

FDRS 2023 April 14-16



FAT DISORDERS
RESOURCE SOCIETY

Lipedema Skin & Tissue Excision : When and Why

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DISCLOSURES

Merz Pharmaceuticals

Research site

Surgical Innovation Associates

Research site & coordinator

Venus Concept

Training site



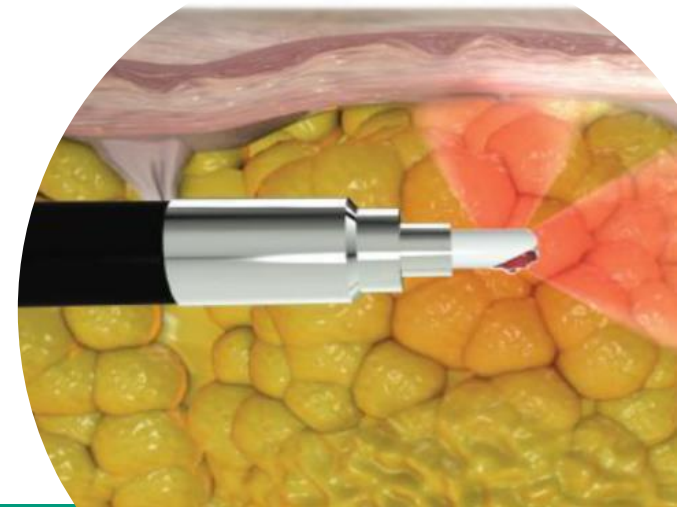
Liposuction Standard Surgical Treatment

- **Effective at removing fat**
- **Minimal scars**
- **Does NOT tighten skin**



But They Say It Will Tighten Skin!

- **Laser Assisted Liposuction (LAL)**
 - SmartLipo, Lipo AL, others
- **Radiofrequency Assisted Liposuction (RFAL)**
 - BodyTite, others
- **Renuvion (fka J-Plasma)**
- **VASER (VAL)**



Show Me The Evidence

- Few well designed studies supporting any significant skin tightening
- Mostly industry sponsored studies
 - Negative studies don't get published
- Work best in patients who don't need it
 - Young, good skin, not stretched out
- No studies in lipedema patients

 **National Library of Medicine**
National Center for Biotechnology Information

PubMed[®]

Advanced



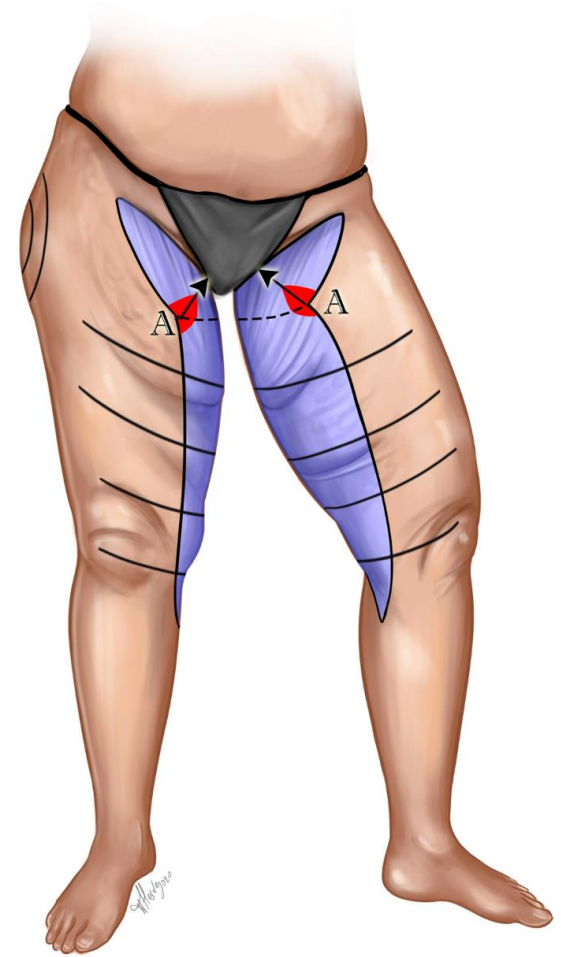
Downside of Energy Based Skin Tightening

- **Additional cost**
- **Additional surgery time (more cost)**
- **Potential for internal burns**
- **Unknown effects on lipedema tissue**
- **Can't promise results**
- **Not covered by insurance**



Plastic Surgeons Remove Loose Skin

- Normal loose skin with aging
- After liposuction if skin did not improve
- After significant weight loss
- Lipedema patients may fit all of these



Where Can The Skin Be Removed?

Anywhere

- **Arms & forearms**
- **Back & abdomen**
- **Hips, buttocks, & saddle bags**
- **Thighs, knees, & calves**



What's The DownSide?

