

BODY FAT REDUCTION - SUCTION-ASSISTED LIPECTOMY

Liposuction or Suction-Assisted Lipectomy (SAL) is a generic term for the removal of fat utilizing a vacuum that creates negative pressure applied through a cannula. SAL has been safely performed over the last 10 to 15 years. It is a safe and reliable way to remove unfavorable figure imperfections due to localized fat deposits.

There are several approaches to fat removal. The techniques vary as to the level at which fat is removed, the type of anesthesia and instrumentation employed. The operation can be done under local anesthesia with intravenous sedation, but in most cases is done in the operating room under general anesthesia.

The operation itself takes between 1 to 2½ hours, but can be longer depending upon the patient. There is often some surface bruising, and the patient can expect moderate discomfort for the first 2-5 days with a return to a normal activity pattern within two weeks. A surgical compression garment is worn for 2 months after the operation to reduce surface irregularities.

Suction lipectomy lends itself best to removing localized fat deposits, which occur in several areas of the body. In females, typical areas are: Inner and outer thighs, the upper buttocks or hips and the area surrounding the umbilicus. In males, typical areas are: hips (love handles), the anterior abdominal area and around the back of the arms over the triceps muscle distribution.

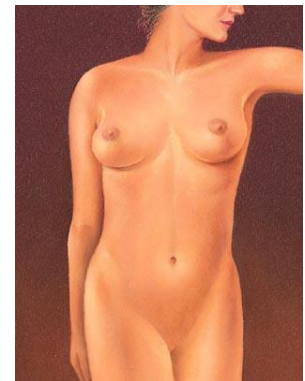
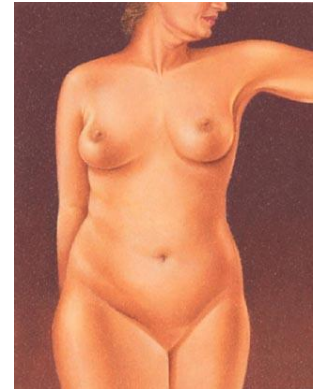
Patients often develop localized fat deposits in the neck at the angle of the mandible and beneath the chin. These fat deposits often occur around puberty and are different from the subcutaneous layer of fat, which sits immediately beneath the skin covering the rest of the entire body.

The question is often asked, **“Who is a candidate for suction lipectomy?”** The best candidates are people who have a percentage of body fat relatively close to normal. That is, in females 16 to 24 percent of body weight and in males, 12 to 18 percent. It is desirable that the patient have a stable weight, i.e., maintenance of weight within 1 to 5 pounds over a 3-year period of time. This creates a relative equilibrium between the amount of fat consumed and the amount of fat burned by the body. Consequently, consumed excess fat is not continually being stored.

The importance of these 2 parameters (a low percentage of body fat and stable weight) is that these patients will have a thin enough subcutaneous fat layer to result in an enhanced appearance after removal of localized fat deposits. The subcutaneous fat layer in these patients is not so thick as to give an unfavorable appearance by itself.

Another question that is often asked is, **“If I need to lose weight, should I lose this before I have the operation?”** Patients who achieve weight loss before having suction lipectomy often achieve better results and are more appreciative of the procedure than patients who have the procedure before losing excess weight.

Patients also ask if exercise and restriction of ingested fat and/or calories provide the same result. Regular exercise should be a part of each person’s overall health plan and allows one to ingest a few more grams (3 to 10) of fat each day. It also provides joint and ligament strength, definition and muscle bulk. Especially important for those patients approaching



middle age, restriction of fat intake is integral to figure contouring. Neither one of these approaches, unless practiced with a high degree of intensity and a conscientious effort, will reduce localized fat deposits.

In fact, there are numerous examples of patients who lose 10 – 15 pounds, but still retain their localized fat deposits. Although not absolutely true, it can be reliably said that these areas of fat deposits are generally refractory to weight loss.

The risks and complications of suction lipectomy are those of any surgery; that is, infection, bleeding and nerve damage. The most commonly encountered complication is that of surface irregularities associated with the procedure itself. Another complication to suction lipectomy (which is associated with any cosmetic surgery procedure) is failure to meet the patient's expectations. The most advisable course of action for those contemplating the procedure is to have a thorough consultation with the prospective

Doctor. In doing this the patient can acquire the appropriate pre-operative understanding with his/her selected surgeon.

In summary, suction lipectomy has proven to be a useful tool for figure enhancement over the last 10 years. It is especially valuable to those who have localized fat deposits causing figure irregularities, which are refractory to weight loss and/or exercise. It often allows those patients who have lost weight and achieved good physical condition through weight loss or exercise to achieve the figure appearance they desire. As in all procedures, it is wise to have an individualized consultation with a qualified, board certified cosmetic surgeon to gain the best understanding of this procedure.

Suction Lipectomy Consultation Information

Suction lipectomy is a surgical procedure that reduces the storage fat pad. It is not for weight reduction, it only reduces that fat pad that creates the contour deformity. Its purpose is to enhance ones figure.

There are two layers of fat: subcutaneous surface fat and deep storage fat. The surface fat is the subcutaneous fat that lies just beneath the skin. If you were to suction that layer, it is quite possible to get what is called contour deformities – lumps, bumps, wrinkles, dimples and/or ripples. Although this can happen with deep fat removal too, it is less likely.

Dr. Crofts believes in a low-fat diet program coupled with some kind of exercise program. Exercise can be as simple as just walking. Consuming 20 – 25 grams of fat a day for women and 40-45 per day for men is sufficient anything more than that will add weight.

If one does choose suction lipectomy and continues to gain weight, the weight will be distributed in an unpleasant pattern in the face, neck, arms, ankles, breasts and /or other parts of the body. Patients who gain weight after the operation are as unhappy with their appearance as they were before the operation.

Compression Garments: Patients are required to wear a surgical compression garment for 8 weeks following the surgery. The continuing compression that the garments create will assist in reducing edema and bruising and will help the skin retract to its normal position.

One garment is provided: it is crotchless, with zippers on both sides. The zippered garment may be worn immediately after surgery and at night. The zippered garment should be worn the majority of the time after surgery. You may purchase another garment at the office so that you have two, one to be worn while the other one is being laundered.

After Surgery: Patients are usually sore, stiff and slow to move at first. Walking regularly (2-4 x a day) is very important to help reduce risk of blood clots and to improve circulation to the body. However, it is very important to limit your activity to walking the first two weeks to avoid bleeding. After 2 weeks you can slowly increase your normal activity until you are at full capacity a month later. You are to wear your compression garment for 6 weeks. It takes 3-6 months for your final result to evolve.

Risks and complications: Contour deformities including lumps, bumps, dimples, wrinkles, infection, post-operative bleeding (which is rare) and failure to meet expectations may require further surgery, the cost of which is borne by the patient.