

PATIENT INFORMATION

Liposuction

For stubborn areas of fat
Face, neck and body

Mr Siva Kumar Veeramani

Consultant Plastic, Reconstructive and Cosmetic Surgeon
MBBS BMedSci MRCSEd MBA FRCSEd (Plast.) · GMC 6114710



The Ü Clinic
Sevenoaks & Oxted

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

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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, or you're about to.

It explains what the operation involves, who it suits, and the risks and recovery. If loose skin is also a concern, there is a separate booklet about liposuction with skin tightening.

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 liposuction is

Liposuction removes stubborn areas of fat that haven't responded to diet and exercise. Through small cuts of 3–5 mm, the area is first filled with fluid containing local anaesthetic and adrenaline, which numbs it and reduces bleeding. A thin tube called a cannula is then passed back and forth to loosen the fat and draw it out. The fat cells removed don't grow back.

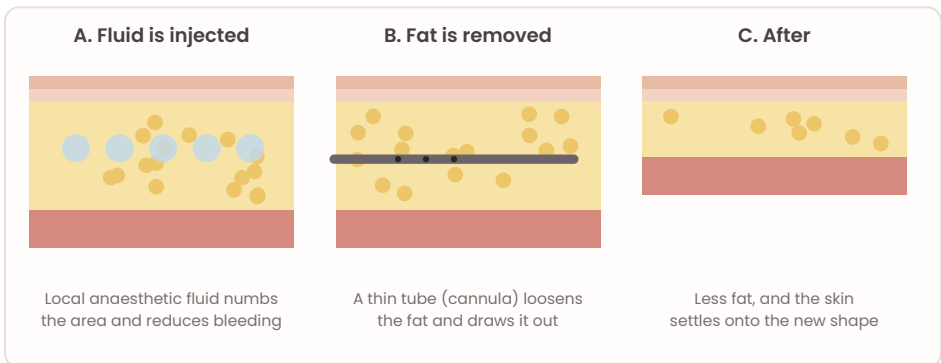


Figure 1. How liposuction works. A simplified drawing for guidance only, not to scale.

Areas that can be treated

- under the chin and the neck
- upper arms
- tummy, waist and flanks

- back and bra roll
- hips, thighs and knees
- the male chest

The fat removed can sometimes be used to add volume elsewhere (fat transfer).

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have areas of fat you can pinch that won't shift
- ✓ your skin has good elasticity
- ✓ you are at or near a stable, healthy weight
- ✓ you are in good general health

What the operation won't do

- It isn't a weight-loss treatment.
- It won't tighten loose skin.
- It won't remove cellulite or stretch marks.
- It doesn't remove fat inside the tummy.

Please tell Mr Kumar if you have, or have had

- 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
- 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

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

- 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:

- diet and exercise
- non-surgical fat reduction such as fat freezing, with smaller changes
- liposuction with skin tightening, if the skin is loose
- a skin-removal operation such as a tummy tuck
- doing nothing for now.

05 What you can expect from the result



- Small irregularities and slight differences between the sides are common.
- If you gain weight, fat may go to other areas.

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
- ✓ **have absorbent pads or old towels at home**, as the cuts leak fluid for a day or two
- ✓ **plan a few days to 1–2 weeks off work**, depending on the areas

07 Anaesthetic and where it happens

Small areas can be done under local anaesthetic, sometimes with sedation. Larger areas are usually done under general anaesthetic. Most people go home the same day.

08 The operation

Mr Kumar marks you standing. The fluid is injected, the fat removed through small cuts, and the cuts are closed with a stitch or left to drain. You wake up in a compression garment. The operation takes 1–3 hours.

09 Straight afterwards

The treated areas feel sore and bruised, like after a hard workout. The cuts leak pink, watery fluid for 24–48 hours. Get up slowly, as you may feel light-headed.

10 Recovery

When	What to expect
Days 1–2	Leaking fluid; bruising. Shower after 48 hours.
Week 1	Swelling and bruising at their worst. Most back to desk work within a week.
Weeks 2–3	Light exercise from 2 weeks. Bruising fades.
Weeks 4–6	Full exercise. Wear your garment for about 6 weeks.
3–12 months	Swelling settles and the final shape appears.

11 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

In a study of over 31,000 cosmetic liposuction operations, a major complication needing treatment occurred in about 1 in 140 (0.7%) when liposuction was done on its own. The risk was about five times higher when it was combined with other operations.

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.

- Swelling and bruising, which can spread below the treated area.
- Leaking fluid from the cuts for a day or two.
- Numbness and firmness of the treated skin, which recovers over weeks to months.

Other complications

- **Uneven contour, rippling or dents** **COMMON**
Often improves as swelling settles; sometimes a small further procedure helps.
- **Loose skin** **COMMON**
If your skin is less elastic it may not shrink fully.
- **Fluid collection (seroma)** **UNCOMMON**
A soft, fluid-filled swelling. It is usually drained with a needle in clinic, sometimes more than once.
- **Asymmetry** **UNCOMMON**
The two sides look different once healed.
- **Collection of blood (haematoma)** **ABOUT 1 IN 670**
May need draining.
- **Infection** **ABOUT 1 IN 1,000**
Usually treated with antibiotics.
- **Skin discolouration** **UNCOMMON**
Brown staining from bruising that fades over months.
- **Thickened or noticeable scars at the cuts** **UNCOMMON**

Rare but serious complications

Please read this section carefully.

- **Blood clots in the leg or lung** **ABOUT 1 IN 1,700**
More often when combined with other operations. A clot in the lung can be life-threatening.

- **Lung complications, including fat embolism** ABOUT 1 IN 1,000

Fluid on the lungs, pneumonia or, very rarely, fat travelling to the lungs.

- **Injury to deeper structures** VERY RARE

The cannula can pass through the muscle wall and injure the bowel or other organs. It needs urgent treatment.

- **Death** VERY RARE

Usually from a blood clot, fat embolism or an unrecognised injury to the bowel.

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.

12 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.

13 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.

14 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.

15 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.

16 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.

17 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.

18 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
Email	info@theuclinic.com
Sevenoaks	The Ü Clinic, 74 London Road, Sevenoaks TN13 2DN
Online	mrsivakumar.com

Mr Siva Kumar Veeramani is a Consultant Plastic, Reconstructive and Cosmetic Surgeon. GMC 6114710.

