

Health Questionnaire for Lipedema & Physician Evaluation Notes

Name _____ Today's Date _____

Age _____ Date of Birth _____ Email _____

Address _____ City _____

State _____ ZIP _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Primary Care Physician _____ Phone Number _____

Reason for visit: _____

Areas are of concern (includes fat areas & loose skin)

- Neck Arms Breasts Abdomen Back & Flanks Buttock
 Outer thighs Inner thighs Front of thighs Back of thighs Knees Calves
 Other _____

What lipedema treatments have you tried? _____

Have you had liposuction or other surgery for lipedema? No Yes _____

MEDICAL INFORMATION

- Allergies** None
- Medications _____ Reaction _____
 Environmental _____ Reaction _____
 Latex _____ Reaction _____

Medications (including dietary supplements, nonprescription and herbal products)

Past Medical History (list any past or current medical problems) _____ Sleep Apnea

Past Surgical History (list any past procedures & operations, including complications) _____ Implant, pacemaker, defibrillator, or implantable medical device

Local Anesthetic History

Have you had injections of local anesthetics for minor procedures or dental work? Yes No

Did the anesthetic have an effect or not Yes No effect

Social History

Current Occupation _____ Marital Status: Married Single Widowed

Do you smoke or use tobacco? No Yes Number of children _____

Packs per day _____ Will any dependents rely on you after surgery? _____

Year started _____ Year stopped _____ Are you planning on having more children? _____

Do you drink alcohol? No Yes Who will care for you after surgery? _____

Drinks per week _____ Loss of pregnancies or spontaneous abortions _____

Family Medical History (please explain if any of these conditions have affected a blood relative)

- Cancer Breast Disease Heart disease (heart attacks, heart bypass surgery) Abnormal reaction to anesthesia

Bleeding or Blood Clotting Disorders

Have you or any blood relative had problems with:

- Abnormal or excessive bleeding
- Abnormal or excessive blood clotting, also called Deep Venous Thrombosis (DVT) or Pulmonary Emboli (PE)

Do you have now, or have you been diagnosed as having (if yes, please explain)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Stroke <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer or tumor <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart failure <input type="checkbox"/> Kidney disease <input type="checkbox"/> Easy bruising <input type="checkbox"/> Asthma <input type="checkbox"/> Varicose veins <input type="checkbox"/> Seizures <input type="checkbox"/> Palpitations <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hernia | <ul style="list-style-type: none"> <input type="checkbox"/> Stomach or duodenal ulcer <input type="checkbox"/> Stomach or intestinal bleeding <input type="checkbox"/> Irregular or rapid heartbeat <input type="checkbox"/> High blood pressure <input type="checkbox"/> Frequent gum or nose bleeds <input type="checkbox"/> Angina or chest pain <input type="checkbox"/> Jaundice or liver disease <input type="checkbox"/> Mood disturbance <input type="checkbox"/> Heart murmurs <input type="checkbox"/> Shortness of breath or wheezing <input type="checkbox"/> Frequent heartburn or reflux <input type="checkbox"/> Fainting or dizziness <input type="checkbox"/> Nervous breakdown <input type="checkbox"/> AIDS or HIV positive <input type="checkbox"/> Immune disorders |
|---|---|

Height _____ Weight _____ lbs

Completed by _____ Signature _____

Section below to be completed by the doctor

Lipedema Evaluation

Focused History

- Lower extremities out of proportion to body at _____ years old
- Symptoms started Puberty Pregnancy Menopause Progressive since _____
- Legs feel Tired Heavy Tight Worse end of day
- Arms feel Tired Heavy Tight Worse end of day
- Easy bruising Arms Trunk Legs
- Tenderness Arms Trunk Legs
- Pain Arms Trunk Legs
- Hands/feet affected No Yes
- Reduced Walking Exercise Social activity
- Average daily pain from 1 to 10 _____
- Pain on a "bad day" from 1 to 10 _____
- Diagnosed with LIPedema by Dr _____
- Diagnosed with LYMPHedema by Dr _____

Clothing size Upper body _____ Lower body _____

Joint problems _____

Previous therapies for lipedema/lymphedema:

- Manual lymphatic drainage (MLD) Not improved Improved _____
- Compression garments Not improved Improved _____
- Exercise Not improved Improved _____
- Supplements Not improved Improved _____

