

## Lipoedema



### What is this condition?

Lipoedema is a condition often confused with obesity, but is related to abnormal fat deposition in the hips, buttocks, thighs and calves and sometimes the upper arms. The feet are always spared. The fat is microscopically different from regular adipose tissue and is tender. It is known as a painful fat disorder. Patients also bruise easily.

Diet and exercise fail to mobilise fat in these regions and patients will lose weight on the abdomen and chest only, rather than the hips, buttocks and thighs. The fat distribution is thus out of proportion to their whole body. Patients are often misdiagnosed as obese. The condition can have a negative psychosocial impact.

### What causes it?

The actual pathogenesis of lipoedema is not known and much research is currently being done on it.

It occurs exclusively on women (unless a man has a hormonal issue such as liver failure) and thus there is a hormonal component, but it is not yet understood what hormonal change occurs. Lipoedema has also been described as a connective tissue disorder with capillary fragility leading to easy bruising, inflammation of the adipose tissue & nerves resulting in pain and hypermobility. Skin temperature is often low.

Lipoedema does run in families but there is not a specific known genetic defect – it may be related to similar lifestyles within a family.

### How common is it?

Lipoedema may affect up to 11% of women.



### How do I know if I have this condition?

One is aware of this condition by having an abnormal distribution of fat on the body - small waist and larger hips / thighs / buttocks with sometimes with calf and upper arm involvement. One will be typed and staged when diagnosed according to distribution and appearance of the adipose tissue.

The change of adipose deposition is usually associated at a time of hormonal change – puberty, pregnancy or menopause.

This weight is hard to shed despite diet and exercise, and weight is lost in regions other than this. The adipose tissue is tender and one bruises easily. It does run in families with similar body shapes being noted.

### Can it be treated?

Lipedema cannot be cured and is very difficult to treat as the actual cause is not known. Obesity is a different condition from lipoedema and patients often end up overweight or obese from the frustration of chronic unsuccessful dieting; although obesity and lipoedema do not need to co-exist.

Lipoedema can be controlled by healthy lifestyle choices and is not spontaneously progressive, but may be aggravated by the incorrect diet and sedentary lifestyle.

Although diet and exercise do not reverse lipoedema, the best outcomes have been with the keto diet and anti-inflammatory diets.

Liposuction is a surgical option, but patients need to meet certain criteria prior to being candidates. They need to also prepare to help maintain the weight reduction post-operatively. This can be done through support groups and other multi-disciplinary team approaches.

Surgery needs to be staged and more than one surgery is the standard – usually two or three.

### How successful is it?

Conservative management will allow maintenance of weight if the patient is compliant.

Liposuction is successful in the acute period. However, it is known with liposuction (done for any cause) that the majority of patients will re-gain the weight that was removed – often more than was present pre-operatively. Again, this is on an individual basis, and if the patient is properly prepared, surgery can be successful and lipoedema can be controlled. Support groups are this highly encouraged for optimal success.

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