LIPOSUCTION

«Version 2» nov 2015

Information delivered to : **Doctor :**

Patient's name :

Date :

This document has been created under the authority of **the French Society of Plastic Reconstructive and Aesthetic surgery** (*Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE*) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake liposuction.

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

● *DEFINITION, AIMS AND PRINCIPLES*

Liposuction can radically and definitively diminish localized areas of protruding fat.

These localized areas of protruding fat do not go away with strict diet and exercise.

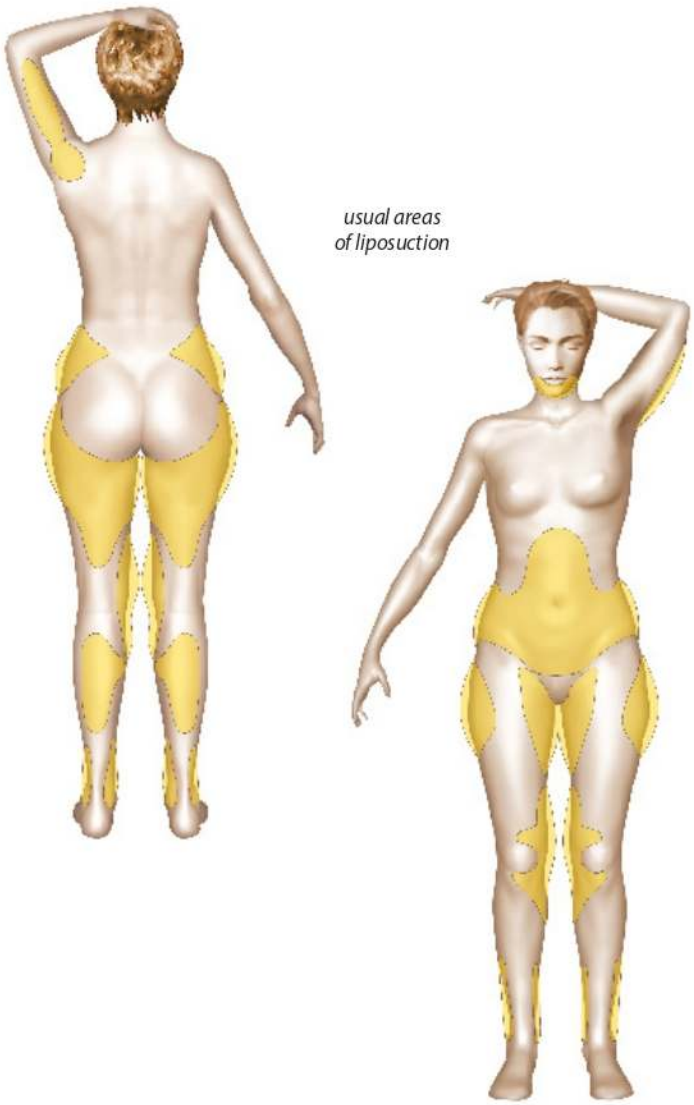
However, liposuction is not a method for losing or controlling weight. A properly performed liposuction will not replace an improvement in lifestyle. Liposuction is not a treatment for obesity.

The principle of liposuction (as presented in 1977 by Yves-Gérard ILLOUZ) is to remove fat through very small skin incisions, with atraumatic and blunt-tipped cannulas. These cannulas are attached to a closed negative pressure system, which permits safe and sterile aspiration of excessive fat cells.

In practice, liposuction can be applied to numerous body areas: hips, outer thighs, abdomen, knees, calves, ankles and upper arms. Technical improvements have permitted to extend its action to the face and neck (ie, double chin and the oval part of the face.

Recent progress in the field of superficial liposuction, performed with very thin cannulas have reduced skin trauma or bruising. It has even improved the final result by enhancing skin shrinkage, when performed with great attention and skill.

Never the less, it must be remembered that liposuction, however common a procedure it has become, remains a genuine surgical intervention, that must be performed by a skilled and qualified Plastic Surgeon, specially trained for this technique, in a real surgical environment.



usual areas of liposuction

BEFORE THE OPERATION

A preoperative check-up is made following your surgeon's recommendations.
The anaesthesiologist will be seen in consultation at latest, 48 hours prior to surgery.

No medication containing aspirin should be taken for 10 days before surgery.
According to the type of anaesthesia chosen, you may be asked not eat or drink for 6 hours before surgery.

