

PAUL HARRIS

PLASTIC SURGEON

www.paulharrisplasticsurgeon.co.uk

Liposuction Information Sheet

Liposuction - also known as 'lipoplasty', 'liposculpture', 'fat suction' or 'suction lipectomy' - is a procedure that can help sculpt your body by removing unwanted fat from specific areas, including the abdomen, hips, buttocks, thighs, knees, upper arms, chin, cheeks and neck. Although no type of liposuction is a substitute for dieting and exercise, liposuction can remove stubborn areas of fat that do not respond to traditional weight loss methods. If you are considering liposuction there may be some questions you would like answered. This information sheet is a general guide for patients undergoing liposuction under the care of Mr Paul Harris and should help clarify some questions that you may have.

Factors that can have an effect upon your individual operation, your recovery and the long-term result include your overall health, previous surgery, any bleeding tendencies that you have and your healing capabilities, some of which will be affected by smoking, alcohol and medications. Issues specific to you need to be discussed further and are not covered here. Please feel free to ask Mr Harris any additional questions before you sign the consent form.

What should I consider before having liposuction?

If you are planning liposuction, it is essential that you have realistic expectations about what the procedure can do for you. It is important to understand that, while liposuction can enhance your appearance and self-confidence, it won't necessarily change your looks to match your ideal or cause other people to treat you differently. So before you decide to have surgery, please think carefully about your expectations and discuss them with Mr Harris.

The best candidates for liposuction are normal-weight people with firm, elastic skin who have pockets of excess fat in certain areas. Your age is not a major consideration; however, older patients may have diminished skin elasticity and may not achieve the same results as a younger patient with tighter skin. Liposuction does carry greater risks for individuals with medical problems such as diabetes, significant heart or lung disease, poor blood circulation, or those who have recently had surgery near the area to be contoured.

How do I prepare for surgery?

Pre-operatively no aspirin or medicine containing aspirin should be taken for one week. If you smoke you should cut down at least three weeks before surgery and stop completely three days before surgery to try and minimise postoperative complications, which are more common in smokers. It is important that you do not start smoking again until all of your wounds are fully healed.

When should I stop eating or drinking before surgery?

If your operation is in the morning, you will be asked to have nothing to eat or drink from midnight the night before. If it is in the afternoon, then you should have nothing to eat or drink from 7:00am and you should have somebody to drive you to the hospital.

What will happen when I arrive at the hospital?

You will usually be admitted on the day of surgery, and stay until the early evening. Occasionally, an overnight stay will be indicated. You will need a friend or relative to accompany you home after your stay in the hospital.

When you arrive in hospital, you will be seen by a nurse who will talk to you about your general health and examine you to make sure that you are fit for surgery. They may also arrange for you to have some blood tests, a heart trace (ECG) and a chest X-ray. An anaesthetist will visit you to discuss the anaesthetic. Mr Harris will also come and discuss your surgery in detail with you. He will often take some photographs and draw some markings to guide the surgery. It is important that you do not wash these lines off.

You will then be asked to sign a consent form. Make sure that you are fully informed of and fully understand all the consequences of the surgery prior to signing this. It does not take any of your normal rights away, it merely states that Mr Harris has explained the operation to you and that you have had an opportunity to discuss the anaesthesia with an anaesthetist.

What type of anaesthetic will be used?

Liposuction is usually performed under a general anaesthetic, so you will sleep through the entire operation. For small areas of fat deposits, local anaesthetic may be used. This is usually combined with some intravenous sedation that is always administered by an anaesthetist. Heart and lung monitoring is always carried out throughout the procedure and in the early recovery period.

What takes place during the surgery?

There are several liposuction techniques that can be used to improve the ease of the procedure and to enhance outcome. Liposuction is a procedure in which localised deposits of fat are removed to re-contour one or more areas of the body. Through a tiny incision, a narrow tube or cannula is inserted and used to vacuum the fat layer that lies deep beneath the skin. The cannula is moved through the fat layer, breaking up the fat cells and suctioning them out by a vacuum pump or a large syringe. If many sites are being treated, Mr Harris will then move on to the next area, working to keep the incisions as inconspicuous as possible. As fluid is lost along with the fat, it is crucial that this fluid be replaced during the procedure to prevent shock. For this reason, patients are carefully monitored and receive intravenous fluids during and immediately after surgery.

