

Liposuction FAQ

Frequently Asked Questions - Liposuction

Introduction - Liposuction:

Liposuction, also called suction assisted lipectomy, is one of the most common cosmetic procedures performed in the United States. The procedure is done to remove or minimize pockets of fat throughout the body. It is not a procedure to be used for weight loss. The areas that are typically treated are the abdomen, hips, waist, back, inner thighs, outer thighs, inner knees, upper arms, and neck. Both male and female's breasts can also be suctioned if they are larger than desired. The technique involves making very small incisions, injecting the area with a fluid that contains anesthetic and epinephrine (to minimize bleeding), and then introducing a metal cannula for the suctioning. The cannula has one or more holes at the end of it and is attached at the other end to a vacuum that literally sucks out the fat after it has been broken up by the tip of the cannula. The goal of the procedure is not to remove all the fat, but to contour the body to give it a more aesthetic shape.

Who is a candidate for liposuction?

Liposuction is performed on adults of all ages. The typical patient is a male or female between the ages of 20 and 50. Patients who have areas on their body with an excess of fat, somewhat out of proportion to the rest of the body, are good candidates. People who are significantly overweight are not good candidates for liposuction. Most patients are healthy and exercise regularly but cannot lose fat in certain areas of their body regardless of how much they exercise. In men, the most common areas are the abdomen and "love handles". In women, the inner and outer thighs, including the "saddlebags", are very common areas to have treated.

Are there any people who should not have liposuction?

Patients who are obese or require a large amount of weight loss are not good candidates. Those with significant medical problems and heavy smokers are also not good candidates. Smokers should stop smoking at least 2 to 4 weeks before this or any other surgery.

Can liposuction be done on the same area later, if the results aren't perfect?

Liposuction can be redone in areas if not enough fat was removed, or if there is a significant weight gain and the remaining fat cells have grown significantly.

Can liposuction be done on male breasts?

Liposuction is an excellent treatment method for gynecomastia, a condition where a male's breasts grow out of proportion to the remainder of the body. Excellent results can be achieved. Ultrasound liposuction is often used because the male breast tissue can be rather fibrous and hard. Using the ultrasound, makes it easier to break up the tissue to remove it.

When will I see the final results?

It generally takes one to three months for all of the swelling to be gone to be able to see the final contour.

How long do the results last?

As long as your diet is maintained, the results will last forever. Obviously, your body will still go through the normal changes with age.

Will the fat come back worse somewhere else?

The fat cells that are removed are gone forever and will not be replaced. Areas that are not liposuctioned will have the same number of cells as always. Any remaining fat cells in the body, whether in the areas that were liposuctioned or in other areas, can and will get bigger only if a significant amount of weight is gained. The body does not make new fat cells somewhere else to make up for the ones that were removed.

What are the potential risks with this type of surgery?

The most common complications of liposuction include contour deformities from taking out too much or too little fat, asymmetry, rippling of the skin, developing a fluid collection (seroma), and noticeable scars. Liposuction is real surgery and serious complications like fluid overload and even death can result. A risk of ultrasound liposuction is burns on the skin.

Does it matter what kind of doctor I go to for this type of surgery?

It is very important to go to a plastic surgeon who has experience with liposuction and who trained at a reputable medical center. There are physicians of many different specialties who have started to do liposuction in the last few years even though they were not formally trained in the technique. This includes some dermatologists, gynecologists, general surgeons, and even internal medicine doctors. The potential dangers of liposuction are very real and the procedure should not be taken lightly simply because it is so common. A weekend training course does not provide enough training for a physician to be competent in the technique.

What type of anesthesia is used?

The procedure can be performed either under general anesthesia or local anesthesia with sedation. Which one is used depends on surgeon and patient preference. If a large volume of fat is to be removed, general anesthesia is the safer way to go.

What are the different techniques used for liposuction?

Generally speaking, the actual technique of moving the cannula back and forth is not very different from one doctor to another. What does vary is the judgment and experience of the surgeon, who has to decide how much fat to remove and where to remove it. There are different machines that can be used. Some surgeons use standard liposuction equipment while others use either external or internal ultrasound to help break up the fat before it is suctioned. Dr Wigoda typically used ultrasonic liposuction.

Are there advantages to using ultrasound?

Ultrasound is particularly useful in areas that are more fibrous, like the back or in male breasts, or in patients who are having liposuction done a second time, who will have more scarring on the inside. Generally speaking, the surgery is less labor intensive for the surgeon because the ultrasound breaks up the fat, whereas with standard liposuction, the tip of the cannula has to cut the fat. Dr Wigoda feels that he can often remove more fat with the ultrasound than with standard liposuction.

Why is fluid injected into the fat area before doing the liposuction?