HOSPITAL STAY AND TYPE OF ANESTHESIA

Type of anesthesia : Liposuction can be performed, depending on the amount of areas to be treated, either under local anaesthesia, local anaesthesia associated with intravenous sedation or general anaesthesia. In some cases, regional anaesthetics, such as an epidural.

The type of anaesthesia will be chosen after a discussion between yourself, your surgeon and your anaesthesiologist.

Hospital stay : The duration of hospitalisation depends on the amount of fat removed. It can be short (a few hours) for small liposuctions under local anaesthesia, or longer (1 or 2 days) for larger liposuctions under general anaesthesia.

THE PROCEDURE

Every surgeon has his or her personal technical habits which he or she adapts to every new case, in order to obtain the best possible results. However, there are common principles:

Skin **incisions** are small (3 to 4 millimetres) and discrete, usually hidden in a natural fold. Fat cells from deep and superficial fat layers are aspirated through smooth cannulas tunneled though subcutaneous tissue layers, taking care to avoid nerves and blood vessels.

The amount of fat removed is adapted to the amount of the overlying skin, which represents a fundamental factor for the quality of the final result.

Post-operatively, a pressure dressing may be applied with an elastic bandage. Very often a special pressure garment is put on top of it.

The duration of the procedure depends on the amount of fat removed and on the number of body areas to treat. It can vary from 20 minutes to 3 hours (average time is 1 to 2 hours).

AFTER THE OPERATION

The necessary time needed to recover from surgery is proportional to the amount of excess fat removed.

After surgery, you will observe swelling and bruising in the treated areas.

Pain can vary from one patient to another, but it is usually mild, due to the use of very thin cannulas.

Fatigue is common in the first few post-operative days, especially after large liposuctions.

You can go back to your usual activity 4 to 7 days after surgery, again depending on the extent of your liposuction and your type of professional activity.

Bruising usually disappears 10 to 20 days after surgery.

It is strongly recommended to wear a pressure garment for 2 to 4 weeks.

It is not possible to start sports again for at least 3 weeks after surgery.

There is no dramatic improvement of body contour in the first 2 to 3 weeks, because of the tissue swelling (edema) in the operated areas.

> It is only after 3 weeks and with the resorption of this oedema, that results will begin to appear. The skin will retract completely in 3 to 6 months over the new contours and readapt to the new silhouette.

THE RESULT

The final result can be best appreciated 6 months after the procedure. It is most satisfactory when the patient selection and technique are properly done, permitting removal of localized fat deposits and producing skin retraction.

DISAPPOINTING RESULT

It has already been explained how liposuction, when correctly indicated and performed, can offer a real improvement to patients in terms of satisfying results and conformity to their expectations.

In some cases, localized imperfections can be observed, which must be distinguished from genuine complications: insufficient corrections, residual asymmetry, surface irregularities. These can be corrected secondarily under local anaesthesia after 6 months.

POSSIBLE COMPLICATIONS

Liposuction, even if performed for aesthetic reasons, is a genuine surgical procedure, with the consequent risks related to all medical acts, no matter how mild they might appear.

There are surgical and aesthetic complications.

- Concerning anaesthesia, the anaesthesiologist will inform you about all the anaesthetic risks. You must be aware that anaesthesia can sometimes cause unpredictable body reactions that can be difficult to control. The presence of an experienced anaesthesiologist, in a surgical environment, means that the risks are statistically practically negligible.

In fact, techniques, products and monitoring methods have progressed considerably over the last twenty years, offering optimal safety, especially when the operation is elective and the patient is in good general health.

- Concerning surgery: by choosing a competent and qualified Plastic Surgeon, experienced in performing this procedure, you limit, but do not entirely eliminate, surgical risks.

Indeed, some complications can occur after lipoaspiration.

Among possible complications, you must be aware of the following:

• Thrombo-embolic accidents (blood clot in the veins of the legs, pulmonary embolism) are rare, but can be life-threatening. They can be prevented by strict prophylactic measures, such as standing and walking as soon as possible after surgery, wearing compression stockings, or heparin therapy (low doses of heparin injected under the skin)

• Blood clots (haematomas) are quiet rare but can occur. They can be evacuated to prevent an impairment of the final aesthetic result.

• Infection, though common, can be treated with drainage and antibiotics.

• Localised skin necrosis. Large areas of necrosis is rare. They can be prevented by a proper surgical examination and a cautious and well-executed operation.

• Numbness of abdominal skin may be observed, frequently in the lower abdomen. It is usually transient and most patients recover normal skin sensation after 3 to 12 months.

These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

PERSONNAL OBSERVATIONS :