LIPOSUCTION AND THE CONSENSUS DOCUMENT: RESPONSE TO PROF. M. FÖLDI'S REMARKS AT THE 19TH INTERNATIONAL CONGRESS OF LYMPHOLOGY

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Liposuction of secondary arm lymphedema has been performed at the Department of Plastic and Reconstructive Surgery, Malmö University Hospital, Malmö, Sweden for more than 17 years and is performed at 6 out of 7 University clinics in Sweden after we have trained the plastic surgeons and the team. The patients are followedup once a year to provide contining scientific information, and no recurrences have been seen to date. Encouraged by these long-term data, we recently have started to treat leg lymphedema, both primary and secondary, according to the same principles. Preliminary data show complete recuction in these patients as well.

I have also had the privilege to train Professor Sumner Slavin and Dr. Loren Borud of the Beth Israel Deaconness Medical Center, Harvard Medical School, Boston, USA. Their experience since January 2004, when the Harvard Lymphedema Clinic was first begun, has now reached a total of 84 patients, 48 with upper extremity edema and 38 with edema of the lower extremity. Nine patients have been operated on with liposuction following the same protocol as in Malmö in order to publish long-term results.

Complications: So far we have had no complications. Decreased skin sensibility is always seen after liposuction and is not regarded as a complication. It normalizes after 6 weeks to 6 months. When I speak at meetings, Prof. Földi very often asks to show the audience a skin necrosis – caused by liposuction – which he has seen in a medical journal. This particular picture shows a skin necrosis after ultrasound liposuction, which generates heat. Excess heat production caused by ultrasound liposuction is well-known, but an experienced plastic surgeon is aware of this and takes precautions. I want to make it perfectly clear that liposuction of lymphedema does not cause skin necrosis as ultrasound is not used. We use standard liposuction that does not generate heat. In the beginning some patients (i.e. eight) needed blood transfusions when the aspirate exceeded 2000 ml. Now blood transfusions are no longer needed, as the procedure is performed under bloodless conditions using a standard tourniquet.

Prof. Földi has also commented on the following sentence in the Consensus Document: "*This operation should be performed by an experienced team of plastic surgeons, nurses and physiotherapists to obtain optimal outcomes"* and further states it is useless. He continues by saying "One has to believe in miracles to suppose, that a plastic surgeon or a dermatologist will regard himself inexperienced!" I believe that Prof. Földi is aware that a plastic surgeon, as well as a physiotherapist, can be more or less experienced in their field. For example, in plastic surgery it is impossible to be an all-round expert in every aspect of this vast field even with passing tests of clinical competencies. Would Dr. Földi recommend an experienced physiotherapist to treat a lymphedema patient with complete decongestive therapy without having passed a CDT-education?