

PROCEDURE NOTES

Liposuction

Liposuction is not an operation to make a fat person slim. Slimming can only be achieved by serious attention to both diet and exercise, sticking to it and being honest about ones' achievements and failures. There are many diets and most are effective providing that you stick to them. Bingeing is the one major cause of failure to lose weight. Starvation is not dieting; it almost invariably leads to bingeing, which is unhealthy. What is needed is reduction of excess calories, while maintaining a healthy balanced diet.

If you have pockets of fat that are resistant to diet and exercise, while your weight is within normal limits you may be a candidate for liposuction.

Liposuction is a surgical procedure that reduces the thickness of the fat layer by passing a narrow tube (cannula) under suction. The suction is obtained from a suction machine that is connected to the cannula by plastic tubing. A variant of liposuction is called liposculpture and differs only in that it exerts suction by means of a syringe, rather than a pump. There is no other difference between the two procedures and the results should be identical. Because the cannulae are very narrow the skin incision is very small, usually 2-3 millimetres.

One of the most important developments in liposuction has been the introduction of large amounts of dilute anaesthetic fluid injected into the fat before surgery. This makes the tissues more turgid and thus easier to work on, and there is also much less bleeding and so very little blood is lost.

The amount of fat removed will obviously depend on how much there is in the first place, and also on the surgeon's judgement. The surgeon will only remove as much as is necessary without making the shape abnormal and out of proportion. If you have heavy bones and strong muscles, it is not possible to give you skinny legs, despite removing most of the subcutaneous fat. However, by judicious liposuction it is possible to reshape legs, thighs and abdomen in the right person.

The procedure is carried out under general anaesthesia, although for smaller areas local anaesthesia may be used. If smaller quantities of fat are removed (less than 1.5 litres) the procedure may be performed on a day-care basis. Larger quantities will usually require hospitalisation. On the whole, it is not advisable to remove more than 3-3.5 litres in one session because of the need for transfusion. Beyond this volume of fat removed the operation becomes much more major in nature.

In recent years there has been increasing interest in ultrasonic liposuction where the fat is literally dissolved before being sucked out. This procedure may be possible in cases where skin elasticity is poor, and large amounts of fat have to be removed. However, at the moment

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it is not recommended for straightforward cases. Your surgeon will explain the pros and cons of this technique.

Following the procedure a special tight garment is worn over the areas treated. It should be worn almost continuously during the first week post-operatively and thereafter, as much as possible for another 2-3 weeks. The garment helps to reduce swelling and bruising, as well as keeping the areas operated on more comfortable. Sutures are usually removed 7-10 days after surgery.

Although liposuction is one of the safest operations, like all surgical procedures, it is subject to complications.

1. Bleeding: It is extremely uncommon and usually manifests itself as very severe bruising. Other consequences are virtually unheard of.

2. Wound infection: Because the wounds in liposuction are so small, infection is very rare, and if it occurs is usually treated with a course of antibiotics.

3. Rippling and dimples: Experienced surgeons rarely have this problem, unless the skin is very lax and there is severe cellulite. A further procedure may be required to correct this problem.

4. Asymmetry: With very large reductions in the presence of major asymmetry, this problem can occur and is easily correctable.

5. Thrombosis and embolism: This is a complication of all surgical procedures and its prevention should be discussed with the surgeon at consultation.

As in all surgery it is essential to see a surgeon who will be able to tell you whether your problem can be remedied by surgery, and what the risks are. Thereafter you will be in a position to decide whether you should go ahead or not.