Lipoedema is a disorder of an increase in adipose tissue. It can be inherited and almost exclusively occurs in women. Even though the upper body may be slim, the buttocks and/or legs retain large lipoedemic fat deposits. This condition is occasionally accompanied by migrating pains, and often with lumpiness.

The ankles and feet nearly always remain unaffected, leading to a sharp change of profile between the lower leg and slim foot. This is caused by congenital connective tissues which damage the smallest blood vessels, resulting in the accumulation of lipoedemic fat tissue in the lower half of the body. A tendency to bruise easily is also associated with this condition. Pain associated with tensing and straining can also occur.

Surgical therapy of lipoedema – who is it for?

Surgical therapy of lipoedema is applicable for women who suffer under constitutional fat accumulations and whose condition did not or not significantly improve through conservative therapy (compression treatment in combination with lymphatic drainage).

It is important that you are in a good general state of health and that there is no tendency to swelling in the legs. Occasional swellings, especially under stress, are however not a criterion for exclusion. Liposuction is not advisable if the patient also has chronic lymphedema. An indication for lymphedema could be swellings in the ankle region and on the back of the foot and if pressing leaves deep dents.

Before you opt for a liposuction treatment of your lipoedema, our medical specialists will discuss your individual situation and ideas with you and clear up any questions regarding the treatment.

At one glance

- During of treatment: 2-3 hours
- Stay: 1-2 days
- Regeneration: 2 weeks

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Liposuction with lipoedema – the surgical therapy

Possible varicose veins should ideally be removed half a year before the liposuction treatment. It is advisable to have the same surgeon remove the varicose veins as the incision line can later be used for the liposuction.

The operation is carried out using a relatively large dose of local anaesthetic which is injected into the fat tissue while a supervising anaesthetist monitors your vital signs and dispenses pain relief. The patient remains relatively awake so they are able to move when asked to, and are able to use and tense some muscles as well as change and hold positions. This is especially important during liposuction of the buttocks and thighs, as this is important in attaining a good aesthetic result. For liposuction performed solely on the lower leg, full anaesthetic can be administered, as the leg can be raised and manipulated by the surgeon or an assistant.

Liposuction is performed through small channels and uses ‘vibration technology’ whereby an oscillating needle is powered by a motor on the handle of the instrument, which enables the machine to more easily liquefy and remove fat tissue.

After surgical therapy of lipoedema

The risk with a liposuction under 4 litres (which is our maximum removal amount), is no higher when performed under full anaesthetic. We closely monitor the patient during the first night after the operation and treat any signs of a circulatory reaction.

On the same day the operation is performed or later, excess fluid normally drains from the puncture points and this reduces the likelihood of bruises forming. Stitching of the puncture points is not necessary, as the chances of conspicuous scarring are negligible. We recommend the patient wears a compression garment for between six weeks and three months after the operation in order to support the lymph drainage.

As soon as your circulatory functioning allows you to following the operation, if possible, try getting up and moving. Mostly, extra-special care need only be taken for a few days after the operation, and after about a week you should be able to resume work. You should be prepared to avoid any physical activity for 1-2 weeks.

The results

Good aesthetic results can be attained with liposuction, however in some cases skin tightening is also needed, especially if the accumulated fat deposits have resulted in the skin being ‘over-stretched’.