**DENIAL REASON NO NATIONAL USA STANDARDS FOR LIPEDEMA AND LIPOSUCTION**

Below is a review of the current international guidelines for lipedema and their recommendations for liposuction. As of Sep 2020, we do not have a USA standard. I know several lipedema experts are working on one.

The Buso study, although current, is not the strongest in terms of advocating for the efficacy and safety of liposuction. It does support that “weight loss measures are ineffective.”

**German Guidelines Guidelines of the German Society Phiebology (DGP) (Lipodem: Leitlinie der Deutschen Gesellschaft fur Phlebologie) (Reich-Schupke S et al., 2017):**

Treatment consists of four therapeutic mainstays that should be combined as necessary and address current clinical symptoms: complex physical therapy (manual lymphatic drainage, compression therapy, exercise therapy, and skin care), liposuction and plastic surgery, diet, and physical activity, as well as psychotherapy if necessary. **Surgical procedures are indicated if - despite thorough conservative treatment - symptoms persist, or if there is progression of clinical findings and/or symptoms.** If present, morbid obesity should be therapeutically addressed prior to liposuction.

This is why I reinforce the necessity of good documentation by the managing physician in regard to obesity management, diet, and compliance to the program.

**Spanish Guidelines (Guidelines-Spain, 2018):**

The most recent studies show that the technique [liposuction] is safe and can be indicated in selected patients, but to date there are no agreed protocols on pre and postoperative requirements and care, as well as controlled studies that validate the different proposed liposuction techniques (tumescent , supratumescente, WAL, vibro-liposuction).

Note it also states:

to date there are no agreed protocols on pre and postoperative requirements and care…”

This is an insurance company denial argument: that there are **no protocols for the stage when surgery is indicated.**

**Dutch Guidelines (Halk AB et al., 2016):**

Lipedema is a chronic, progressive condition that can result in considerable disability. …Tumescent liposuction is the treatment of choice for patients with a suitable health profile and/or inadequate response to conservative and supportive measures.

This document is separate from 2014 Dutch guidelines.

**Guidelines for Lipedema in the Netherlands (Damstra R et al, 2014):**

Lipedema is a chronic, incurable, often progressive affliction that occasionally causes significant morbidity.

I don’t have anything liposuction-specific but the document is on the Google Drive.

**Prevention of Progression of Lipedema With Liposuction Using Tumescent Local Anesthesia; Results of an International Consensus Conference (Sandhofer M et al., 2019)**

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.

This is the Sandhofer study, a recent study with a strong recommendation for liposuction as a treatment and a focus on long-term results. We have the complete study. In my top 5.

**MON-116 Liposuction for Lipedema (Persistent Fat) in the US Improves Quality of Life (Cobos L et al., 2019)**

Reduction of lipedema fat is achieved effectively only by removal of fat by lymph-sparing liposuction. Women with lipedema noticed improved ambulation after liposuction, likely due to removal of excess adipose tissue from the legs. Fat growth after liposuction was reported consistent with published data. Improvement in quality of life after liposuction agrees with European data, and greater perceived benefit in earlier stages emphasizes the importance of early detection of lipedema and earlier intervention with liposuction. Prospective studies are needed to assess quality of life, fat growth, weight loss and ambulation after liposuction in women with lipedema in the US.

Another strong study. Sample size is 189. In my top 5. We have the complete study.

**Long-Term Results of liposuction in patients with lipedema (Frambach Y et al., 2015)**

The liposuction resulting in a persistent improvement after 4 years and also after 7 years. CONCLUSIONS: The study documents the good long-term efficacy of tumescent liposuction as a highly effective treatment of lipedema.

Another top 5. Sample size=164. We have the complete study.

The biggest criticism of the Rapprich study, **Liposuction is an effective treatment for lipedema - results of a study with 25 patients (2011)** is the sample size. It’s very favorable but Independent Review Boards, like Hayes, like to pick it apart due to small sample size. So it’s debatable how effective it will be to argue your case.

I have a generated SS of a total of 49 studies that reference liposuction. I am sure there are more but that’s my current number. Some are better than others. I have them sorted by best to worst. Use the ones you feel most comfortable with; we have the full version for most of them but not all.

* Jeff Sep 18 2020