

## **Liposuction with lipedema: Q & A with Dr. David Amron**

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[Source: Lipese Blog](#)

We've covered liposuction in the past. There are still many questions, but we're no doctors and can only speak from experience. Therefore we're proud to announce that we found Dr. Davod Amron willing to answer our questions. The ladies at Lipese Challenge, our chatgroup on Facebook, were given the opportunity to send in their questions. Below you find Dr. Amron's expert view on the issues raised. At the bottom of the Q&A you can read more about Dr. Amron and his background.

### **1. Does medical insurance cover liposuction?**

Insurance companies in the United States are very difficult to work with, and for the most part, they're not covering liposuction surgery for lipedema. Several patients around the country have been successful getting their surgeries covered, however, most of this comes from the patient's persistence after surgery to seek reimbursement.

When patients are successful, it's typically through gathering a lot of support and recommendations from numerous physicians they've seen – these doctors explain liposuction was medically necessary in their cases. So, it would be helpful to seek medical specialists in this regard, as well as have complete reports from the physician who performs the surgery.

Right now, the majority of the general public has never heard of this disease, and even a lot of physicians and surgeons haven't either. That being said, insurance companies aren't recognizing it as a unique condition that needs to be covered. Hopefully things will change once there's greater recognition of lipedema.

I'm working to increase public awareness of lipedema in various ways, with hopes it will soon translate into insurance companies recognizing it as a disease that needs to be covered, so no one is forced to suffer due to financial constraints.

### **2. Describe the procedure you use for liposuction on patients with lipedema.**

Curing lipedema is extremely rare, and various medical treatments have been met with limited success. The only real possible cures, which I perform in my practice, are water-assisted liposuction (WAL) and tumescent lymphatic-sparing liposuction, which many surgeons are reluctant to perform.

There are several advantages to performing tumescent lymphatic-sparing liposuction to treat lipedema patients. First, it's much safer as an approach, and as mentioned, it's lymphatic sparing. Second, it helps prepare the tissue by reducing the bleeding during the surgery and getting a much more pure removal of the fat. Lastly, it's very important in terms of patient positioning, which is vital to lipo-sculpture, especially with lipedema patients.

The reasoning for many surgeons' reluctance to treat lipedema with liposuction is likely because these are very complicated areas we're dealing with. The calves, ankles and anterior thighs are areas most liposuction surgeons who do liposuction tend to avoid, even in non-lipedema patients, as these areas are very prone to irregularities and are technically very difficult to treat.

### **3. You offer a procedure that is touted as lymph sparing. What makes it lymph sparing?**

One of the most crucial elements of liposuction for lipedema patients is that the surgeon approaches it in a lymphatic-sparing way, with respect and care for the patient's deeper lymphatics.

I strongly believe doing the surgery under purely tumescent local anesthesia is the best approach for not only lipedema patients, but for all liposuction patients.

When a surgery is performed under local anesthesia, the surgeon is forced to stay only within the subcutaneous layer of fat between the skin and muscle where there are no major lymphatics.

Damage to the lymphatic system usually occurs when the patient is under general anesthesia and the surgeon has gone into areas that are deeper than the anesthesia allows.

However, under local anesthesia, that situation is almost impossible. If the surgeon were to go outside of the field of anesthesia, which is the fat layer, the patient will absolutely be able to feel the surgeon. So, by doing it under local anesthesia, it really is lymphatic-sparing because the surgeon is forced to stay within the appropriate layers of the body, ensuring there's no damage to a person's lymphatics.

### **4. Can liposuction be performed on patients with stage three or four lipedema, or even when they have lipo-lymphedema?**

Yes, patients with stage three lipedema, stage four lipedema and even patients with lipo-lymphedema can have liposuction. However, these patients need more specific care both preoperatively and postoperatively.

It's important to wait longer between surgeries for stage three and stage four lipedema patients, as well as for lipo-lymphedema patients. In stage one or stage two patients, I'll perform sequential surgeries fairly close together. But, for patients who have more advanced cases, I'll wait about four weeks between surgeries, and sometimes possibly a bit longer. It will always vary depending on the case and the patient.

Also, with patients who have more advanced lipedema, it's really crucial to properly bandage them with compression therapy after the surgery. Furthermore, I strongly encourage and recommend my patients have proper care for manual lymphatic drainage (MLD) by Vodder trained lymphatic specialists.

### **5. What are your aftercare procedures for lipedema patients who've had liposuction?**

I'm still continuing to refine my patient-aftercare technique specifically for those with lipedema, but it all depends on the stage of condition. For stage one patients, most do completely fine with the typical compression garments for liposuction. Certainly MLD can hasten the resolution of some of the swelling, but it's not as vital as it is for patients with more advanced stages of lipedema.

Stage two patients are usually bandaged and wrapped right after surgery, and follow up with a trained MLD therapist for compression therapy thereafter. Postoperative care is essential regarding patients recovering from the third stage of lipedema, or lipo-lymphedema, and I work very closely with Vodder trained MLD specialists.

As you move into the third stage of lipedema or lipo-lymphedema, it's important to wait approximately four weeks between surgeries. Postoperative care at this point in the disease is extremely important, and I work very closely with Vodder trained MLD specialists.

### **6. Does the fat grow back after liposuction? Is there something we can do to prevent regaining fat on the legs?**

With my aesthetic liposuction patients, my answer is normally a flat-out "no", the fat will not return to the areas where liposuction is done properly. However, in lipedema patients, I do think there's potential for the fat to return. In my experience treating lipedema with liposuction, I've never seen it happen to any patients of my practice. However, I've heard stories from other patients about fat growing back. It's possible that the procedure was not done as completely as it should have been, and that left fat in the body to duplicate.

Ultimately, this question cannot be answered with complete certainty, but there is a possibility that lipedema patients could theoretically see fat regrow in areas if liposuction surgery is not done properly.

### **7. What is the long-term effect of surgery? Are there reports of lipedema patients 5-10 years after liposuction surgery?**

If liposuction surgery is done properly, patients will not have any more of the diseased fat in their body, and they will continue on with normal lifestyles.

In lipedema patients there's an aspect of hypertrophy, which means growth of new fat tissue. That said, in theory the fat could come back years later, but since I've known of lipedema, I've never seen the fat return.

Certainly, if there's a component of lymphedema along with the swelling that comes along with lipedema, I do expect the fat component to return. For your average lipedema patient, however, the fat should not return in the long run.

I'm fairly certain there are no studies in the United States addressing the long-term benefit of liposuction for lipedema, and this is research that certainly needs to be done.

**8. Should liposuction leave women with sagging skin, what are our options to fix that?**

Whether it's for lipedema or not, liposuction should always cause tightening of the skin. However, when someone has a lot of redundant loose skin, the surgeon has to be careful of how much retraction of the skin he or she is going for.

After liposuction surgery, if someone already has a lot of loose skin to begin with, there may be a need for a subsequent body lifting procedure, such as a thigh lift. It's very important to consult with a surgeon who has vast experience in body lifting procedures, and has an understanding of the specific limitations of a lipedema and/or lipo-lymphedema patient.

**9. How young can liposuction be performed for lipedema patients?**

In most patients, the disproportionate storage of fat is already set in place in the middle of their teenage years typically, after they've started their menstrual cycles. That's generally the youngest age I will perform liposuction on a patient, and I would apply that age range to lipedema patients, too. If lipedema has been already been diagnosed and there's disproportion in place, quite honestly, the earlier it's targeted, the better. This will prevent it from advancing to its later stages.