Swimming is also recommended as an important exercise to aid recovery.

Summary

Liposuction is a procedure that can treat lipoedema sufferers. Not only can it improve shape and mobility but it can improve lymphatic function. However, this surgery is a considerable personal commitment. It is very painful and can affect your desired short-term routine. However, once your body heals, the pain subsides and your body settles into a reduced new size and you should be delighted with the end result. The importance of following the advice of your surgeon and experienced nurses with this condition, in particular in the use of compression garments to support healing, cannot be overstated.

For further advice on any matter concerning pre- or post- surgery please contact me by email – julie@annedancey.co.uk.

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