

Diagnosis

Early diagnosis of Lipoedema is vital to stop symptoms from getting any worse.

A number of factors are taken into consideration when making a formal diagnosis of Lipoedema:

- Disproportionately larger/fatter legs and hips compared to the upper body
- Swelling is symmetrical (both sides of the body are affected equally)
- Hands and feet are not affected
- Loose, floppy connective tissues around the knee joints
- Fat that looks like cellulite and feels soft
- Tenderness/pain and easy or spontaneous bruising to affected areas
- Skin of affected areas may be pale and cold
- Upper arms may also be disproportionately fatter
- Patients may report increased swelling in hot weather



Stages of lipoedema

Common Complications

- Lymphoedema • Varicose Veins
- Knee pain • Psychological Impact

Treatment

At present there is no fool-proof treatment for lipoedema. Evaluation by an endocrinologist and the treatment of endocrine imbalances may help. When lymphoedema is also present, treating that condition takes priority.

What about Liposuction?

Liposuction surgically removes excessive fat from under the skin. Liposuction has been studied as a potential treatment of lipoedema; however, it is not accepted for this purpose. There is a high risk that such a surgery can actually make the condition worse.

Although often perceived as being minor cosmetic surgery, this is not true of liposuction. It is an invasive procedure that cannot be performed without causing additional damage to the lymphatic system that can cause the condition to deteriorate.

What about Gastric Bypass?

Gastric bypass surgery is performed to bring about the loss of body weight. However when a patient has lipoedema, the weight will not be lost in the areas affected by that condition.

What Can Help?

Because there is no known cure at present, current treatment focuses on preventing the condition getting any worse and stopping new problems such as lymphoedema and varicose veins developing.

Compression garments, maintaining a healthy eating plan and specific exercises all help to prevent deterioration.

Compression Garments

Compression garments are made-to-measure support socks, stockings or tights. Wearing compression hosiery is the single most effective way of slowing down or preventing worsening symptoms. It encourages the flow of blood and lymph fluid, which helps prevent fluid retention/oedema and the onset of lymphoedema. Wearing support garments prevents pooling of fluid in the tissues and stops tissues becoming pendulous. It also helps reduce pain by supporting soft tissues and painful knee joints and can help redefine the shape of the legs.

Diet

Dieting will not get rid of fat caused by lipoedema so weight loss attempts are pointless for women who already have a slim upper body. It is however important to maintain a healthy body weight;; putting on weight will aggravate the symptoms while avoiding weight gain will prevent deterioration.

Exercise

Exercises such as swimming, walking and cycling are recommended because they increase lymphatic drainage and improve blood flow through the affected limbs. High impact exercising (i.e. jogging, step-aerobics) may make matters worse and exacerbate joint pain.

Exercising in water is particularly beneficial. It supports painful joints and the pressure of deep water on the legs helps improve lymphatic and venous function. Walking in chest-high water is especially good because it provides graduated, painless compression to the legs.

Manual Lymphatic Drainage (MLD)

This is an advanced medical massage which is conventionally used to treat lymphoedema and improve lymphatic drainage. Many women say it helps to reduce lipoedema pain.

In cases of lipo-lymphoedema MLD treatment is a must to reduce and control the lymphatic swelling. Without MLD treatment the risk of developing further complications is huge.

If you have or suspect that you might have lipoedema speak to Agi Sykes our Lymphoedema Specialist

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JUNE 2013 LIPOEDEMA AWARENESS MONTH

What is Lipoedema?

First reported in 1940, lipoedema is a poorly understood, often misdiagnosed and frequently mismanaged condition. So far it is not known what causes lipoedema but it is probably connected to changes in female hormone levels in the body. As yet, there is no cure.

What is known?

Lipoedema is almost certainly a genetic, inherited condition because there is often more than one family member affected. It is thought to only affect women but there are very rare reports of men with similar signs and symptoms

Lipoedema can skip a generation, so a grandmother and granddaughter may be affected but not the mother. A woman may have two daughters with only one affected but either daughter may pass the condition onto their own daughters. It is not clear why it is passed on to some female family members and not others.

No gene testing is available. Because lipoedema is so frequently undiagnosed or misdiagnosed, it is not known what percentage of the female population suffers from it.

Symptoms

Lipoedema is most likely to appear at puberty, before which time the affected girl will most likely have had a 'normal' body shape in that the top and lower half of her body did not look 'mismatched'. However lipoedema can also appear during or after pregnancy or during the menopause. Whenever it first appears, the symptoms can come on quite quickly, and the change in body shape can be dramatic. This can have deep psychological effects: when a young girl or woman suddenly finds she has developed

what some have described as, as 'tree trunk legs' or 'thunder-thighs,' despite maintaining a healthy diet and exercise routine, she may be understandably distressed.

Unlike normal fat caused by over-eating or lack of exercise, lipoedema fat often (but not always) hurts when banged or scraped, even gently and it can bruise easily but, again, not all women experience this. There doesn't appear to be any correlation between how much abnormal fat a woman has and how painful it is.



Lipoedema looks and feels different to normal body fat; softer and dimpled, like cellulite. It won't respond to dieting or exercise. Even women with lipoedema who've developed Anorexia Nervosa still display clear physical symptoms.

Lipoedema frequently gets worse during periods of hormonal change such as using hormonal contraceptives, pregnancy or menopause.

Lipoedema and Lymphoedema

While lipoedema is not a disorder of the lymphatic system, lipoedema and lymphoedema are often confused because both conditions involve enlargement of the legs.

Lipoedema and lymphoedema are distinctly different conditions, however, lipoedema can cause secondary lymphoedema to develop in the feet and the legs. At this stage the condition of lipoedema is re-classified as lipo-lymphoedema.

Distinguishing features

Lipoedema is symmetrical because the excess fat involves both legs equally. **Lymphoedema** is not symmetrical and often occurs in only one leg.

Lipoedema swelling has a characteristic ring at the base of the ankle where the swelling stops.

Lymphoedema swelling often begins at the foot and there is not ring at the base of the ankle.

Lipoedema does not include swelling of the foot. **Lymphoedema** swelling affects the foot, ankle and leg.

Lipoedema patients often complain of pain when touched.

Lymphoedema pain is rarely this severe.

Lipoedema often causes bruising and subcutaneous bleeding.

Lymphoedema symptoms do not include bruising and subcutaneous bleeding.

Lipoedema does not pit (fingermark is left after applying pressure) **Lymphoedema** does pit.