

PATIENT INFORMATION

Lipoedema liposuction

Lymph-sparing liposuction
for the legs and arms

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Sevenoaks & Oxted

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This booklet explains lipoeidema liposuction, from deciding whether it is right for you to your recovery after each stage.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about liposuction for lipoedema, or you're about to.

It explains what lipoedema is, how surgery can help, why it is usually done in stages, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What lipoedema liposuction is

Lipoedema is a long-term condition, almost always in women, in which fat builds up symmetrically in the legs and sometimes the arms. The hands and feet are usually spared. The fat is often painful and tender, bruises easily, and doesn't shrink much with diet or exercise. It often starts or worsens around puberty, pregnancy or the menopause.

Lipoedema liposuction removes this abnormal fat through small incisions, using gentle water-assisted or tumescent techniques designed to protect the lymphatic vessels. It can reduce pain, heaviness and bruising, and improve the shape of the legs and how easily you move.

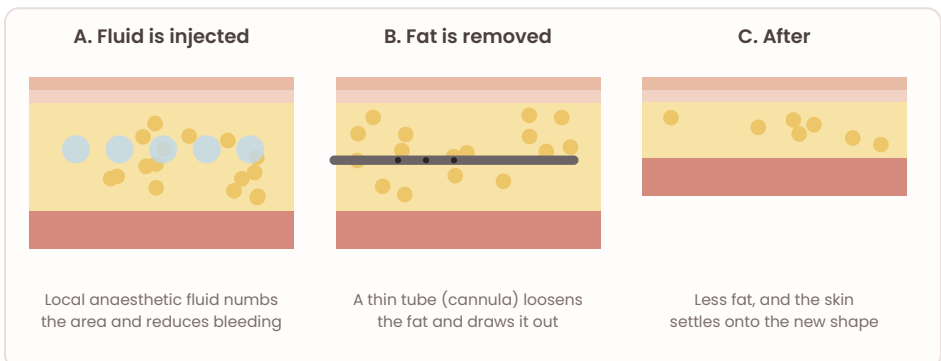


Figure 1. How liposuction removes fat through small incisions. A simplified drawing for guidance only.

Why it is done in stages

A large amount of fat is often involved. To keep each operation safe, treatment is usually planned in two or more stages, a few months apart, for example the outer legs first and the inner legs later.

What the evidence says

NICE guidance (2022) says liposuction for lipoedema should be offered with special arrangements for consent and audit, because evidence on long-term results is still limited. Many patients report less pain and better mobility, but surgery doesn't cure lipoedema, and ongoing care remains important.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have a diagnosis of lipoedema, or clear features of it
- ✓ your symptoms continue despite compression and self-care
- ✓ your weight is stable
- ✓ you can commit to wearing compression after surgery

What the operation won't do

- It won't cure lipoedema, which can continue in other areas.
- It won't treat lymphoedema from other causes.
- It doesn't replace compression, exercise and keeping a stable weight.
- It may leave loose skin, which can need treating later.

Please tell Mr Kumar if you have, or have had

- any swelling of your feet or ankles, or a diagnosis of lymphoedema
- a blood clot in the leg or lung, or a family history of clotting problems
- the contraceptive pill or HRT, which raise the risk of blood clots
- a hernia, or previous surgery in the area, including a caesarean section

Please tell Mr Kumar if you have, or have had (continued)

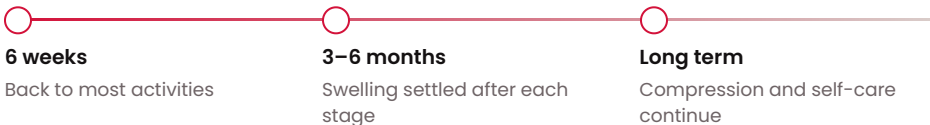
- plans to lose a lot of weight, or you use weight-loss injections
- previous weight-loss (bariatric) surgery
- plans for a future pregnancy
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- compression garments, exercise and skin care (conservative treatment)
- manual lymphatic drainage
- keeping a stable, healthy weight
- doing nothing for now.

05 What you can expect from the result



- Many people notice less pain and heaviness.
- The shape of the treated areas improves, but each stage takes months to settle.
- Loose skin can remain; skin tightening or, later, a thigh or arm lift may help.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- ✓ **arrange for someone to take you home** and stay with you for the first night
- ✓ **follow the advice you're given about the contraceptive pill or HRT.** You may be advised to stop them for a few weeks around surgery.
- ✓ **keep your weight steady**
- ✓ **have your compression garment ready**, or bring it on the day
- ✓ **avoid long-haul flights** for about 4–6 weeks after surgery

07 Anaesthetic and where it happens

Lipoedema liposuction is done under general anaesthetic. Most people stay in hospital for one night after each stage.

08 The operation

Each stage usually takes two to four hours. Fluid containing local anaesthetic and adrenaline is first introduced to numb the area and reduce bleeding. Fine cannulas are then moved gently along the length of the leg to remove the fat while protecting the lymphatic vessels. The tiny incisions are left to drain or closed with a stitch, and you wake up in a compression garment.

09 Recovery

When	What to expect
Days 1–3	Swelling, bruising and fluid leaking from the incisions, which is normal. Walk little and often.
Weeks 1–2	Most people return to desk work after about two weeks.
Weeks 2–6	Bruising fades. Wear your compression garment day and night unless advised otherwise.
Week 6	Return to exercise, building up gradually.
3–6 months	Swelling settles and the next stage can be planned.

- ✓ **Wear compression** for at least six weeks after each stage, then continue your usual compression.
- ✓ **Walk regularly** from the day of surgery to reduce the risk of blood clots.

10 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON more than 1 in 100	UNCOMMON 1 in 100 to 1 in 1,000	RARE 1 in 1,000 to 1 in 10,000	VERY RARE fewer than 1 in 10,000
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Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Bruising, swelling and soreness for several weeks.
- Fluid leaking from the incisions for a day or two.
- Temporary numbness of the skin.

Other complications

- **Contour irregularities** **COMMON**
Uneven or dimpled areas, which often improve as swelling settles.
- **Loose skin** **COMMON**
More likely with larger volumes or less elastic skin.
- **Fluid collection (seroma)** **UNCOMMON**
A soft, fluid-filled swelling. It is usually drained with a needle in clinic, sometimes more than once.
- **Infection** **UNCOMMON**
Usually treated with antibiotics.
- **Fluid shifts and anaemia** **UNCOMMON**
More likely when large volumes are removed. Your fluids and blood count are monitored.
- **Changes in sensation** **COMMON**
Numbness or tingling, usually improving over months.

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** **UNCOMMON**
Deep vein thrombosis or pulmonary embolism is one of the more important risks of body contouring surgery, and a clot in the lung can be life-threatening. Walking early, drinking plenty, stockings and any blood-thinning injections reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

11 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

12 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

13 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

14 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

15 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

16 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- severe or worsening pain in your tummy, especially with a swollen tummy, a high temperature or vomiting
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- redness that is spreading, warmth, discharge from a wound, or a temperature
- swelling that is increasing quickly, is much worse on one side, or feels like a soft, fluid-filled bag
- a wound opening up, or skin that becomes dark, purple or black
- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

17 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

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Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

Telephone	020 3026 9695
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Email	info@theuclinic.com
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MR SIVA KUMAR
CONSULTANT PLASTIC SURGEON



Lipoedema liposuction information leaflet. Version 1.0, October 2026. This booklet is for general information and does not replace a consultation with Mr Kumar.