- **Scars**
- **Healing problems**
- **Longer recovery**



Does Skin Excision Have More Risk?

YES. Higher BMI & More Extensive Surgery are Risk Factors

Development and Internal Validation of the Abdominoplasty Risk Calculator

Michael M. Vu, B.S.
Marco F. Ellis, M.D.
Jordan T. Blough, B.S.
Karol A. Gutowski, M.D.
John Y. S. Kim, M.D.

Chicago, Ill.

PATIENT
SAFETY

Background: Risk calculators are an emerging tool that provide granular, individualized risk estimation. Presently, there is a paucity of risk calculators specific to plastic surgery. Abdominoplasty is a popular plastic surgery procedure associated with moderate risks of complications, such as surgical-site infection and dehiscence, and would

accurate, personalized risk as
Methods: Abdominoplasties f
Program 2005 to 2014 databa
nology code. Relevant periop
sex, smoking history, diabet
pulmonary comorbidities, h
duration. Multiple logistic re
els for medical complication
reoperation. Internal validati

Impact of Age, Body Mass Index, and Resection Weight on Postoperative Complications in Reduction Mammoplasty

Jesse I. Payton, MD^{1,2}
Jasson T. Abraham, MD^{1,2}
Matthew D. Novak, MD^{1,2}
Sharon E. Monsivais, MD^{1,2}
Kendall P. Hammonds,
MPH^{1,2}
Andrew M. Altman, MD^{1,2}

Temple, TX

Background: The authors seek
(BMI), and resection weight, o
going primary bilateral reducti
Methods: A retrospective revi
plasties between February of 2
demographics, medical comor
operative time, resection weigh
Results: Two hundred sevent
35.71 years, and BMI was 30.17
pattern resection (53.43%) w
tion rate was 49.1%, with sup

Medial Thigh Lift in the Massive Weight Loss Population: Outcomes and Complications

Jeffrey A. Gusenoff, M.D.
Devin Coon, M.D.
Harry Nayar, M.D., M.B.E.
Russell E. Kling, B.A.
J. Peter Rubin, M.D.

Pittsburgh, Pa.; and Baltimore, Md.

Background: Complication profiles of medial thighplasty in the massive weight loss population are not well described. The authors present their experience with these procedures in the massive weight loss population.

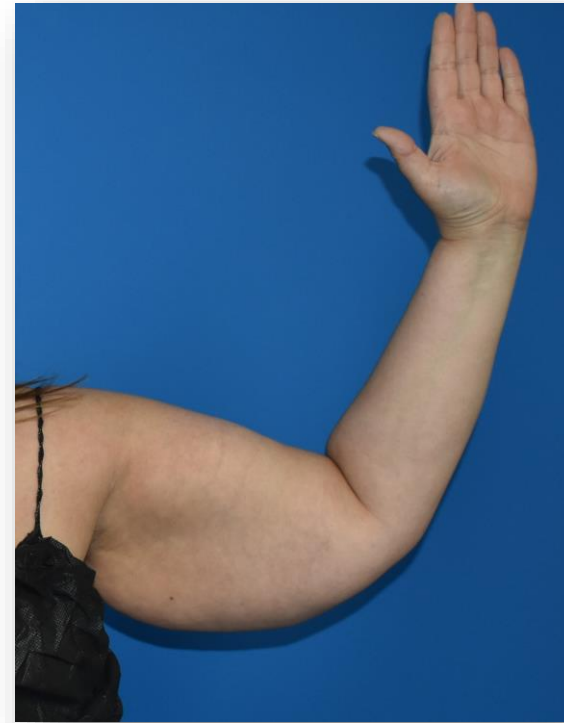
Methods: Thighplasty patients from 2003 to 2012 were assessed. Variables included age, sex, body mass index, method of weight loss, comorbidities, and smoking status. Outcomes included seroma, dehiscence, infection, hematoma, edema, and revision. Statistical analysis was performed as appropriate.

Results: One hundred six subjects (90 women and 16 men) underwent thighplasty. Fourteen patients underwent horizontal thighplasty, with a complication rate of 43 percent; 24 underwent short-scar thighplasty, with a complication rate of 67 percent; and 68 underwent full-length vertical thighplasty, with a complication rate of 74 percent. Seventy-two subjects (68 percent) had at least one complication. Complications included dehiscence (51 percent), seroma (25 percent), infection (16 percent), and hematoma (6 percent). Overall, 25 patients (23 percent) developed edema, which did not resolve in two patients by 12 months.

