

Lipoplasty in the Nineties

The procedure is now accepted as safe, when performed by trained and qualified physicians.

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Since our introductory article in the *Travis County Medical Society Journal* in May, 1984 describing suction assisted lipectomy, this technique has become one of the most popular plastic surgery procedures. When first developed by Illouz, the maximum safe limits were not well defined and it has taken several years of effort and review of thousands of patients to establish the safe criteria for lipoplasty.

The initial enthusiasm touted by the press world-wide resulted in patients demanding this procedure. Many untrained, unqualified, avaricious, ambitious, amateur aesthetic surgeons entered the field from the peripheries of medicine. Within a few years, devastating complications were seen. Reviews by Hetter, Lewis, Podor, Teimourian, Courtiss and others defined the safe parameters for lipoplasty. It became clear that two liters of subcutaneous fat could be removed from a limited surface area with this blunt technique without difficulty, complications, or physiologic embarrassment of the host. Once the volume was greater than two liters, transfusion would most likely be required, and above three liters, transfusion was an absolute requirement.

For those patients requiring large volumes of fat to be removed, the procedure can safely be performed by removing two liters at one time, waiting six weeks or so to remove another two liters and then waiting another six weeks to remove a subsequent

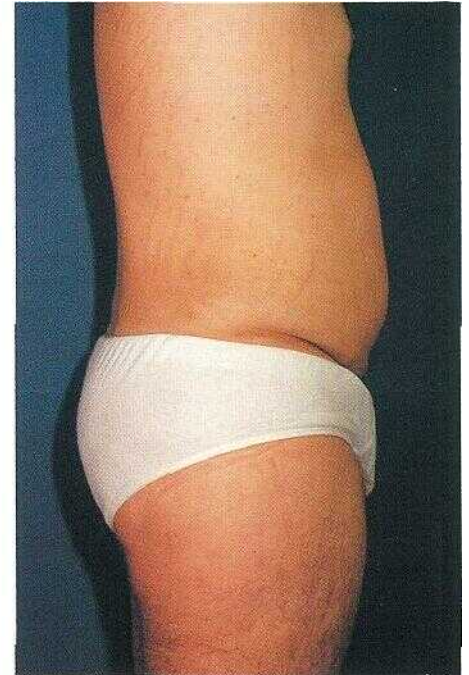
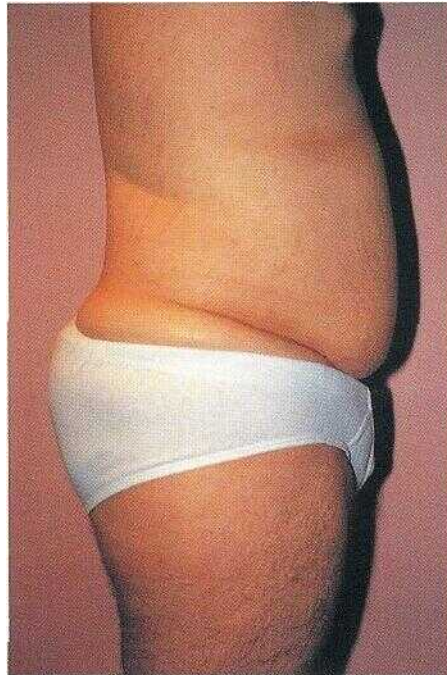
two liters. This concept of serial suction takes a lot longer but may leave the patient stronger. Using this method, we have removed as much as 8,700 cc of subcutaneous lipomas over a three year period with only one overnight hospitalization and ten outpatient procedures performed under local anesthesia.

It is now our practice to require all patients to donate one unit of autologous blood to be held as a reserve in case we have some unexpected event. In 5 years of performing more than 1,000 of these procedures, we have never admitted a patient to the hospital unexpectedly for any reason. We have never given a unit of exogenous blood for these elective procedures. If we do not use the unit of autologous blood,

because the fat removed was in the range of one liter, we donate that blood to the city. Everyone benefits; the patient has a backup in case it's needed and the city receives a unit of blood from a healthy donor who is not part of the usual donor pool.