3 months of conservative therapy Done _____

Functional & ADL Impairment Done _____

Focused Physical Exam

Ht _____ Wt _____ BMI _____

- | | | | | | |
|------------|--|-------------------------------------|--|---|-------|
| Forearms | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | <input type="checkbox"/> Cuffing | <input type="checkbox"/> Joint bulges | _____ |
| Upper arms | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | | | _____ |
| Abdomen | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | <input type="checkbox"/> Hernia | | _____ |
| Buttock | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | | | _____ |
| Hips | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | | | _____ |
| Thighs | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | | | _____ |
| Knees | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | <input type="checkbox"/> Fat overhanging knees | | _____ |
| Calves | <input type="checkbox"/> Not involved | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | _____ |
| | <input type="checkbox"/> Nodules | <input type="checkbox"/> Tenderness | <input type="checkbox"/> Cuffing | <input type="checkbox"/> Pitting edema | _____ |
| | <input type="checkbox"/> Subpatellar fat pad | | | | |
| Feet | Stemmer sign <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Dorsal fat | <input type="checkbox"/> Fat deposits below ankle | |

- Bilateral nonpitting edema in upper extremities Bilateral symmetric adiposity in trunk and limbs
- Bilateral nonpitting edema in lower extremities Affected areas are soft to palpation
- Dimpled or orange-peel texture skin in arms trunk legs

Diagnosis

- Adipose deposits unrelated to lipedema
- Symptomatic asymptomatic stage _____ lipedema (R60.9) with without functional impairment based on the history and physical exam findings and supported by these symptoms:
 - Chronic pain (G89.29) Difficulty walking (R26.2) Symptoms of heavy legs (R29.8)
 - Gait abnormality (R26.89) Bruising (R23.2) Pain in thighs (M79.651, M70.652)
 - Pain in arms (M79.603) Abnormal weight gain (R63.5) Disturbance skin sensation (R20.8)
- _____

Plan

Lipedema reduction surgery with lymphatic and compression therapy after surgery

- | | | | | | |
|----------|------------------------------------|--|---------------------------------|----------------------------------|--------------------------------|
| Forearms | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Arms | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Back | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Abdomen | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Hips | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Buttock | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Thighs | <input type="checkbox"/> Anterior | <input type="checkbox"/> Posterior | <input type="checkbox"/> Medial | <input type="checkbox"/> Lateral | <input type="checkbox"/> Knees |
| | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |
| Calves | <input type="checkbox"/> Anterior | <input type="checkbox"/> Posterior | | | |
| | <input type="checkbox"/> Lipectomy | <input type="checkbox"/> Skin Excision | | | |

Need

- CBC PMD Notes FCE LYMPHedema Eval Vein Eval
- _____

The recommended plan is as follows but may be changed based on patient and surgeon preference and changes in medical condition. In some cases, excess skin excision may be necessary during or after fat debulking.

- 15876 Suction assisted lipectomy head and neck
- 15877-22 Suction assisted lipectomy trunk x ____
- 15877-50-22 Suction assisted lipectomy hips x ____
- 15878-50-22 Suction assisted lipectomy upper extremity x ____
- 15879-50-22 Suction assisted lipectomy lower extremity x ____

- 15832-50 Thigh skin & fat excision, groin to knee
- 15833-50 Calve skin & fat excision. knee to ankle
- 15834-50 Hip skin & fat excision. above hip area
- 15835-50 Buttock skin & fat excision
- 15836-50 Arm skin & fat excision, armpit to elbow
- 15837-50 Forearm skin & fat excision elbow to hand
- 15830 Panniculectomy
- 15847 Abdominoplasty
- 15835 ____ Other area skin & fat excision _____

The only treatment proven by multiple long-term clinical studies to reduce lipedema symptoms and improve quality of life is liposuction. This frequently needs to be done in stages due to limits of how much fat can be removed safely at one time. Larger amounts of fat removal require hospitalization for observation and fluid management. The decision of how much fat to remove at one time is based upon many variables including how many areas are being treated, a patients overall medical condition, and surgeon judgment. Liposuction is done to reduce pain, decrease or stop lipedema progression and improve walking, other functions, and quality of life. Therefore, it is not a cosmetic procedure. This is consistent with the 2019 *Prevention of Progression of Lipedema with Liposuction Using Tumescent Local Anesthesia; Results of an International Consensus Conference* (Dermatol Surg 2019) as well as with my own experience of treating over 300 lipedema patients over 20 years.

I explained the following and the patient agreed that she understood:

- Just as with any medical treatment or procedure, symptoms of lipedema may not improve after surgery.
- Lift long compression garments are recommended.
- The limitations of liposuction and the amount of fat that can be removed at one time.
- More than one liposuction procedure may be needed.
- Liposuction is a debulking of some, but not all, of the lipedema fat.
- Smooth skin is not a realistic expectation after liposuction for lipedema.
- Loose skin after liposuction should be expected, and additional surgery to cut out the skin may be desired or needed (arm, thigh, trunk, and/or calf skin and fat excision).

Date _____

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