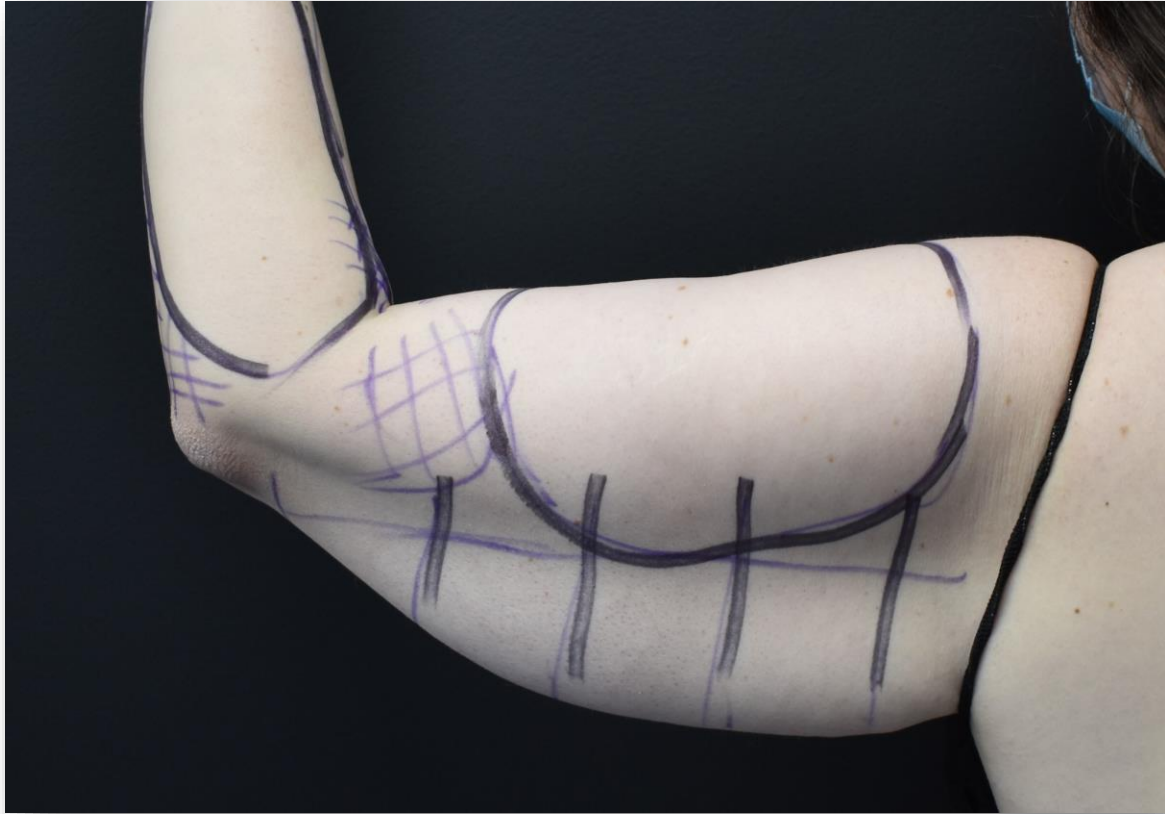


So Why Remove Skin?

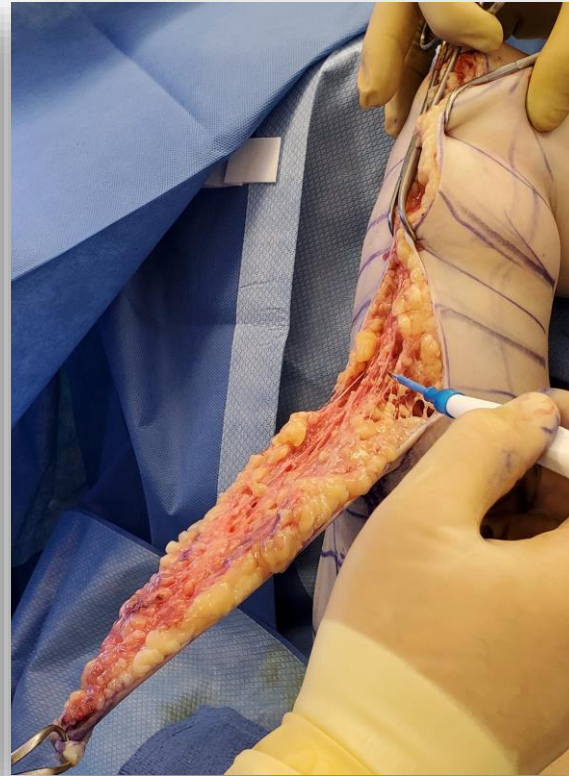
- **More lipedema tissue removed**
- **Better body contouring**
- **Less loose tissue to retain fluid**
- **Reduce risk of skin irritation**
- **Better function & activity**



Arm Liposuction & Skin Excision



Arm Liposuction & Skin Excision



Before & 6 Months Later



Had just liposuction elsewhere, came for skin excision – Could have been done all at one time



