



Surgical Options for Lymphoedema/Lipoedema

This information sheet contains the details of the surgical options currently available for lymphoedema and lipoedema. It also provides clinic details of the surgical practices where the various surgical procedures can be accessed.

At present, there are few places where local NHS surgical services are offered across the United Kingdom. Some of the existing NHS services are clinical trials and only accept referrals local to their geographic area.

There are no lymphoedema/lipoedema NHS surgical services in Northern Ireland.

The International Lymphoedema Framework produced 2012 surgical guidance and states:

- Circumferential suction assisted lipectomy (CSAL) (also known as liposuction) is a well-researched, effective and safe procedure for end-stage lymphoedema that has been unresponsive to conservative treatment. CSAL changes lymphoedema back into the original state; it produces a long- lasting, 100% volume reduction in limbs when proper compressions garments are used post-operatively *and for life*
- CSAL significantly reduces the number of episodes of cellulitis/erysipelas (infection), and dramatically improves quality of life and facilitates self- care
- CSAL should be embedded in an integrated lymphoedema service protocol
- While the principle of microsurgery (reconstructing the lymphatic system) is logical, it does not address the reversal of hypertrophied adipose tissue. Therefore, micro surgery is proposed before signs of lymphoedema occur.

The Lymphoedema Network Northern Ireland is not able to recommend any particular clinic or form of surgery; the list below has been collated via a search engine enquiry. Your therapist can discuss the best surgical options for your condition.

LNNI must also highlight that there are risks associated with any surgical procedure, and these must be discussed with the surgeon prior to any procedure. They may include but are not exclusive to:-

- Infection
- Bleeding
- Abnormal scarring
- Lymphorrea
- Limited improvement of limb volume

It is recognised that new clinics and practices are developing in line with new research.

Surgical Options

A full assessment should be completed by a lymphoedema therapist before any referral to surgery is planned. The therapist will also be essential to ensure post-surgical follow up care is provided.

1. Liposuction

This is not your usual liposuction service provided for cosmetic reasons, therefore when comparing providers of this service please be sure to stipulate that you require Circumferential suction assisted lipectomy/ large volume liposuction. This specialist liposuction service enables your surgeon to remove large volumes of fluid, much more than would be expected during regular liposuction surgery.

The 2022 All Ireland Lymphoedema Guideline recommends:

- Liposuction should be considered as part of a multi-modality treatment plan for people with late stage / chronic lymphoedema where conservative therapy is no longer effective, and with long term monitoring by an established lymphoedema service.
- A trial of conservative treatment for at least 6 months should be completed prior to consideration of liposuction/CSAL in patients with lymphoedema.
- In the provision of liposuction/CSAL it is recommended it is provided in a specialist centre and that standard arrangements and service protocols including clinical governance, consent and audit are developed and adhered to.
- Lifelong compression therapy must be continued after liposuction/CSAL.

Liposuction for Lymphoedema

Liposuction is only suitable for a small percentage of lymphoedema patients and is a surgical procedure for removing fat. In patients with longstanding lymphoedema there are often fatty changes in the limb, which become resistant to compression garments and manual lymphatic drainage. Liposuction can remove these fatty deposits permanently. Liposuction may be the most suitable option for patients with a large volume of fatty excess on their limbs who are not suitable for microsurgical interventions (LVA or lymph node transfer). Following this surgery you will need to continue to wear your compression garments lifelong.

Depending on your requirement you may stay up to 2-4 days in hospital before you are discharged. Once your surgery is complete you will still be required to wear your compression garment, however, the Surgeon and the Lymphoedema Specialist will be able to advise you on any changes to this regime prior to your surgery.

Liposuction procedures for lymphoedema are generally carried out under general anaesthetic where you are fully asleep. The process involves the use of a cannula (a thin, hollow tube) to manually loosen and remove fat to create a nicer shape. The cannula is

inserted through tiny incisions in the skin and suction is applied to remove fat from the body.

It takes between two to three hours to perform liposuction depending on the size of the treatment area. The tiny incisions are closed with a small dissolvable stitch and a waterproof plaster applied. You will need regular review by a lymphoedema therapist to ensure that the compression is maintained as the size of your limb reduces.

The area where the fat is removed is tender and aching. You will be able to mobilise the next day and will be given regular painkillers.

