

Liposuction

Introduction

Liposuction (also known as liposculpture or suction assisted lipectomy - SAL) is a commonly performed procedure to remove unwanted, localised fat deposits. Some people have a genetic or inborn tendency to deposit fat in one particular area of the body such as the outer thighs and hips. Other common areas include the buttocks, neck, arms, tummy, inner thighs, male breasts (gynaecomastia), upper back, inner side of the knees and the ankles.

These areas often fail to respond to traditional fat loss techniques such as dieting, exercise and weight training. Liposuction works very well to slim down and re-contour these stubborn areas by removing the unwanted fat via tiny incisions.

Who is suitable for liposuction and what are its limitations?

Liposuction is not suitable for everyone. Liposuction removes excess fat from underneath the skin and relies on the overlying skin having enough elasticity to shrink down to the new contour. If there is poor elasticity and/or excess skin the area may actually look worse after liposuction due to wrinkling of the skin. In these cases a procedure to remove excess skin and fat may be more suitable. Examples of such procedures include a "tummy tuck" or arm reduction.

The ideal candidate for liposuction has good skin tone, minimal excess skin and localised fat deposits. Liposuction cannot be used as a weight loss tool or as a treatment for obesity. It will not improve the appearance of cellulite. Liposuction may be used in conjunction with other plastic surgery procedures.

There is a limit to the total volume of fat that can be safely removed at any one operation or from any individual body site. Dr Boorer will determine and discuss the best and safest options for you during the consultation.

How is liposuction performed?

Dr Boorer performs liposuction in a hospital, usually under general anaesthesia. In some cases this procedure may be performed under sedation and local anaesthetic. A thin metal tube known as a cannula is inserted through a small incision (less than 1cm) near the area to be treated. The cannula is attached to a strong vacuum pump which literally sucks out the fat as the surgeon directs it back and forth within the fat deposit. The process removes tunnels of fat, leaving the small blood vessels and nerves intact. During the healing process the fat and skin layer shrink down to the new contour.

Other methods to loosen and dislodge the fat include ultrasound and vibration. Although each of the methods works well and produces similar results, Dr Boorer prefers to use the suction method.

The procedure time varies from 45 to 180 minutes, according to the amount of liposuction to be performed. Although many patients may be able to return home the same day, those who have had longer procedures usually stay in hospital overnight.

Will the results last?

Liposuction permanently removes fat cells from any given area. As new fat cells are not believed to be produced during adulthood, changes in body size due to weight gain are due to increasing fat deposits in existing cells (rather than the addition of new fat cells). If you gain weight after liposuction the genetic tendency to deposit fat preferentially in the treated area will be markedly reduced.

The recovery period

Dr Boorer will see you regularly after your surgery and is happy to be contacted between visits if you have any concerns. Each person differs slightly in their recovery. You will be given advice specific to your circumstances. Below is a general guide:

Pain and discomfort:

Usually lasts between 3-7 days. Most of the discomfort should have subsided within two weeks.

Bruising and swelling:

The majority of bruising subsides within three weeks however swelling and firmness may persist for 8-12 weeks.

Dressings:

The small incisions are covered with a shower proof dressing immediately following the procedure. This dressing will be removed at the first postoperative visit. You will be provided with a firm support garment to wear over the treated areas for 4-6 weeks. This garment is used to minimise swelling and promote healing and contouring.

Time off work:

The length of time off work depends on the extent of the procedure. Dr Boorer generally recommends you take off between two days and two weeks for a desk job, and up to four weeks for more strenuous physical work.

Driving:

In order to be able to drive you must be comfortable. You will be required to have ceased all strong pain killers and you should be moving freely. Most people are able to drive within one week after the procedure.

Sports:

Dr Boorer recommends gentle walking only in the first week following the procedure. You may progress to strenuous walking and light gym workouts after 3-4 weeks. After six weeks most people have no restrictions upon their exercise regimen.

Follow-up:

There are four scheduled follow-up appointments; at one week, one month, six months and 12 months after your procedure.

Final result:

The final result of surgery should be evident six months after the procedure. Liposuction scars are rarely a concern because of their small size. Nonetheless they will continue to improve for at least the next 12 months.

Is there a risk of unexpected outcomes?

The large majority of patients who have liposuction performed by an experienced and well trained surgeon do not run into any unexpected outcomes. However there is a risk of complications with all procedures.

Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise complications associated with your procedure. During your initial consultation/s Dr Boorer will explain in detail the complications associated with liposuction and she will provide you with further information to take home to read and discuss with your significant others.

Following liposuction most people experience some pain, bruising, swelling, minor bleeding, temporary numbness of the skin and temporary firmness of the treated area. Uncommon complications include infection, anaesthetic complications, clots in leg veins (DVT), obvious scarring, asymmetry and contour irregularities. Some of these complications may require a second operation.