Arms & Forearms May Need to Be Done



Treatment Plan

Liposuction upper arms +/- forearms

- Awake vs anesthesia

Arm skin excision

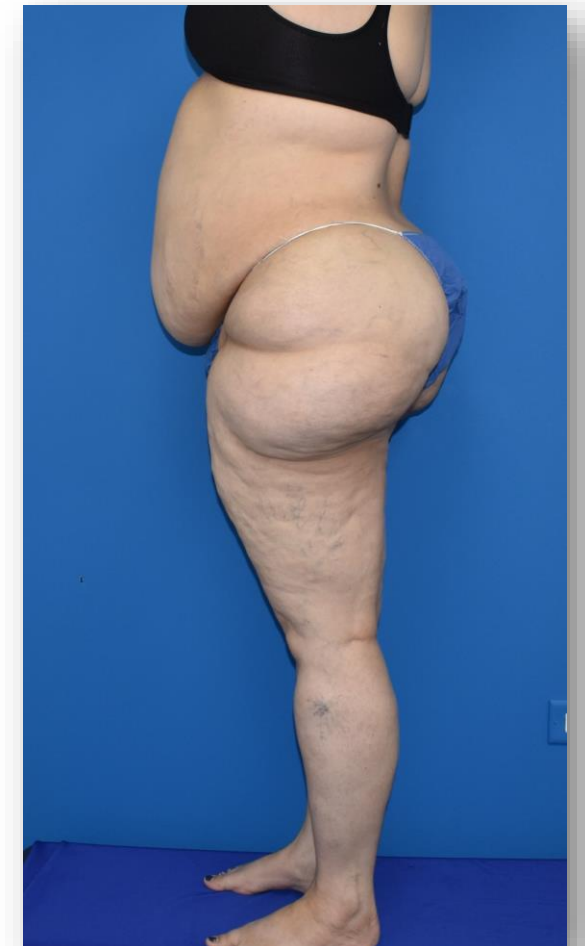
- Upper arm +/- forearm
 - Upper arm
 - Back (preferred) or inner incision
 - Forearm
- At same time as liposuction in most cases
- Staged if good skin tone & low fat volume



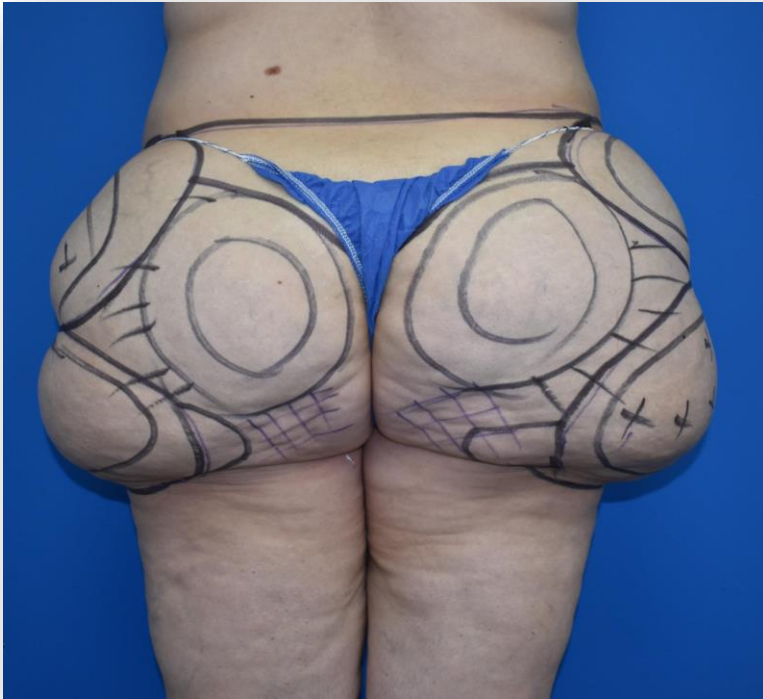
Liposuction Alone Not Enough In Abdomen



Hips & Buttocks May Need Excisional Reduction



Stage 1: Awake Liposuction



Stage 2 (If Needed): Tissue Excision



Before & 3 Months Later (+Abdominal Excision)



Before & 3 Months Later (+Abdominal Excision)



Before & 3 Months Later (+Abdominal Excision)