For more information, see the [National Institute for Health and Care Excellence \(NICE\) guidance on liposuction for chronic lymphoedema](#).

Tumescent liposuction for lipoedema

In 2022 NICE recognised the role of liposuction for lipoedema, but felt it could recommend it unless it is part of a research trial.

2. Microsurgeries

Micro surgeries are more suitable for very early stage lymphoedema.

Lymphaticovenous Anastomosis (LVA)

The 2022 All Ireland Lymphoedema Guideline recommends:

- At this time, while results are promising, there is not enough high-quality evidence to support the use of LVA to *reduce the risk* of lymphoedema.
- LVA may be effective in the treatment of early secondary lymphoedema following node removal in the axilla, groin or head and neck region, however non-operative treatment for early stage lymphoedema remains effective.
- A multi-disciplinary team should complete patient selection and follow up after LVA, as part of a lymphoedema service.
- Consult individual surgeon protocols for guidance on whether there is a requirement for lifelong compression garments post-operatively after LVA.
- We recommend further research comparing LVA and conservative treatment.

This is one of the more recent developments in the treatment of lymphoedema that aims to improve the underlying malfunction of the lymphatics. The surgery offers patients an opportunity to significantly reduce the amount of time they are required to wear their compression garments and in some cases may remove this requirement completely. LVA also significantly reduces the risk of cellulitis infections which can exacerbate the lymphoedema.

LVA is a highly specialised service requiring very high magnification microscopes and superfine instruments. Super-microsurgery such as this joins lymphatic vessels in the region of 0.3mm to similar sized veins using sutures that are smaller than a piece of hair. This allows the excess lymphatic fluid to drain directly into the vein and be returned to the body's natural circulation. Small incisions are made on the limb at regular intervals to allow several dilated lymphatic vessels to be rerouted into a nearby vein. This provides an alternative pathway for the lymphatic flow. It can be carried out either under general anaesthetic (you are fully asleep) or local anaesthetic with sedation (you are awake but drowsy). Many patients will go home the same day.

Unfortunately, not all patients are suitable for this service. To establish whether this is a potential option for you, you will require an in depth consultation with a surgeon and the Lymphoedema Specialist team. As part of this, a careful examination of the involved limb is required as well as volume measurements. You will also have a highly specialised lymphatic imaging scan to visualise your lymphatics. Once you have had your scan and it confirms that you would be suitable for (LVA), you come into hospital for your surgery.

LVA surgery is an option for patients with very early stages of lymphedema, without any fibrosis and sclerosis of the remaining lymphatic vessels, and lifetime garments are prescribed.

Lymph Node Transfer (LNT)

The 2022 All Ireland Lymphoedema Guideline recommends:

- Lymph Node Transfer appears to be effective in the management of lymphoedema.
- There is currently not enough high-quality evidence to support the use of Lymph Node Transfer to *reduce the risk* of developing lymphoedema. Further high-quality research is recommended.

This procedure may be an option for patients who have had lymph nodes removed from their groin or armpit through cancer surgery. The surgery is often combined with breast reconstruction using tummy tissue (DIEP flap - Deep inferior epigastric artery flap). This type of surgery moves functioning lymph nodes to replace those nodes that have been removed. Nodes are taken from the groin and placed in the arm-pit or vice versa. The blood vessels that supply the nodes are also transferred and joined to blood vessels in the groin or arm pit. The lymph nodes have been shown to release cytokines (cell signaling chemicals) that encourage old lymphatic pathways to open up and new networks to develop.

Over time, the lymphatic vessels from the transferred lymph nodes reattach to the current lymphatic system. The surgery also aims to release tight scar tissue in the arm pit or groin and improve limb movement. Most patients will notice reduced discomfort and heaviness in their affected limb. Those suffering from recurrent cellulitis should also notice a reduction in the number of episodes.

Patients can expect to spend approximately 4 days in hospital and will be discharged with their compression garment. The regime for wearing of the compression garment will be discussed in advance with the Surgeon and Lymphoedema Team. It is essential to continue to wear your lymphoedema garments and be managed by a lymphoedema therapist as you recover.

