



TITUS ADAMS
PLASTIC SURGEON

Liposuction:

Liposuction is one of the commonest cosmetic surgical procedures and aims to remove excess areas of fat, and to improve the profile or contour of the body. The common sites for liposuction include the tummy area, flanks, hips, thighs and buttocks and also the anterior neck beneath the chin. Although it can be used in isolation, it is commonly used as an adjunct to other commonly performed procedures including abdominoplasty and breast reduction and during neck lifting procedures. Liposuction is not a treatment for widespread obesity and is not employed to disguise cellulite.

Surgical approaches have to be carefully considered and individualised to each patient. Below is a summary of the techniques used.

Types of liposuction techniques:

Dry liposuction: This involves directly removing fat from under the skin without any infiltration of fluid. Unfortunately, this has been associated with significant bleeding/bruising, damage to the remaining fat, irregularities in contour and can cause significant discomfort. It is rarely employed nowadays.

Wet liposuction: A fluid mixture (containing both adrenaline to limit bleeding, and local anaesthetic solution to reduce discomfort) can be infiltrated within the treatment area just prior to suction. Surgical results and patient satisfaction are improved.

Superwet liposuction: Evolution of the “wet” techniques has led to greater volumes of infiltration fluid being given prior to treatment (“super-wet”). This improves pain relief, reduces bleeding and bruising, and helps to improve the contouring of the body during surgery, with the aim of reducing the risks of irregularities.

Tumescent liposuction: This technique describes very large quantities of infiltration to the treatment area.

Liposuction is performed under local or general anaesthetic and depends on the extent of liposuction required and patient choice. The suction techniques involve the insertion of a fine metal cannula just under the skin, attached to suction apparatus via tubing. The quantities of both fat and infiltration fluid is carefully measured during the procedure and gives the surgeon a clear indication of successful treatment. This is termed suction-assisted liposuction (SAL). Sometimes the cannula is attached to a machine that provides fine movements of the cannula tip, which can help the surgeon in the removal of large quantities of fat. This is termed power-assisted liposuction (PAL). New developments of the cannula tip have employed ultrasound (UAL) and Laser (LAL) during liposuction procedures. However, there are reports of significant thermal (burn) injuries to the remaining fat and overlying skin, following the use of both UAL and LAL, which can cause fat and



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skin death (necrosis) and greater degrees of irregularities in body contouring. Mr Adams does not use UAL or LAL in his current practice on safety grounds.

Mr Adams routinely employs the technique of both liposuction and lipofilling in breast aesthetics and breast reconstruction, for example. This dual combination of removal (from unwanted areas using very small cannulae) and then filling to other sites of the body is termed liposculpture. Liposuction can also be used in combination with under-skin scar release in cases of "fat fracture", during which tethered scars are divided within the fat to improve body contouring following significant soft tissue trauma.

Other useful information:

Pre-operative advice: Mr Adams sees all patients himself at the initial consultation. Your requirements are discussed, and a full medical history obtained. The operation, aims and limitations, recovery and risks will be discussed. You should avoid Aspirin and related anti-inflammatory medication (ibuprofen, naproxen, diclofenac) for two weeks prior to surgery as they can promote excessive bleeding or bruising. Smokers also have a higher risk of complications, and this habit should be avoided for 4 weeks before and after surgery. The contraceptive pill or HRT should be stopped for 4 weeks pre-operatively as it is associated with an increased risk of deep venous thrombosis (DVT). Overweight patients also have a higher risk of complications. Patients are advised to obtain their most desirable weight before surgery to achieve the best aesthetic results. A pre-operative nurse assessment is arranged at the hospital a few days prior to the surgery. A blood test may be required. You will be measured for compression stockings, which are worn during your stay. You will also be measured for appropriate liposuction garments (binder, corset or body stockings etc.) These are fitted before you wake up just after your liposuction procedure. These garments are worn for up to 4-6 weeks.

On admission: Patients are admitted on the day of surgery and checked by the nursing staff. The anaesthetist will see you, as a general anaesthetic is often required. Mr Adams will take photographs and consent will be obtained.

The operation: The details of the procedure will have been discussed. Small (usually 3-5mm) access holes are made in the skin to allow the cannulas to remove the fat. These holes are stitched with a single dissolving suture which falls out over two weeks. Dressing pads are worn over these sites (under the pressure garments) and changed routinely for the first 48 hours until the fluid leakage stops. Liposuction alone does *not* require tubes or suction drains post-operatively.

What to expect following surgery: There will be swelling and bruising in the hours and days following surgery. Bruising may last for up to 2-4 weeks. Your liposuction garment is fitted before waking up. This helps reduce swelling, and helps to support and contour your treated area. This will be required for 4-6 weeks, but can be removed for washing and showering etc. Baths should be avoided for 4 weeks. Patients who have major liposuction stay one night usually; others may go home the same day if safe to do so. Standard analgesia will be provided at discharge and should be taken regularly for up to 2 weeks. You should be expected to remain mobile as possible after your surgery. Two garments are often provided for you (one to wear and one to wash).



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Follow-up: Patients return to the hospital at one week for routine checks and replacement of dressings as necessary. Patients are seen by Mr Adams at 6 weeks and 6 months in clinic; appointments are sent by email.

Risks and complications: Bruising is not a complication but to be expected for up to 2-4 weeks following liposuction. As with all surgery complications can occur. In the initial stages, there is an extremely small risk of bleeding, which might manifest by greater than expected oozing or discomfort/pain in excess of what is normally expected. Infection is also largely uncommon as the wound sites are very small. If redness (with soreness) does occur around the liposuction holes, then antibiotics may be prescribed. Tiny scars will be noted, and these can remain red and occasionally lumpy for a few months after surgery. Rippling or dimpling irregularities can occur at the site of treatment, especially in those with loose or poor quality skin or where concurrent cellulite is noted. Large quantities of fat removal can result in small degrees of asymmetry in shape or volume. Many individuals have areas that are not symmetric to begin with, and this will be pointed out at the initial consultation. Swelling can be present for up to 4-6 weeks. Numbness of the skin can occur but settles spontaneously after a few months.

Venous thrombosis is a rare but recognised risk. This complication can be reduced significantly by adhering to the advice given pre-operatively. Keeping mobile, well hydrated and the use of leg stockings both during and after surgery, all help to lower this risk significantly.