Thighs: Young & Good Skin – Liposuction Only



Thighs: Older & Loose Skin – Skin Gets Looser



Thighs: Liposuction + Upper Thigh Lift



Thighs: Liposuction + Staged Full Thigh Lift



Calves: Young & Good Skin – Liposuction Only



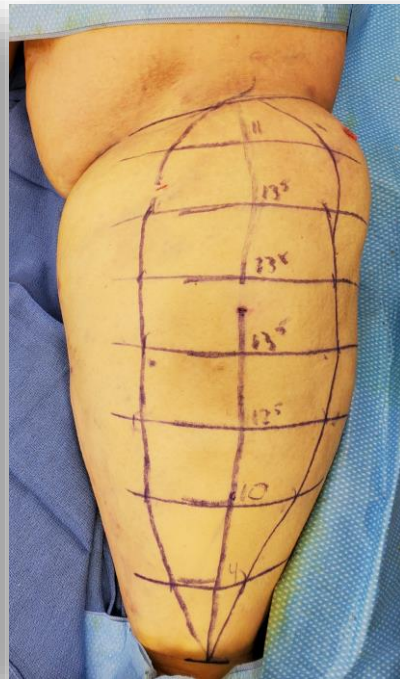
Absolutely Needs Skin Excision



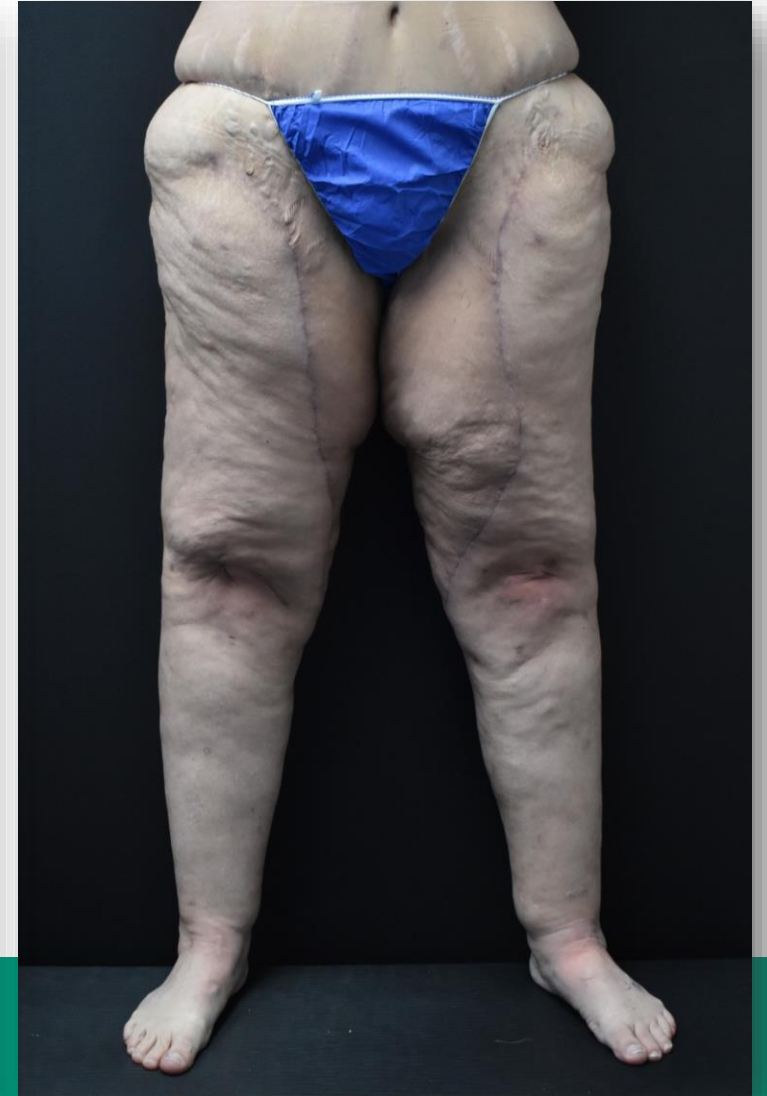