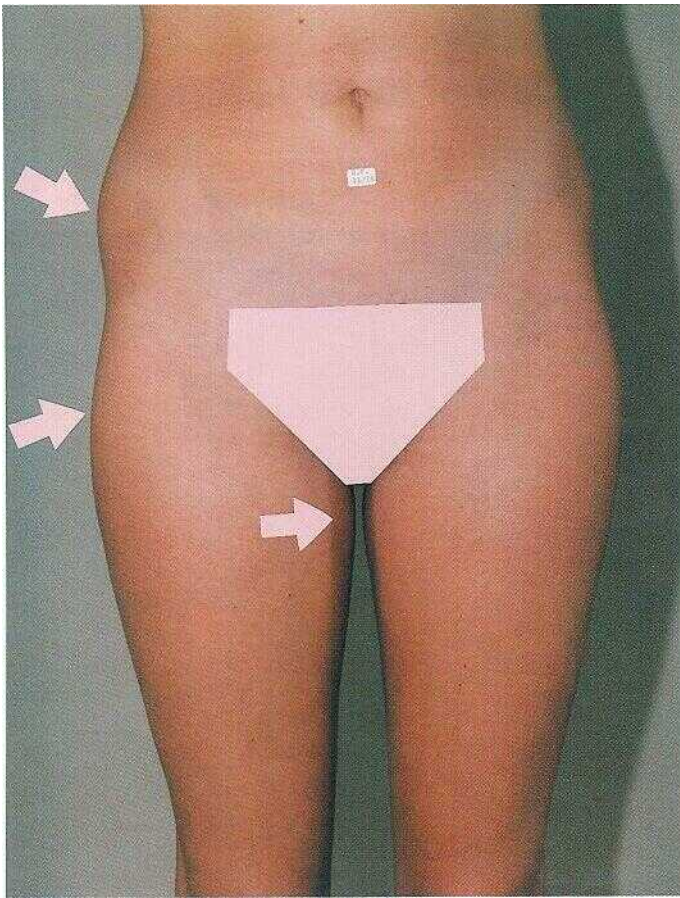
Results

Using the blunt technique with small canulas measuring from 2 to 6 mm in diameter, and limiting the maximum suction to two liters at one time, we have treated virtually every area of the body. We have removed lipomas and unwanted figure faults of subcutaneous fat virtually from head to toe. The average patient has less than one liter of fat removed, usually from the abdomen, hips, or love handles. We do,

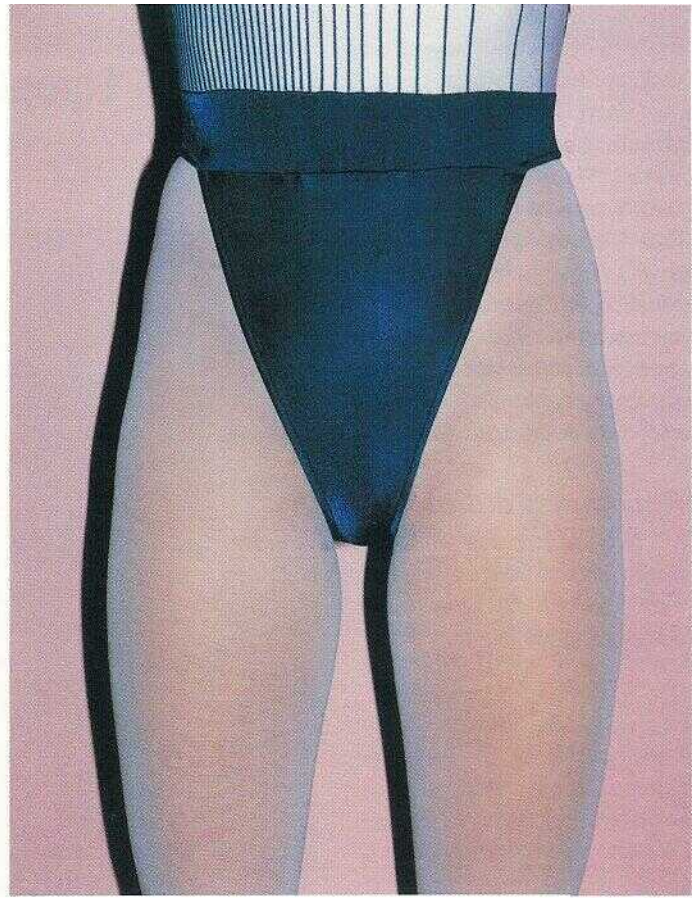


This 22-year-old college student (left) had four liters of subcutaneous fat removed in two serial sessions six weeks apart. We had planned a third, but after these results (right) he had lost 20 pounds and decided against additional suction.

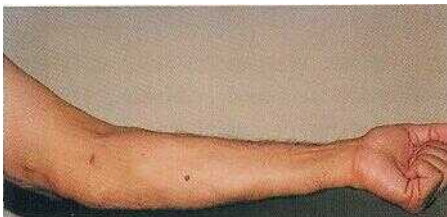
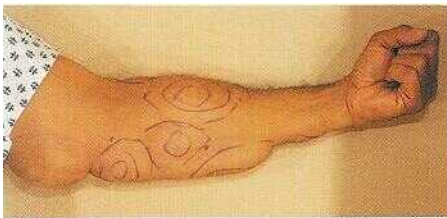
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This 31-year-old white female aerobic instructor was concerned about the dreaded double-bubble, seen above left just lateral to her iliac crest and lateral to the trochanter. She also



requested removal of fat from her medial thighs, and as seen postoperatively in her leotards, right, a modest improvement in this double bubble deformity and medial thigh chafing.