The basic technique of liposuction, as described above, is used in all patients undergoing this procedure. However, as the procedure has been developed and refined, several variations have been introduced.

1. Fluid injection - This is a technique in which a medicated solution is injected into fatty areas before the fat is removed. It is commonly used by plastic surgeons today. The fluid, a mixture of intravenous salt solution, lidocaine (a local anaesthetic) and epinephrine (a drug that contracts blood vessels), allows the fat to be removed more easily, reduces blood loss and provides anaesthesia during and after surgery. This fluid injection also helps to reduce the amount of bruising after surgery.

2. Tumescant liposuction - Large volumes of fluid (sometimes as much as three times the amount of fat to be removed) are injected in the tumescant technique. Tumescant liposuction, typically performed on patients who need only a local anaesthetic, usually takes significantly longer than traditional liposuction (sometimes as long as four to five hours). However, because the injected fluid contains an adequate amount of anaesthetic, additional anaesthesia may not be necessary. The name of this technique refers to the swollen and firm or 'tumescant' state of the fatty tissues when they are filled with solution.

3. Super-wet technique - The super-wet technique is similar to the tumescent technique, except that lesser amounts of fluid are used. Usually the amount of fluid injected is equal to the amount of fat to be removed. This technique often requires IV sedation or general anaesthesia and typically takes one to two hours of surgery time. This is the technique usually used by Mr Harris for the majority of patients.

4. Ultrasound-assisted lipoplasty (UAL) - This technique requires the use of a special cannula that produces ultrasonic energy. As it passes through the areas of fat, the energy explodes the walls of the fat cells, liquefying the fat. The fat is then removed with the traditional liposuction technique. UAL has been shown to improve the ease and effectiveness of liposuction in fibrous areas of the body, such as the upper back or the enlarged male breast. It is also commonly used in secondary procedures, when enhanced precision is needed. In general, UAL takes longer to perform than traditional liposuction and carries a higher risk of complications.

5. Power-assisted lipoplasty (PAL) – This is a recent technique using a Micro-Aire power handle. The cannulae used to remove the fat in this technique are usually smaller than the conventional type allowing greater refinement and less trauma. The difference lies with the Micro-Aire power handle, which allows the cannula to be mechanically, as opposed to manually, driven.

How long will the surgery take?

The time required to perform liposuction varies considerably, depending on the size of the area, the amount of fat being removed, the type of anaesthetic and technique used.

What can I expect after my surgery?

After surgery, you will likely experience some fluid drainage from the incisions. Occasionally, a small drainage tube may be inserted beneath the skin for a couple of days to prevent fluid build-up. To control swelling and to help your skin better fit its new contours, you may be fitted with a snug elastic garment to wear over the treated area for a few weeks. Mr Harris may also prescribe antibiotics to prevent infection.

Don't expect to look or feel great immediately after surgery. Although the newer techniques are believed to reduce some post-operative discomforts, you may still experience some pain, bruising, swelling, bleeding and temporary numbness. Pain can be controlled with medication, though you may still feel stiff and sore for a few days.

How much fat can you extract and how much weight will I lose?

It is important to understand that there is a maximum safe limit to the amount of fat that can be extracted during any one operation. This is usually between 3 and 4 litres. In some instances therefore you may want to repeat or have more removed at another time. It is usually best to wait at least three months between procedures.

It is also important to understand that you will lose very little weight. In fact in the first few weeks after surgery you may notice a slight increase in weight due to water retention. The reason that you don't lose much weight is because taking out up to 3 or even 4 litres of fat (which is the safe maximum limit) is not enough for you to see a significant drop in your weight. This is because fat cells don't actually weigh that much. On the other hand however, depending on the treated area of course, you will notice a significant decrease in girth measurements.

How long will it take for life to return to normal?

