

DRAFT
Policy for the use of
Liposuction in
Lipoedema

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Equality & Diversity Impact Assessment	

The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decisions are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Liposuction in Lipoedema: Category: Not Routinely Commissioned

Liposuction

Liposuction is normally deemed to be a cosmetic procedure used to remove unwanted body fat.

It involves sucking out small areas of fat that are hard to lose through exercise and a healthy diet. It is usually carried out on areas of the body where deposits of fat tend to collect, such as the buttocks, hips, thighs and tummy.

The aim is to alter body shape, and the results are generally long-lasting, providing a healthy weight is maintained.

It works best in people who are a normal weight and in areas where the skin is tight.

Liposuction carried out for cosmetic reasons is not normally available on the NHS. However, liposuction can sometimes be used by the NHS to treat certain health conditions.

Liposuction is usually carried out under general anaesthetic, although an epidural anaesthetic may be used to enable treatment on lower parts of the body.

The surgeon would mark on your body the area where fat is to be removed. He or she would then:

- **inject this area** with a solution containing anaesthetic and medication, to reduce blood loss, bruising and swelling
- **break up the fat cells** using high-frequency vibrations, a weak laser pulse or a high-pressure water jet
- **make a small incision (cut) and insert a suction tube attached to a vacuum machine** (several cuts may need to be made if the area is large)
- **move the suction tube back and forth** to loosen the fat and suck it out
- **drain** any excess fluid and blood
- **stitch up and bandage** the treated area

It usually takes one to three hours. Most people need to stay in hospital overnight.

Lipoedema

Lipoedema is a long-term (chronic) condition where there is an abnormal build-up of fat cells in the legs, thighs and buttocks, and sometimes in the arms.

The condition usually only affects women, although in rare cases it can also affect men.

In lipoedema, the thighs, buttocks, lower legs, and sometimes the arms, become enlarged due to a build-up of abnormal fat cells. Both legs and/or the arms are usually enlarged at the same time and to the same extent.

The feet and hands are not affected, which creates a "bracelet" effect or "band-like" appearance just above the ankles and wrists.

Leg and arm size can vary between individuals with lipoedema, and the condition can gradually get worse over time.

As well as becoming enlarged, affected areas of the body may:

- feel soft, "doughy" and cold
- bruise easily
- ache or feel painful or tender
- have small broken veins under the skin

Someone with lipoedema may eventually get fluid retention (lymphoedema) in their legs. This type of swelling can worsen by the end of the day and may improve overnight, whereas the fatty swelling of lipoedema is constant.

Treatments for lipoedema

There has been little research into lipoedema, so there is some uncertainty about the best way to treat the condition.

If you have lipoedema it is important to avoid significant weight gain and obesity because putting on weight will make the fatty swelling worse.

Compression tights are helpful for some people because they support the fatty swelling and may reduce the pain.

Liposuction is the surgical option for the removal of fat.

Tumescent liposuction

Tumescent liposuction involves sucking out the unwanted fat through a tube. A liquid solution is first injected into the legs to help numb the area and reduce blood loss.

Fatty swelling of the legs may return after having the procedure if you subsequently gain weight.

Non-surgical treatments may also be needed for a long period after having tumescent liposuction. For example, you'll need to wear compression garments after surgery to prevent complications such as lymphoedema.

Treatments to prevent lipoedema progression

Non-surgical treatments can sometimes help improve pain and tenderness, prevent or reduce lipoedema, and improve the shape of affected limbs – although they often have little effect on the fatty tissue.

Several different treatments are designed to improve the management of the lipoedema, such as:

- compression therapy – wearing bandages or garments that squeeze the affected limbs
- exercise – usually low-impact exercises, such as swimming and cycling
- massage – techniques that help relieve the aching and heaviness often felt by patients

Treatments that do not work

Treatments used for some types of tissue swelling are generally unhelpful for lipoedema.

Lipoedema doesn't respond to:

- raising the legs
- diuretics (tablets to get rid of excess fluid)
- dieting – this tends to result in a loss of fat from areas not affected by lipoedema, with little effect on the affected areas

Causes of lipoedema

The cause of lipoedema is not known, but in some cases, there is a family history of the condition. It seems likely that the genes you inherit from your parents play a role.

Lipoedema tends to start at puberty or at other times of hormonal change, such as during pregnancy or the menopause, which suggests hormones may also have an influence.

Although the accumulation of fat cells is often worse in obese people, lipoedema is not caused by obesity and can affect people who are a healthy weight. It should not be mistaken for obesity and dieting often makes little difference to the condition.

Evidence Review

There is no evidence available which directly compares liposuction with conservative management – where evidence testing the intervention is found, it is applied to patient cohorts that have already received conservative management.

The evidence identified during the evidence review consisted of three trials (totalling 274 patients), along with the NHS website (<https://www.nhs.uk/conditions/lipoedema/>) which states that this is a relatively new and under researched condition.

The largest study consisting of 164 patients, clearly stated that they had “undergone conservative therapy over a period of years” and as such the benefits stated can be viewed as over and above those offered by conservative treatment.

The results from all of the identified studies, suggests that there are both short and long-term sustained improvements in almost all dimensions around pain and Quality of Life measurements, and one study substantiates this as over and above conservative treatment. However, the number of patients across the research areas are very low and no randomised control trials were identified.

Whilst the three studies seem consistent in their findings, the evidence identified within the review reflects the lack of RCTs (or direct comparison to no treatment on two of the studies) and the need for further research in this area.

Therefore, in light of the paucity of evidence to support this intervention, liposuction for this clinical indication cannot be supported at the present time.

Eligibility Criteria: Not Routinely Commissioned

For patients with Lipoedema, Liposuction is Not Routinely Commissioned in these clinical circumstances due to a lack of evidence to support this intervention.

Investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

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Guidance

Lipoedema (2017) - <https://www.nhs.uk/conditions/lipoedema/>

Dadras M^{1,2}, Mallinger PJ³, Corterier CC¹, Theodosiadi S¹, Ghods M¹ (2017) Liposuction in the Treatment of Lipedema: A Longitudinal Study. *Arch Plast Surg.* 2017 Jul;44(4):324-331. doi: 10.5999/aps.2017.44.4.324. Epub 2017 Jul 15. <https://www.ncbi.nlm.nih.gov/pubmed/28728329>

Schmeller W¹, Hueppe M, Meier-Vollrath I. (2012) Tumescant liposuction in lipoedema yields good long-term results. *r J Dermatol.* 2012 Jan;166(1):161-8. doi: 10.1111/j.1365-2133.2011.10566.x. Epub 2011 Nov 17. <https://www.ncbi.nlm.nih.gov/pubmed/21824127>

Baumgartner A¹, Hueppe M², Schmeller W¹.(2015) Long-term benefit of liposuction in patients with lipoedema: a follow-up study after an average of 4 and 8 years. *Br J Dermatol.* 2016 May;174(5):1061-7. doi: 10.1111/bjd.14289. Epub 2015 Dec 26 <https://www.ncbi.nlm.nih.gov/pubmed/26574236>

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