The fluid that is injected contains lidocaine, an anesthetic, and epinephrine, a vasoconstrictor. Use of this solution decreases the amount of blood loss from the procedure to the point that it is minimal. The lidocaine is needed if the procedure is done under local anesthesia with sedation. It also will help to reduce the pain after surgery to some degree.

Where are the incisions made?

The location of the incisions will vary depending on what area is to be liposuctioned. Generally, for each area, one or two incisions are made and they are placed in a spot where they will not be very noticeable.

What does tumescent mean?

Tumescent is a term used to describe a technique used where a large amount of fluid is injected into the area to be suctioned and minimal sedation is required or used. The anesthesia comes from the lidocaine in the solution.

How long is the incision? Will it be noticeable?

Incisions for standard liposuction measure about 5 millimeters. Those for internal ultrasound are closer to 8 to 10 millimeters. They are generally placed in spots where they will be hidden but occasionally they will be visible, particularly in areas like the back.

How long does the surgery take?

The procedure can take anywhere from 30 minutes to 6 hours depending on how much fat is taken and how many areas are suctioned.

How much fat can be removed?

The volume of fat to be removed can vary significantly from one patient to another. It can range from only a few hundred cc's (a can of coke is about 450 cc) to many liters (even up to 10 liters or 10,000 cc). The average amount removed is in the range of 1500 to 3000 cc. Very large liposuction procedures should be done in a hospital with an overnight stay for monitoring.

Can the removed fat be injected into other areas of the body?

Fat can be used as a filler and injected either into contour defects (like in the legs) or more commonly, injected into the face. This is done to rejuvenate the face where the fat in the cheek has atrophied or descended. It can also be injected into the lips to "plump" up the lips. Any fat that is to be reinjected needs to be suctioned manually with a special cannula and treated gently by the surgeon if it is to survive.

How much fat that is re-injected actually survives in the long run?

Generally much more fat is injected than is needed to fill a defect because only a small portion will survive. This will range from none to 50% of what is injected.

Can the fat be injected into a female's breasts to make them larger?

While it is technically possible and is done on occasion in other countries, injecting fat into a woman's breasts is not a good idea. In the vast majority of cases, it will not last. It can also become calcified (hard) and cause changes in a mammogram that would make it difficult to tell whether a cancer was growing or if it was just necrotic and calcified fat.

What happens before I have the surgery?

You will first have a consultation with Dr. Wigoda to discuss your particular case. Once you have decided to proceed with the surgery and have scheduled a date, you will return for a second visit at which time Dr. Wigoda will review the surgery with you, photos will be taken, consent forms will be signed, and further instructions and prescriptions will be provided. Full payment is made prior to surgery (or financing is arranged). You will have lab tests drawn and an electrocardiogram done by your primary care physician (or we will recommend where to do this) one to two weeks prior to the surgery.

What happens on the day of surgery?

You will arrive at the office surgery center. You will not have eaten or drunk anything since midnight the night before. You will be checked in and your vital signs will be taken. You will put on a gown. An intravenous line will be started. Dr Wigoda will mark the areas to be treated with a marker. You may be given a sedative in your I.V. to help you relax before you are taken back to the operating room.

What happens after surgery?

Dressings and a garment or binder is applied. You will recover for 1 to 2 hours in the recovery room. You will then be driven home by a friend or family member. Your activities will be slightly limited for the first few days. It is possible to have some fluid leak out of the incisions for the first 48 hours. It is advisable that you not drive for at least 1 to 2 days after surgery. As the pain and swelling decreases you will be able to resume normal activities. Dr Wigoda will allow you to resume strenuous exercise after 3 to 4 weeks.

How much bruising, swelling, and pain is there?

After surgery, it is expected that the areas treated will have a moderate amount of swelling. Most of the swelling will resolve over 2 to 4 weeks. There is typically some bruising that resolves over 1 to 3 weeks. The amount of pain post-operatively is very patient dependent. Some patients will experience mild discomfort. It is unusual to have significant pain. The vast majority of patients report the pain as tolerable. For the most part, all of the pain and discomfort resolves completely with time, generally 2 to 4 weeks.

When can I get back to work? When can I drive a car?

For sedentary work with minimal physical activity you can expect to go back after 1 to 3 days. For moderate activity, it will take about 3 to 5 days to be comfortable. It will take 1 to 3 days to be able to drive safely, depending on your pain tolerance and how much pain medication you are taking (if any).

Will there be stitches that have to come out?

Dr Wigoda will remove the sutures after approximately 7 days.

When can I resume sexual relations?

You may want to wait at least one to two weeks until the soreness diminishes sufficiently. Early sexual activity may prolong your soreness and discomfort.

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