Clinic Access

Ms Anne Dancey, Plastic and Reconstructive Surgeon

Link via www.annedancey.co.uk

Miss Dancy works at various private clinics in the UK and performs the following surgery options:

- Lymphaticovenous Anastomosis (LVA)
- Lymph Node Transfer (LNT)
- Liposuction for Lymphoedema
- Liposuction for Lipoedema

Professor Furniss, Mr Ramsden and Mr. Sinclair Gore

Contact:

Oxford Lymphoedema Private Practice, Unit 8 The Gallery, 54 Marston Street, Oxford, OX4 1LF

info@olp.surgery +44 (0)1869 351300

This practice offers:

- A lymphaticovenular anastomosis (LVA)
- Lymph Node Transfer(LNT)
- Soon to offer liposuction (2018-19)
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Mr Alex Munnock, NHS Consultant Plastic Surgeon (liposuction only)

Contact:

Ninewells Hospital and Medical School

Dundee, DD1 9SY (postal address only), Scotland

Tel: 01382 660111

NHS only

Requires an agreed commissioning contract from the patient's Health and Social Care Board before any consultation.

Mr Kelvin Ramsey, Consultant Plastic and Reconstructive Surgeon at The Royal Marsden Hospital, London (+44 (0)20 7811 8111 or email privatepatients@rmh.nhs.uk) offers LVA surgery on a private basis.

Mr Deemesh Oudit, Consultant Plastic and Reconstructive Surgeon (microsurgery)

Contact:

The Christie Hospital, Manchester
Tel 0161 446 3375

Mr Kosutic, Plastic and Reconstructive Surgeon various locations in Manchester, UK.
Provides breast reconstruction as well as latest techniques of immediate lymph node transfer for lymphoedema treatment or prevention.

Contact:

Rochelle Whittaker (private secretary) at:
The Christie Clinic and Wilmslow Hospital,
Manchester, M20 4BX. Tel: 0161 918 7984 Rochelle.Whittaker@hcahealthcare.co.uk

Ann Marie Deignion (private secretary) at:

Spire Manchester Hospital 170 Barlow Moor Road Manchester M20 2AF, Tel: 0161 447 6759
E-mail: medsecs15@gmail.com

The Spire Clinics

Main site in Cardiff but private clinics available throughout UK

Options:

- LVA – Mr Amar Ghattaura, Consultant plastic surgeon (Cardiff site only)
- LNT – various locations
- Liposuction – various locations

For all options, contact:

Spire Cardiff Hospital
Croescadarn Road,
Pentwyn
Cardiff
CF23 8XL
Tel: 029 2054 2701

Mr Vasu Karri, Consultant Plastic Surgeon (lipoedema liposuction)

Contact:

The Karri Clinic, Suite 2, Albion Mills
Willerby, East Yorkshire, HU10 6DN
Tel: 01482 976 980 or email info@thekarriclinic.co.uk

Dr Alex Chambers (lipoedema liposuction)

Contact:

62 Wimpole Street
London
W1G 8AJ
Tel: 020 3642 4930

Dr Puneet Gupta (lipoedema liposuction)

Contact:

Harley Street, London, W1G 7HZ
Tel: 020 3389 5955 or 0750 089 8562
info@drpuneetgupta.co.uk

Mr Amar Ghattaura, Consultant plastic surgeon, and microsurgeon Mr Tom Bragg, Neath Port Talbot Hospital in Port Talbot, South Wales

This NHS research pilot service is currently only open to Welsh citizens, and offers Lymphatic venous anastomosis (LVA).

References:

International Lymphoedema Framework (2012) BEST PRACTICE FOR THE MANAGEMENT OF LYMPHOEDEMA - 2ND EDITION Surgical Intervention - A position document on surgery for lymphoedema www.lympho.org/portfolio/surgical-intervention-a-position-document-on-surgery-for-lymphoedema/

Cornelissen AJM, Beugels J, Ewalds L, Heuts EM, Keuter XHA, Piatkowski A, van der Hulst RRWJ, Qiu Shao SS. (2018) The Effect of Lymphaticovenous Anastomosis in Breast Cancer-Related Lymphedema: A Review of the Literature. *Lymphat Res Biol.* Jan 22

All Ireland Lymphoedema Guideline (2022), Health Service Executive (HSE)/Health and Social Care (HSC) 978-1-78602-215-8 www.hse.ie/lymphoedema www.lnni.org