

Q & A Session June 2023: Where Do I Start On My Lipoedema Journey?

- 1 I currently have the most basic cover of private health. What level of coverage would I need to upgrade to have some of the Lipoedema surgeries covered? What category would this fall under? I have spoken to a few private health companies, and they have never heard of Lipoedema. Curious what category this type of surgery would fall under?

Answered live 20:08:48

[Link to FAQ](#)

- 2 I heard a comment that lymphoedema isn't painful as compared to Lipoedema? Or is this the misconception in mainstream medicine that they don't know the difference properly?

This is correct. Lymphoedema is not inflammatory tissue, rather it is a condition where the lymphatics are not functioning and the isolated limb affected by lymphoedema fills with fluid and is not generally painful. However, where lymphoedema is secondary to lipoedema due to the lipoedema tissue causing significant burden & scarring on the lymphatics, the limbs (often both limbs affected symmetrically) are painful.

- 3 Is it possible to expedite / fast track surgery without doing the conservative management, if I don't have very progressed Lipoedema?

Answered Live 19:42:45

[Link to FAQ](#)

- 4 Does lymphoedema also require the same conservative management pre-surgery re the conservative pullers?

[Link to FAQ](#)

- 5 I am keen to know what signs are an indication that mobility is likely to be compromised. Do you see it in early stage 3 or is it generally later in the process?

Answered Live 20:12:51

6 What is the difference between WAL and TAL procedures?

[Source](#)

TLA and WAL differ primarily in their approach to fluid injection and suction during surgery. In TLA, fluids are first injected under the skin before being suctioned out by the surgeon, whereas WAL involves simultaneous injection of fluids and suction.

WAL offers several advantages over TLA, particularly in terms of preserving the lymphatic network, nerves, and vessels, minimizing damage to these structures. By injecting smaller volumes of water under the skin gradually, rather than all at once as in TLA, WAL reduces limb swelling and allows for easier sculpting by the surgeon.

The WAL technique incorporates flowing water jets and adjustable speeds, facilitating faster injections followed by immediate suctioning. This results in a shorter operation duration and greater control over the procedure's progress. The rapid aspiration of injected liquids prevents deep penetration into the patient's circulatory system, reducing the risk of discomfort and nausea associated with the anaesthesia and other products present in the fluids. Additionally, WAL liposuction technique has shown to reduce the severity and frequency of oedema, bruising, and swelling.

7 In your experience, how long is the surgery successful for, and does it need to be repeated in the near future?

[Answered Live 20:17:53](#)

[Link to FAQ](#)

8 Have you found that those that have had a hysterectomy & results in pelvic dysfunction especially with the draining of lymph fluid being compromised - have you found the surgery success rate different or compromised?

There are advantages of removing the lipoedema tissue. Even if the lymphatics are damaged it is unlikely for the lipoedema tissue to return following appropriate surgery. However there may be some residual lymphatic fluid swelling, depending on the original disease state and the original surgery that damaged the lymphatics.

- 9 Is the bubble test for a hole in the heart useful if you are not sure about whether to progress with surgery? Can the other test tell you how much of your mass is normal fat, Lipoedema fat and lymphodema as a diagnostic test to understand exactly what we are dealing with?

[Link to FAQ](#)

Answered Live 20:22:50

- 10 Is compression important if I have no pain?

[Link to FAQ](#)

Answered Live 19:52:40

- 11 Do you have recommendations for managing Lipoedema during long haul flights and spending time in tropical countries that are hot?

Yes, appropriate compression garments and unfortunately when you need compression most is when you are most prone to swelling in the limbs, which is during hot weather. Every one on an aeroplane would benefit from appropriate compression, however, people with lipoedema, lymphoedema or venous disease need it the most.

- 12 Is CzSalus class 2 compression Flat Knit?

Yes.

- 13 Can Lipoedema only occur in one leg?

No, this may be symptomatic of lymphoedema.

[Link to FAQ](#)

- 14 Is there any hope for Lipoedema getting a claim number on Medicare to help with surgery costs?

[Link to FAQ](#)

15 Can you cause damage to your lymphatic system by doing self-drainage if you are too rough? Are there other ways of not getting it right?

Yes of course technique is important, best to ask your MLD expert.

16 My MLD specialist says she believes I have it. At what point do you recommend surgery?

Early intervention is recommended by Dr Lekich.

[Link to FAQ](#)

17 Are hip bursitis and plantar fasciitis common with Lipoedema?

Yes it is more common with lipoedema due to disproportionate weight and abnormal gaits that occur due to growing lipoedema tissue. Best to see a podiatrist, orthopaedic surgeon or your GP. Patients generally find these improve with Lipoedema Extraction Surgery.

18 I have a lymphatic pump that I use daily. Do I still need a therapist once so often?

[Link to FAQ](#)

19 Is zumba and dancing safe?

Yes, performing safe exercise is encouraged to reduce secondary obesity, and is a part of the conservative management plan.

20 Does Lipoedema continue to develop after menopause (which is when I had a big increase in annoying fat deposition), or am I likely to have been through the worst of it and may be able to manage it from here with conservative management? Also, does hormone therapy during/after menopause help with symptoms or slowing the progression or does it make it worse?

[Answered Live 20:30:26](#)

21 What are your thoughts around Lipoedema as well as being an adipose fat disease being a connective tissue disease?

Answered Live 20:33:04

22 Can you perform surgery on people with certain co-morbidities? I have Dercums disease and Lipoedema.

Yes Dercums and Lipoedema often co-exist.