



MD AESTHETICS

## Liposuction

### **What is Liposuction?**

Liposuction is an operation that removes unwanted fat deposits under the skin by sucking the fat out through a hollow metal tube. It is used to try to reshape the contours of the body.

### **Who may benefit from Liposuction are those who:**

1. Have stubborn areas of fat resistant to exercise and diet
2. wish to create a more proportionate figure – e.g. some people tend to store more of their fat around the hips and upper thighs giving them a ‘pear’ shape that can be contoured
3. want to improve self-image and esteem

Liposuction is **NOT** an operation to help you lose weight – this should be done through diet and exercise beforehand and liposuction used to target the resistant, stubborn pockets of fat.

Liposuction will also **NOT** deal with intra-abdominal fat (fat behind the muscle wall of the tummy).

### **How is the operation performed?**

Liposuction can be performed both under a General Anaesthetic (you are asleep) or local anaesthetic with/without sedation. The duration of surgery depends upon how many areas are to be treated, but on average takes between one and two hours. Access to the fat under your skin is made through stab incisions – small incisions between 5mm & 1cm in length. A solution of dilute local anaesthetic and adrenaline are injected into the areas the fat is to be removed from – this allows more fat to be removed as blood loss is reduced as well as numbing the area treated for when you awake from the anaesthetic. The stab incisions are normally sutured with a dissolvable stitch., a small dressing applied and compression garment(s) worn.

Various methods of liposuction exist, namely but not exhaustively:

- 1) Traditional liposuction – this involves suction through a hollow metal tube

- 2) Power Assisted Liposuction – the hand piece used vibrates reducing the physical effort required by the surgeon thereby reducing surgeon fatigue thus increasing patient safety – this is the most common method of liposuction and body contouring
- 3) VASER – the hand piece used contains a fibre optic filament that utilises laser energy to create heat and melt the fat and tighten the overlying tissues
- 4) Ultrasound assisted Liposuction – the liposuction probe emits ultrasound waves making it easier to liposuck in tougher, more fibrous areas and tissues.

### **What happens after surgery?**

You will be required to wear a compression garment after surgery (Mr Davis advocates LipoElastic® garments) for a period of six weeks, occasionally longer.

If done in isolation and not combined with other surgery (e.g. Abdominoplasty) this surgery is performed as a day case – you go home the same day.

You will be encouraged to shower the next day after surgery, however you are to dab your wounds and dressings dry, let them dry naturally or to use your hairdryer on a cool setting to blow them dry – you are NOT to rub your wounds for one month after surgery.

After two weeks you will be asked to apply moisturiser over your scar on a daily basis for a period of three months.

You will come for a wound check one week after your surgery with Mr Davis and return to see Mr Davis in clinic between six and ten weeks after surgery – earlier if required. Further follow-ups will be arranged at around six months after surgery or as necessary.

### **Potential risks**

- *Bleeding & Haematoma*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your treated area and avoid strenuous exercise.

If a bleed under the skin occurs, you will usually become swollen and tender and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Seroma*

This is fluid accumulating under your skin, resulting in a bulge and palpable fluctuation/fluid moving. It is treated in clinic by using a needle and syringe to aspirate the fluid. This can re-accumulate and require further drainage in clinic until the skin and soft tissues have scarred back down on to the muscle wall.

- *Infection*

Whilst not common, should it occur your treated area may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics.

- *Scars*  
Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.
- *Altered sensation*  
As a result of the liposuction the nerves supplying your skin may be stretched and/or damaged resulting in skin overlying the area(s) treated feeling numb. With time this will recover but can take up to two years and may never fully recover. For this reason you should avoid the use of items such as hot-water bottles so as not to burn yourself unwittingly.
- *Skin necrosis*  
Very rarely the blood supply to the skin overlying the treated area can be compromised resulting in skin dying - Should this rare event occur it is managed with dressings until healed. Very occasionally the resulting scar requires revising.
- *Fat necrosis &/or lumpiness:*  
When the fat tissue is disturbed by the liposuction cannula its blood supply can become compromised, resulting in some fat tissue dying off (necrosing). This presents itself as a firm lump or lumpiness under the skin, and will usually settle by itself over the subsequent months. Very occasionally the old liquid fat can discharge itself through a hole in the scar/wound, requiring regular dressings until it settles and heals itself. Very occasionally the fat will calcify requiring further surgery to excise it.
- *Asymmetry*  
No parts of the body are symmetrical and after your liposuction they will remain asymmetric. Should there be any glaring difference then very occasionally a touch-up is required to rectify this.
- *DVT/P.E.*  
Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus. As a way of reducing the risk you will be required to wear compression(TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to keep as mobile as is possible and to stay well hydrated.
- *Swelling &/or bruising*  
Swelling will almost certainly occur naturally and can take months to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.
- *Redundant/loose skin*

It is impossible to predict how your skin will contract after the fat beneath it is removed. Should the skin not fully contract back then you will be left with loose redundant skin.

- *Skin tethering*

If too much fat is removed from under the skin, then the skin can scar down on to the underlying muscle/tissues and look tethered – this would become more apparent when the muscle it is tethered down onto contracts, thereby pulling the skin down with it.

- *Further surgery in the future – this is likely to incur more costs*

- *Highlighting other areas*

Following liposuction to one area it is possible to then notice excess fat/bulge in neighbouring areas that you had not previously noticed. A good example of this is when the abdominal area has undergone liposuction in males, they subsequently notice an excess of volume in their chest region that was not apparent beforehand to them.