

Anaesthesia for Lipoedema

by Dr Gerwyn Rees

I have been working with Miss Anne Dancey since 2009 and together we have established a great working partnership. I thought it would be worthwhile for patients considering surgery for lipoedema to understand the anaesthetic involved. The following is intended as a basic guide and may be subject to change according to a patient's specific needs and requests.

Patients are seen by the surgeon and the anaesthetist prior to surgery and there is an opportunity to discuss the operation and anaesthetic in more detail. The anaesthetist will ask questions relating to your general health and about your preferences prior to surgery.

The operation is done under a general anaesthetic whereby the anaesthetist will site an intravenous cannula into a vein and through this cannula the anaesthetic drugs are administered. If the veins are difficult to view or the patient is needle phobic it is possible to induce anaesthesia by getting the patient to breathe in anaesthetic gases to send them off to sleep. The cannula is then sited when they are asleep.

During a general anaesthetic there is routine monitoring in place which includes an oxygen saturation monitor, a blood pressure cuff and some ECG electrodes.

My practice also includes placing a sensor on the patient's forehead which monitors brainwave activity to ensure they are asleep. This is removed prior to waking the patient up.

A urinary catheter is placed by the nursing team whilst you are asleep to monitor how well hydrated you are, it removes the need to mobilise to the toilet and minimise the need to remove compression garments after surgery.

A thermometer is also placed during the anaesthetic to ensure patients are kept at the correct temperature - patients are given warmed intravenous fluids throughout surgery, and they are placed under blanket that blows hot air onto them during their surgery.

Shivering can occur after the anaesthetic and this could be secondary to the anaesthetic agents or it is due to hypothermia. It quickly settles post anaesthesia by keeping you warm and occasionally giving you a medicine to combat it.

There are two different ways of getting pain relief post-surgery. My personal preferred technique for liposuction to the legs is to site a spinal anaesthetic block at the end of surgery. This is a single injection into the lower back and local anaesthetic (with diamorphine) is

injected as a mixture. The local anaesthetic has an immediate effect and provides excellent analgesia immediately after surgery. It will make your legs feel numb and heavy for two to three hours after surgery. The diamorphine in the spinal mixture then provides good analgesia for the next 12 hours.

Buprenorphine skin patches are applied to your shoulder areas. These are strong pain-relieving patches that patients can wear for up to seven days. The strong pain relief is absorbed through the skin. Patients can shower with these patches in place. If a patient finds the patches too strong, they can be removed by simply peeling them off. However, once off they cannot be reapplied. You can go home with these patches in place.

A rare complication associated with spinal anaesthesia occurs when some patients possibly get a sense of nausea if the blood pressure drops or due to the diamorphine. This is corrected by raising the BP or by giving anti-sickness medicine.

Itching can occur, 1 in 200 patients can complain of a severe headache and 1 in 10,000 patients may complain of some numbness or weakness in their legs.

The alternative to having the spinal anaesthetic is to have morphine intra and post operatively. The morphine post operatively is either given as boluses or via a PCA pump (Patient Controlled Analgesia). The patient is given a push button which when pressed gives a single dose of morphine. The pump limits how much is given to the patient over a set period to reduce side effects and risk of overdosing. Unfortunately, morphine can cause nausea and constipation. However, anti-sickness medicine will be available should you need it.

Other pain killers will be offered to you as a multi-modal attempt to reduce any pain or discomfort.

Intravenous fluids are kept running immediately post operatively until you are mobile and eating/ drinking. 1 in 10 patients may need to be transfused blood post-surgery.

It is necessary to check your blood levels on the first and possibly second day post operatively. This will detect patients who require a transfusion. To minimise the need for a blood transfusion we give patients a course of oral iron pre and post operatively. Antibiotics are also given for a period and an anticoagulant is given to reduce the risk of deep vein thrombosis. The hospital's pharmacy department will dispense any drugs that you require to go home with.

I am always happy to discuss any aspect of your anaesthetic.

Best wishes, Gerwyn



(also see [my biography](#))