



## What is Lipedema and the Current Management?

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## Disclosures


- Scientific Advisory Board/Speaker- Tactile Medical



**LIPEDEMA OF THE LEGS: A SYNDROME CHARACTERIZED BY FAT LEGS AND EDEMA \***  
 By LESTER E. WOLD, M.D., EDGAR A. HINES, JR., M.D., F.A.C.P., and EDGAR V. ALLEN, M.D., F.A.C.P., Rochester, Minnesota

- (1) Almost exclusively *female*
- (2) Bilateral and symmetrical with "foot sparing"
- (3) Minimal **pitting edema**
- (4) **Pain**, tenderness on pressure
- (5) Easy **bruising**
- (6) Persistent enlargement of the extremities after *weight loss*

Lipedema  
PAIN



6

Wold et al., Ann Intern Med 1951;34, 1243-1250

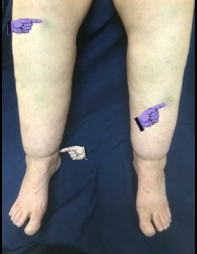


Lipedema: Torso is Spared



MISMATCH



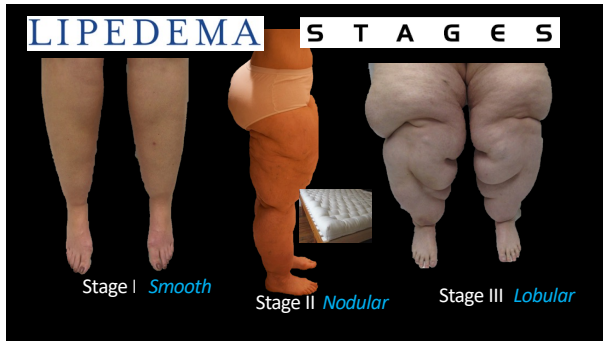

## Ankle Cuff Sign

## Lateral Malleolar "Fat Pad" Sign







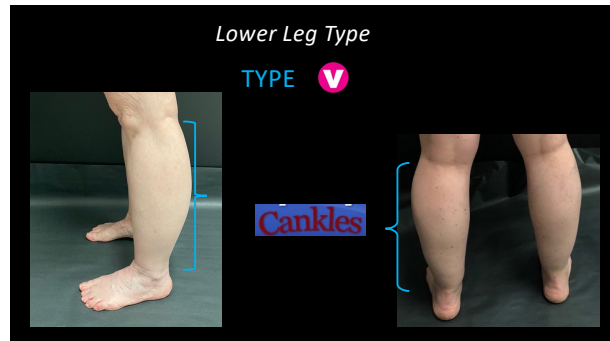
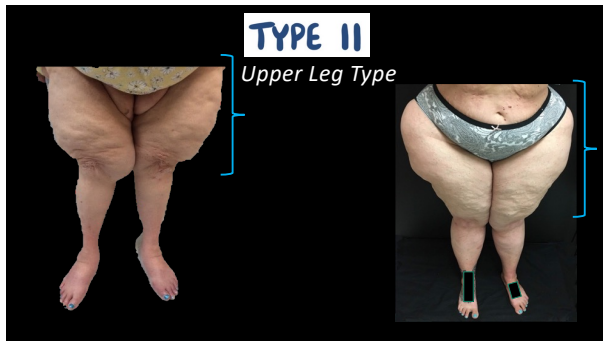
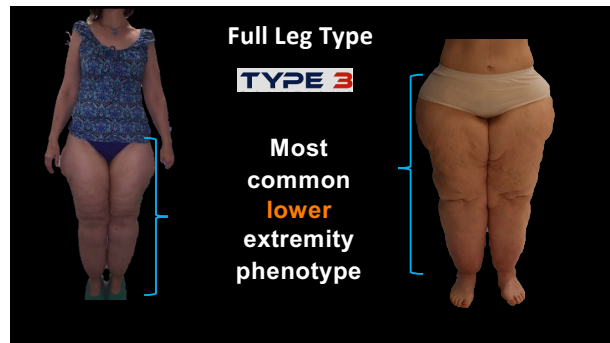
### Lipedema Phenotypes

