



NHS Birmingham and Solihull CCG
NHS Sandwell and West Birmingham CCG

Policy for the use of Liposuction in Lymphoedema

Document Details:

Version:	1.0
Ratified by (name and date of Committee):	Treatment Policy Clinical Development Group 20.12.2019
Date issued for Public Consultation:	02.09.2019
Equality & Quality Impact Assessment	17.01.2020
Joint Health Overview and Scrutiny Committee	23.01.2020
Governing Board	04.02.2020

The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

25. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
26. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
27. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
28. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
29. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
30. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
31. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
32. All policy decisions are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Liposuction

Liposuction is normally deemed to be a cosmetic procedure used to remove unwanted body fat.

It involves sucking out small areas of fat that are hard to lose through exercise and a healthy diet. It's carried out on areas of the body where deposits of fat tend to collect, such as the buttocks, hips, thighs and tummy.

The aim is to alter body shape, and the results are generally long-lasting, providing you maintain a healthy weight.

It works best in people who are a normal weight and in areas where the skin is tight.

Liposuction carried out for cosmetic reasons is not normally available on the NHS. However, liposuction can sometimes be used by the NHS to treat certain health conditions.

Liposuction is usually carried out under general anaesthetic, although an epidural anaesthetic may be used to enable treatment on lower parts of the body.

The surgeon would mark on your body the area where fat is to be removed. He or she would then:

- **inject this area** with a solution containing anaesthetic and medication, to reduce blood loss, bruising and swelling
- **break up the fat cells** using high-frequency vibrations, a weak laser pulse or a high-pressure water jet
- **make a small incision (cut) and insert a suction tube attached to a vacuum machine** (several cuts may need to be made if the area is large)
- **move the suction tube back and forth** to loosen the fat and suck it out
- **drain** any excess fluid and blood
- **stitch up and bandage** the treated area

It usually takes one to three hours. Most people need to stay in hospital overnight.

After the procedure, you would be fitted with a compression garment. This helps to reduce swelling and bruising, and should be worn constantly for several weeks after the operation.

You may need to take antibiotics straight after the procedure to reduce the risk of infection. Most people also take mild painkillers to ease any pain and swelling.

Recovery

It may take up to 12 weeks to make a full recovery.

If you had a general anaesthetic, someone would need to drive you home and stay with you for the first 24 hours. You would not be able to drive for a few days.

The compression garment may be taken off while you shower.

You would need to avoid strenuous activity for up to four weeks (but walking and general movement should be fine).

The results of the procedure are not always noticeable until the swelling has gone down or depending on the care plan for the individual patient, it may take more than one surgical episode before results are visible. It can take up to six months for the area to settle completely.

After about a week: Stitches would be removed (unless you had dissolvable stitches).

At four to six weeks: You should be able to resume any contact sports or strenuous activities you would normally do.

- Side effects to expect

It is common after liposuction to have:

- **bruising and swelling**, which may last up to a couple of months
- **numbness**, which should go away in six months
- **scars**
- **inflammation** of the treated area, or the veins underneath
- **fluid** coming from the cuts
- **swollen ankles** (if the legs or ankles are treated) and it may require long-term compression garments to be worn.
- **Pain which may last for up to a month**
- **Skin laxity**

- What could go wrong?

Liposuction can occasionally result in:

- **lumpy and uneven results, which is often due to skin laxity and cannot be resolved by further episodes of liposuction.**
- **Seroma which is a collection of fluid under the skin**
- **bleeding under the skin** (haematoma)
- **persistent numbness** that lasts for months
- **changes in skin colour** in the treated area
- **a build-up of fluid in the lungs** (pulmonary oedema) from the fluid injected into the body
- **a blood clot in the lungs** ([pulmonary embolism](#))
- **damage to internal organs** during the procedure

Any type of operation also carries a small risk of:

- **excessive bleeding**
- **developing a blood clot** in a vein
- **infection**
- **an allergic reaction** to the anaesthetic

The surgeon should explain how likely these risks and complications are, and how they would be treated if they occurred.

Liposuction in Lymphoedema: Category: Restricted

Lymphoedema

Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs.

It develops when the lymphatic system does not work properly. The lymphatic system is a network of channels and glands throughout the body that helps fight infection and remove excess fluid.