Front Thigh Skin Excision



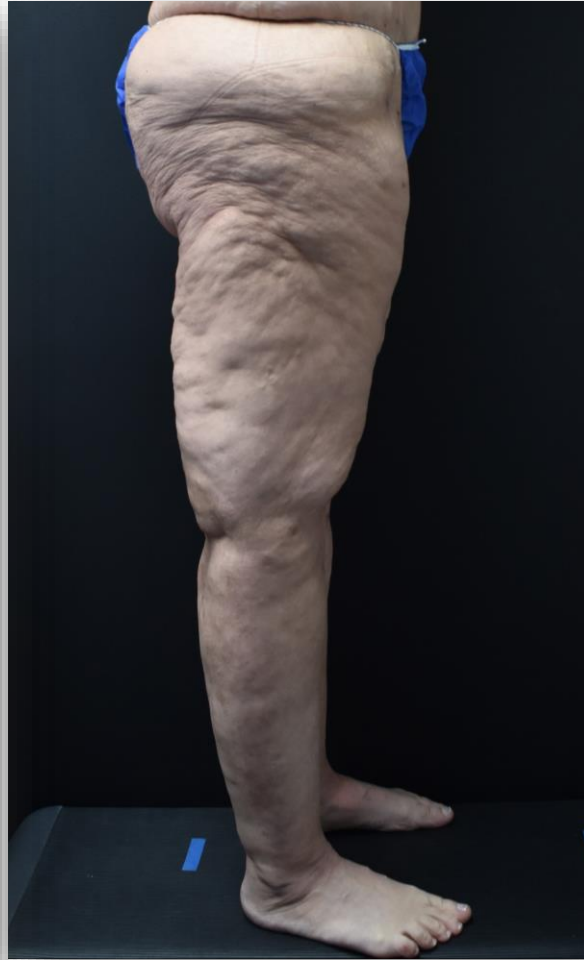
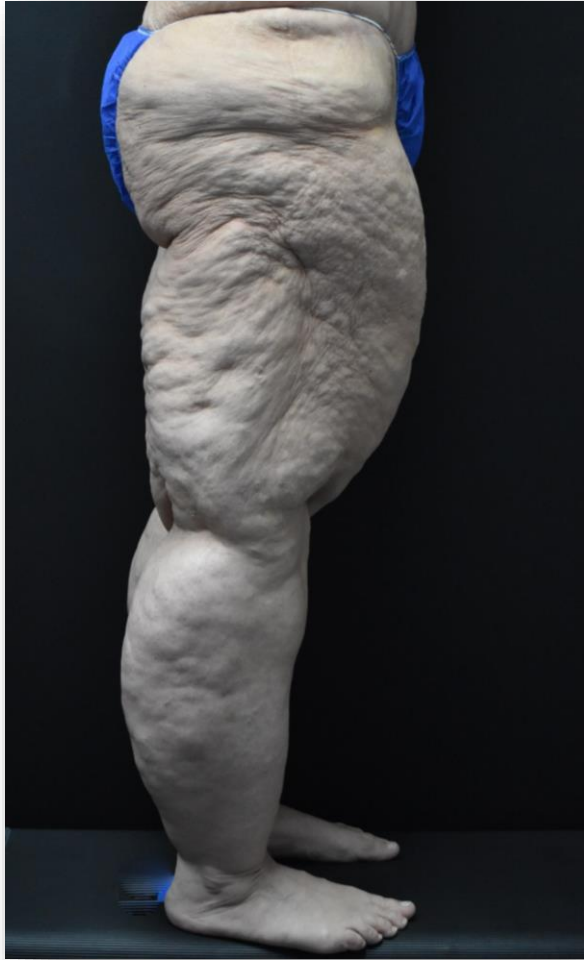
Back Calf Skin Excision



Before, After Calves, After Thighs Treated



Before & After Calves + Thighs Treated



Before & After Calves + Thighs Treated



Knee Skin Excision (Final Leg Procedure, Awake)



Knee Skin Excision (Final Leg Procedure, Awake)



