LIPOSUCTION AND THE CONSENSUS DOCUMENT: RESPONSE TO PROF. M. FÖLDI'S REMARKS AT THE 19TH INTERNATIONAL CONGRESS OF LYMPHOLOGY

H. Brorson

Department of Plastic and Reconstructive Surgery, Malmö University Hospital, Malmö, Sweden

Liposuction of secondary arm lymphedema has been performed at the Department of Plastic and Reconstructive Surgery, Malmö University Hospital, Malmö, Sweden for more than 17 years and is performed at 6 out of 7 University clinics in Sweden after we have trained the plastic surgeons and the team. The patients are followed up once a year to provide continuing scientific information, and no recurrences have been seen to date. Encouraged by these long-term data, we recently have started to treat leg lymphedema, both primary and secondary, according to the same principles. Preliminary data show complete reduction in these patients as well.

Complications: So far we have had no complications. Decreased skin sensibility is always seen after liposuction and is not regarded as a complication. It normalizes after 6 weeks to 6 months. When I speak at meetings, often comments concerning skin necrosis – caused by liposuction – are brought up, and a particular picture showing skin necrosis after ultrasound liposuction, which generates heat, is shown. This excess heat production is well-known, but an experienced plastic surgeon is aware of this and takes precautions. I want to make it perfectly clear that liposuction of lymphedema does not cause skin necrosis as ultrasound is not used. We use standard liposuction that does not

generate heat. In the beginning some patients (i.e., eight) needed blood transfusions when the aspirate exceeded 2000 ml. Now blood transfusions are no longer needed as the procedure is performed under bloodless conditions using a standard tourniquet.

Prof. Földi has also commented on the following sentence in the Consensus Document: "This operation should be performed by an experienced team of plastic surgeons, nurses and physiotherapists to obtain optimal outcomes" by stating that this is useless. He continues by saying "One has to believe in miracles to suppose, that a plastic surgeon or a dermatologist will regard himself inexperienced!" I believe that Prof. Földi is aware that a plastic surgeon, as well as a physiotherapist, can be more or less experienced in their field. For example, in plastic surgery it is impossible to be an allround expert in every aspect of this vast field even after passing tests of clinical competencies.

Håkan Brorson, MD, PhD
Consultant Plastic Surgeon
The Lymphedema Unit
Department of Plastic and Reconstructive
Surgery
Malmö University Hospital
SE-205 02 Malmö, Sweden