There are two main types of lymphoedema:

- **primary lymphoedema** – caused by faulty genes that affect the development of the lymphatic system; it can develop at any age, but usually starts during infancy, adolescence, or early adulthood
- **secondary lymphoedema** – caused by damage to the lymphatic system or problems with the movement and drainage of fluid in the lymphatic system; it can be the result of an infection, injury, cancer treatment, inflammation of the limb, or a lack of limb movement

Lymphoedema is thought to affect more than 200,000 people in the UK. Primary lymphoedema is rare and is thought to affect around 1 in every 6,000 people. Secondary lymphoedema is much more common.

Secondary lymphoedema affects around 2 in 10 women with breast cancer, and 5 in 10 women with vulval cancer. About 3 in every 10 men with penile cancer get lymphoedema.

People who have treatment for melanoma in the lymph nodes in the groin can also get lymphoedema. Research has shown around 20-50% of people are affected.

Treating lymphoedema:

There is no cure for lymphoedema, but it's usually possible to control the main symptoms using techniques to minimise fluid build-up and stimulate the flow of fluid through the lymphatic system.

These include wearing compression garments, taking good care of your skin, moving and exercising regularly, and having a healthy diet and lifestyle.

The recommended treatment for lymphoedema is decongestive lymphatic therapy (DLT).

DLT isn't a cure for lymphoedema, but it can help control the symptoms. Although it takes time and effort, the treatment can be used to bring lymphoedema under control.

Decongestive lymphatic therapy (DLT)

There are four components to DLT:

- **compression garments** – to complement exercise by moving fluid out of the affected limb and minimise further build-up
- **skin care** – to keep the skin in good condition and reduce the chances of infection
- **exercises** – to use muscles in the affected limb to improve lymph drainage
- **specialized massage techniques** – known as manual lymphatic drainage (MLD); this stimulates the flow of fluid in the lymphatic system and reduces swelling however, this technique is only appropriate for patients with cancer-related or primary lymphoedema.

DLT is an intensive phase of therapy, during which you may receive treatment up to 3 times per week for several weeks to help reduce the volume of the affected body part.

This is followed by a second phase called the maintenance phase. You will be encouraged to take over your care using simple self-massage techniques, wearing compression garments, and continuing to exercise.

This treatment phase aims to maintain the reduced size of the affected body part.

Surgery

In a small number of cases, surgery may be used to treat lymphoedema. There are three main types of surgery that may be useful for the condition:

- removal of sections of excess skin and underlying tissue (debulking)
- removal of fat from the affected limb (liposuction)
- restoration of the flow of fluid around the affected section of the lymphatic system – for example, by connecting the lymphatic system to nearby blood vessels (lymphaticovenular anastomosis)
- Lymph node transfer

These treatments may help reduce the size of areas of the body affected by lymphoedema, but some are still being evaluated – particularly lymphaticovenular anastomosis – and aren't in widespread use.

This policy **ONLY** covers the use of Liposuction for Lymphoedema.

Liposuction

Liposuction is where a thin tube is inserted through small cuts (incisions) in the skin to suck fat out of tissue. It can be used to remove excess fat from an affected limb to help reduce its size.

After surgery, you'll have to wear a compression garment on the affected limb day and night for at least a year to help keep the swelling down.

Evidence Review

Searches in the Cochrane Database and the identification of a number of systematic reviews show, good quality of evidence, which support the use of liposuction in patient diagnosed with lymphoedema in certain clinical circumstances.

The evidence demonstrated clear prevention of future illness, due to the nature of lymphoedema and the reduction in the likelihood of serious infections.

Moderate to large health improvement using this procedure was supported within the evidence review by long term follow up which demonstrated on-going clinical benefit to patients.

Current evidence on the safety and efficacy of liposuction for chronic lymphoedema is adequate to support the use of this procedure provided that standard arrangements are in place for clinical governance, consent and audit.

However, patient selection should only be done by a specialist lymphoedema multidisciplinary team as part of a lymphoedema service pathway.

Eligibility Criteria: Restricted

For patients with either Primary or Secondary Lymphoedema who have failed conservative management in line with the currently commissioned patient pathway for the treatment of lymphoedema, patients will be eligible for treatment of their lymphoedema with liposuction.

AND

Patient selection should only be undertaken by a specialist lymphoedema multidisciplinary team as part of a lymphoedema service pathway.

Conservative management of lymphoedema is defined as:

Current conservative treatments for lymphoedema include decongestive lymphatic therapy (DLT). DLT combines MLD massage techniques with compressive bandaging, skin care and decongestive exercises. Once DLT sessions are stopped the patient is fitted with a custom-made compression garment, which is worn every day.

Investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that request is supported by the CCG.

Guidance

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