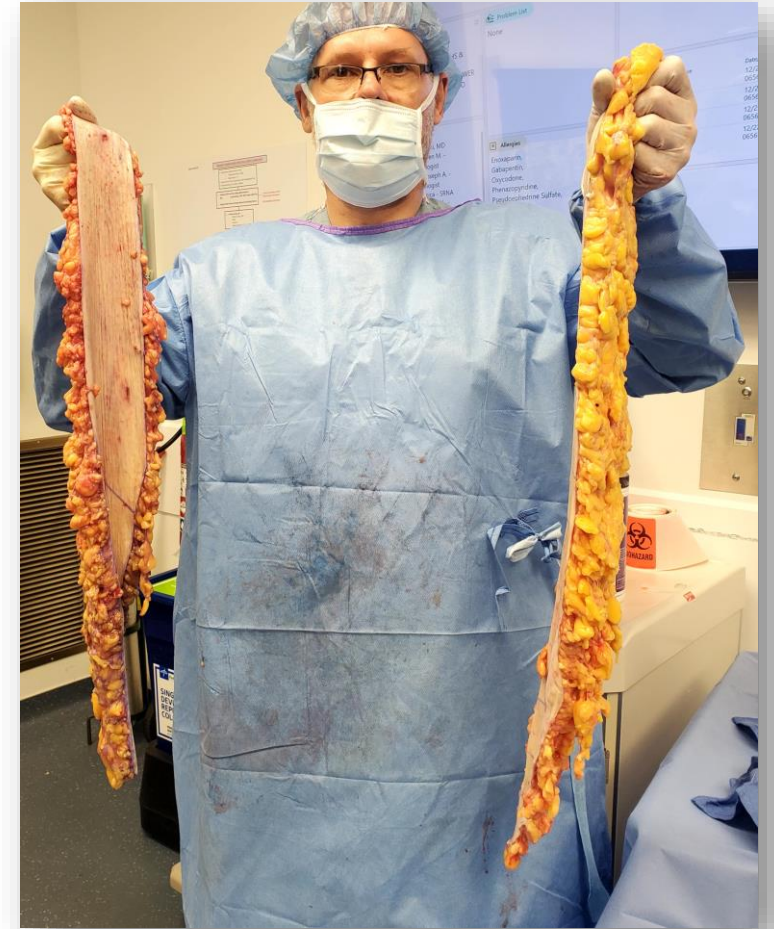
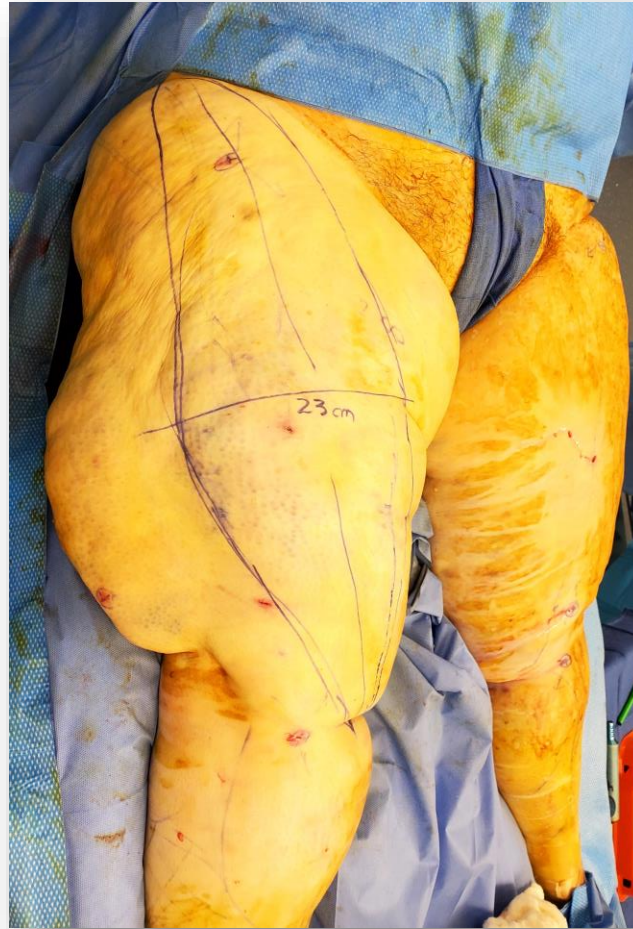
Direct Excision of Lipedema Nodules



May Need Repeat Skin Excision



Maximal Safe Skin Excision



Plan Second Skin Excision 6 Months Later



Surgical Plan: Legs

Liposuction thighs & calves

- Awake vs anesthesia
 - Calves alone - awake
- 360° or as needed

Thigh skin excision

- Usually staged (≥ 6 months)
- Sometimes combined
- Medial vs anterior scar

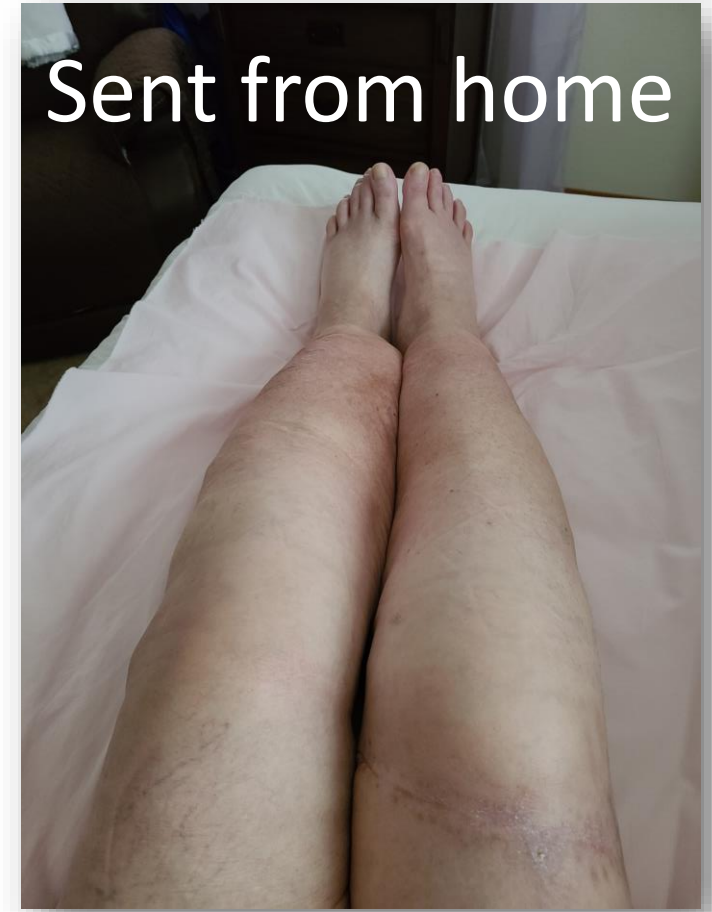
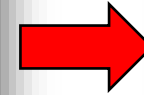
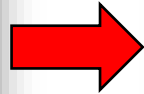
Calf skin excision