This 48-year-old general surgeon had progressive development of subcutaneous lipomas from age 28. They had been biopsied at the Royal College of Surgeons and read as normal fat. The lipomas increased in size and number (top). Over a three year period we removed 8,700 cc' of subcutaneous fat with only one of the eleven operations performed in the hospital, the others performed as outpatient under local anesthesia.



Our smallest lipoplasty procedure is seen here. This 28-year-old exotic dancer had traumatic lipodystrophy of her right great toe (left). Her persistent nail spike along the scarred border was to be removed surgically and she requested that we re-contour the toe to decrease the prominence of this corner of scar and subcutaneous fat. Through the incision in the sulcus to remove the nail spike and the lateral border of the nail bed we were able to pass a 2 mm blunt Illouz-type cannula and under local anesthesia remove 1.5 cc of subcutaneous fat. The repaired toe is seen four months postoperatively on the right.

however, have several obese patients from whom we have removed as much as eight liters of fat over a period of a year or two. Patients who have had gastric stapling and/or other intestinal bypass procedures and who have lost more than 100 pounds have come to us after their weight has stabilized in the 200 pound range. We have removed many liters of subcutaneous fat and then performed skin tightening procedures to improve their form and function beyond what would have been possible with either of these methods alone.

Complications

We have seen three infections, all in the cheeks or neck, and suspect that these may have been caused by contamination from passage of the cannula through or near the oral cavity. We have never had a documented infection of the abdomen, waist or hips. Most of the patient dissatisfaction is with a slight asymmetry or occasional waviness of the surface after lipoplasty. This can usually be improved by removing

a little more from the high spots, but is best avoided by prevention with small cannulas and careful techniques.

There have been several deaths reported from liposuction throughout the world. All of these deaths were from massive resections and/or combining liposuction with other procedures such as a hiatus hernia repair, abdominal lipectomy, etc. Most of the spectacularly devastating results have been caused by unsupervised, untrained physicians in their own outpatient surgery facilities wandering inexperienced about the body with a blunt cannula.

Recommendations

We believe that lipoplasty is a safe, useful reconstructive procedure for patients with demonstrable figure faults who are in otherwise good health.

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Lipoplasty Society of North America

The Lipoplasty Society of North America is a super specialty group of board certified plastic surgeons who banded together in 1985 to teach safe liposuction techniques only to board certified plastic surgeons. Since then it has grown to more than 1,000 dues paying, card carrying members. They have put on thirty symposiums throughout the world with live surgery demonstrations, carefully planned descriptions and didactic courses in safe lipoplasty. Through these symposiums and the experience of the faculty, safe techniques have been developed.

On March 30-31, Austin, Texas will be hosting its first LSNA symposium. This symposium is jointly sponsored by St. David's Hospital and the Lipoplasty Society of North America. Faculty members from around the country who are experts in their fields will be here: Dr. Carson Lewis, a professor of plastic surgery at the University of California at San Diego who teaches a cadaver dissection course that is world renowned, will be discussing cannulas, fat measurements and lateral femoral and iliac crest lipoplasty; Dr. Ted Lockwood, a clinical professor at Kansas City who has developed a unique technique for simultaneous lipoplasty and lifting of the medial thigh, will be discussing the inner thigh and reconstructive applications of lipoplasty; Dr. Gil Middleton from Seattle, Washington will be discussing the basic skills to be acquired for safe lipoplasty. From Manhattan comes Dr. Peter Bela Fodor, one of the pioneers in lipoplasty, who has written many articles on safe suction of the face, head, and neck. Dr. Peter Vogt, from Minneapolis, is the president of

the Lipoplasty Society and he will be discussing general postoperative

To our knowledge, this is the first international surgical teaching symposium to be held in Austin, Texas. St. David's is providing the outpatient surgery facilities for Saturday morning. Their auditorium will feature two-way television communication whereby, as the surgery is being performed by the faculty members in the Day Surgery Center, two-way television communication will be conducted with the fifty or so participants in the auditorium. While three operations are performed, the roving reporter will go from room to room. Each and every participant will have an opportunity to be in the operating room during these operations.

Volunteers are being sought from our colleagues in Travis County. If you know of a patient who perhaps cannot afford lipoplasty but would be a good patient, having a demonstrable figure fault and being otherwise healthy, please have them call Robert A. Ersek, M.D., the local host chairman, Robert Clements, the President of the Austin Plastic Surgery Society, or St. David's Physician Referral. We need to have at least six good candidates available to provide backup for cancellations or sudden illness. If any of our members have patients who might qualify, any of the Board Certified Plastic Surgeons in Austin will extend to them a free consultation and evaluation and, should they be chosen as one of the subjects, there will be substantially reduced costs (no surgical fee).