Healing is a gradual process. You will probably be advised to start walking as soon as possible to reduce swelling and prevent blood clots from forming in your legs. You will begin to feel better after about a week or two and you should be back at work within a few days following your surgery. The

stitches are removed or dissolve on their own within the first week to ten days. Activity that is more strenuous should be avoided for about a month as your body continues to heal. Although most of the bruising and swelling usually disappears within three weeks, some swelling may remain for three months or more.

Mr Harris will schedule follow-up visits to monitor your progress and to see if any additional procedures are needed. If you have any unusual symptoms between visits - for example, heavy bleeding or a sudden increase in pain - or any questions about what you can and cannot do, call Mr Harris' secretary on 0207 927 6520.

How will I feel about my new look?

You will see a noticeable difference in the shape of your body quite soon after surgery. However, improvement will become even more apparent after about four to six weeks, when most of the swelling has subsided. After about three months, any persistent mild swelling usually disappears and the final contour will be visible.

If your expectations are realistic, you will probably be very pleased with the results of your surgery. You may find that you are more comfortable in a wide variety of clothes and more at ease with your body. And, by eating a healthy diet and getting regular exercise, you can help to maintain your new shape.

Will the fat come back?

The short answer to this is no. Fat cells achieve their set number in any given part of the body by puberty, and thereafter only increase in their volume rather than their number. If the fat cells are removed from an area by liposuction, an increased calorie intake should not lead to significantly different volume gains in the treated site compared to non-treated areas. It is important nonetheless to maintain your weight afterwards by sensible eating and regular exercise. You must understand that if you do take in excess calories after surgery, you will then notice all areas of your body increasing in size including the treated areas.

Does liposuction carry any risk?

Liposuction is normally safe particularly when being performed by a fully trained and accredited plastic surgeon. Although complications are rare, they can and do occur. Risks increase if a greater number of areas are treated at the same time, or if the operative sites are larger in size. Removal of a large amount of fat and fluid may require longer operating times than may be required for smaller operations.

The combination of these factors can create greater hazards for infection; delays in healing; the formation of fat clots or blood clots, which may migrate to the lungs; excessive fluid loss, which can lead to shock or fluid accumulation that must be drained; friction burns or other damage to the skin or nerves or perforation injury to the vital organs; and unfavourable drug reactions.

There are also points to consider with the newer techniques. For example, in UAL, the heat from the ultrasound device used to liquefy the fat cells may cause injury to the skin or deeper tissues. Also, you should be aware that even though UAL has been performed successfully on several thousand people worldwide, the long-term effects of ultrasound energy on the body are not yet known.

In the tumescent and super-wet techniques, the anaesthetic fluid that is injected may cause lignocaine toxicity (if the solution's lignocaine content is too high), or the collection of fluid in the lungs (if too much fluid is administered). This is of course one of the reasons for choosing a properly trained plastic surgeon with good anaesthetic support.

The scars from liposuction are small and strategically placed to be hidden from view. However, imperfections in the final appearance are not uncommon after lipoplasty. The skin surface may be irregular, asymmetric or even "baggy," especially in the older patient. Numbness and pigmentation changes may occur. Sometimes, additional surgery may be recommended.

The Practice

Mr Harris practices from 5 Devonshire Place in Central London, where he also performs minor outpatient procedures. Assisted by his regular anaesthetist, he operates at The London Clinic (<http://www.thelondonclinic.com>) and at The Royal Marsden Hospital, Fulham (<http://www.royalmarsden.nhs.uk>). He also consults and operates at Parkside Hospital, Wimbledon (<http://www.parkside-hospital.co.uk>). All provide a full range of medical support services.

Main correspondence, appointments and administration

Many patients are referred by their General Practitioner. You may, however, arrange your own appointment with Mr Harris, without referral.

Please refer all correspondence to:

5 Devonshire Place
London
W1G 6HL
Fax: 020 7927 6519

For appointments please contact:

appointments@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6520

For information and payments:

admin@paulharrisplasticsurgeon.co.uk, tel: 020 7927 6521

For nursing support please contact:

nurse@paulharrisplasticsurgeon.co.uk, tel: 074 9622 8878