- Immediate
- Posterior (or medial) incision

Knee skin excision

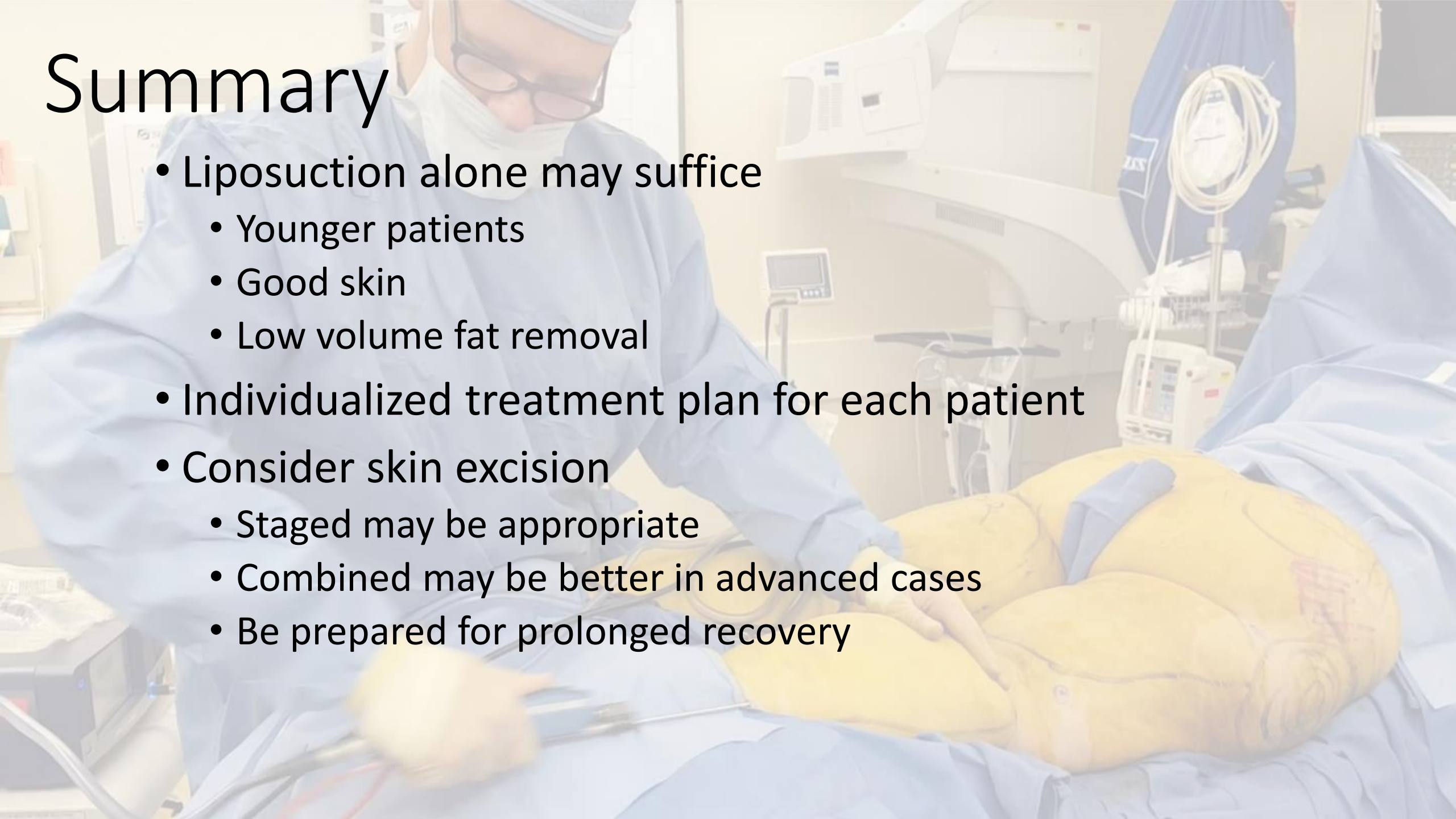


Lipo-Lymphedema: Staged Procedures



Summary

- Liposuction alone may suffice
 - Younger patients
 - Good skin
 - Low volume fat removal
- Individualized treatment plan for each patient
- Consider skin excision
 - Staged may be appropriate
 - Combined may be better in advanced cases
 - Be prepared for prolonged recovery



CONTACT INFORMATION

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Crowne Plaza Atlanta Perimeter at Ravinia
Atlanta, GA

www.fatdisorders.org/events