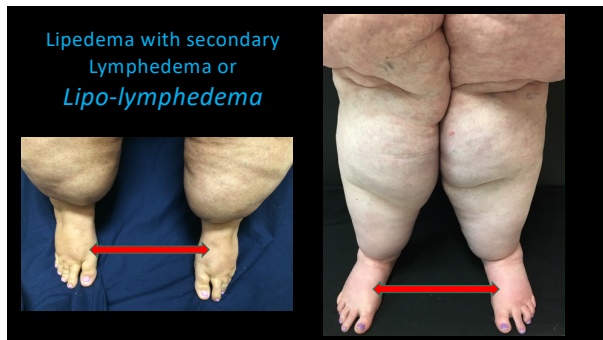
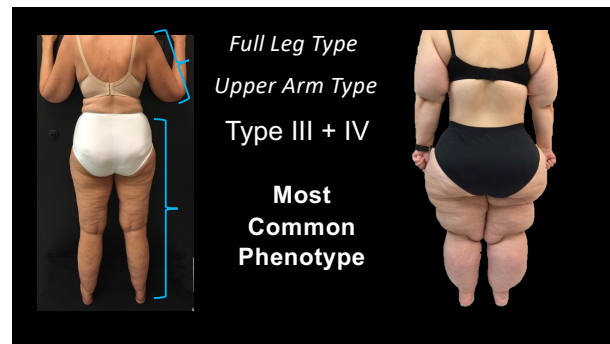
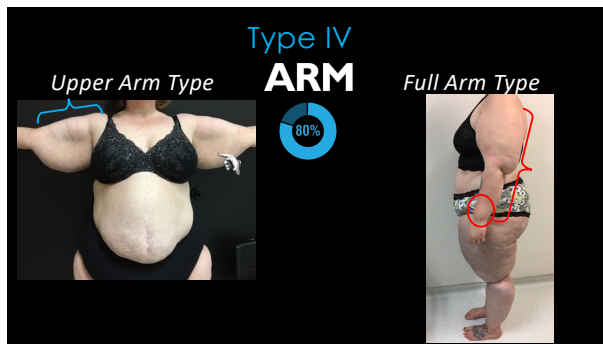
- Type I- buttock and hips
- Type II- buttock to knees
- Type III- buttock to ankles
- Type IV- arms
- Type V- knee to ankles ["cankles"]

### Lipedema Phenotypes

Legs	Arms
Upper leg type	Upper arm type
<b>Full leg type</b>	Full arm type
Lower leg type	Lower arm type

S1 Guideline Lipedema





**Standard of care for lipedema in the United States**

**Phlebology**

Standard of care for lipedema in the United States

3.3. Manual therapies, sequential pneumatic compression pumps<sup>96,97</sup> and exercise<sup>98</sup> should improve lipedema tissue by decreasing pain and increasing lymphatic flux, which in turn increases movement of glycosaminoglycans from the extracellular matrix into lymphatic vessels.<sup>99</sup> (©C)

3.7. Compression garments for lipedema provide comfort and reduce pain by supporting the tissues especially if there is interference by lipedema tissue pads,<sup>104</sup> and manage edema.<sup>7,105</sup> (©B)

**Standard of care for lipedema in the United States**

4.1. Lipedema reduction surgery is currently the only available technique for removing abnormal lipedema tissue such as adipocytes, nodules, fibrotic extracellular matrix, and other non-adipocyte components. It is also the only treatment that slows progression of lipedema and ideally would be performed before complications and disabilities from lipedema develop.<sup>110,111</sup> (©C)

**Prevention of Progression of Lipedema With Liposuction Using Tumescent Local Anesthesia: Results of an International Consensus Conference**

MATTHIAS SANDROVICH, MD,\* C. WILLIAM HERRIN, MD,† LOUIS HERRMAN, MD,†

**RESULTS** Multiple studies from Germany have reported long-term benefits for as long as 8 years after liposuction for lipedema using tumescent local anesthesia.

**CONCLUSION** Lymph-sparing liposuction using tumescent local anesthesia is currently the only effective treatment for lipedema.

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