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INFORMATION BROCHURE

LIPOSUCTION



DEFINITIONS, GOALS & PRINCIPLES

Liposuction radically and permanently eliminates overloads of localized fat. It also shapes and contours these areas.

Excess localized fat may not always go away with diet or exercise and liposuction may be beneficial for these cases. However, liposuction is not a weight loss method, and its goal is not to modify the weight of the patient. Liposuction should not substitute diet and exercise to treat excess weight. It is not the treatment for obesity. The principle of liposuction (developed in 1977 by Yves-Gérard ILLOUZ) is to aspirate fat using a blunt canula through very small incisions.

The cannulas will have rounded ends and contain several orifices. They will be connected to a closed circuit in which negative pressure will be created. This method allows for harmonious and non-traumatic aspiration of excess fat cells. Since fat cells do not have the ability to multiply, there will not be recurrence of the fatty cells in this area after the intervention.

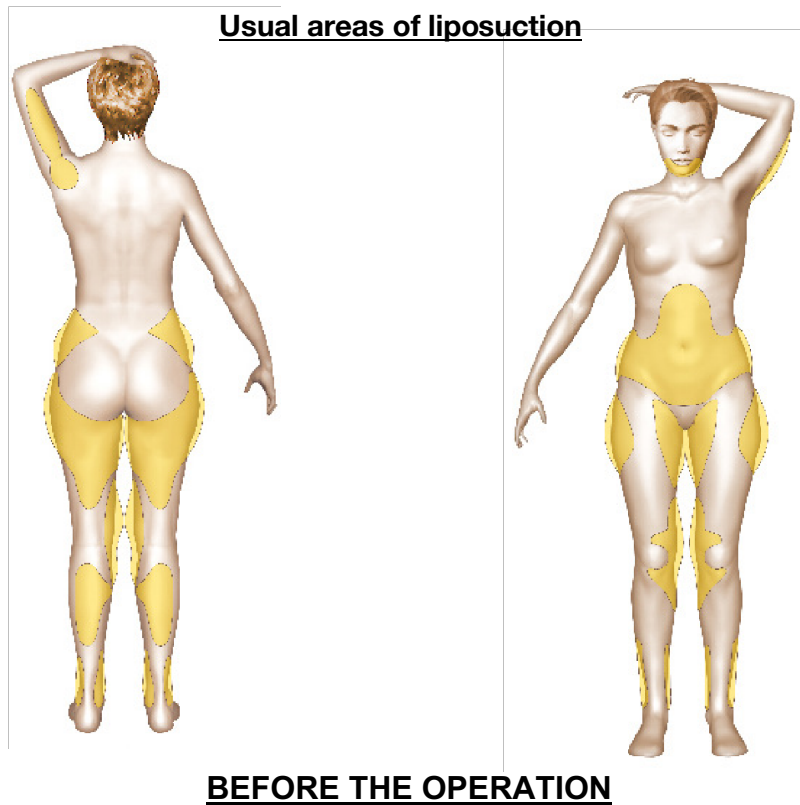
Moreover, recent advances, especially in the field of superficial liposuction, have made it possible to reduce skin damage over the treated areas. This is due to the use of very fine cannulas.

In practice, liposuction can be performed on many different regions on the body: saddlebags of course, but also the hips, abdomen, thighs, knees, calves, ankles and arms. Technical improvements have made it also possible to perform liposuction on the face and neck (double chin, oval face).

In some cases, it is possible to use the natural fatty tissue that has been extracted to fill other areas of your body that lack volume or shape (face, buttocks, breasts). This technique is known as fat grafting and if this option interests you, do not hesitate to discuss it with your surgeon in advance to achieve better understanding on all of the possibilities for your case.

It should be kept in mind that liposuction, despite its popularity in recent years, still remains a real surgical procedure. It must therefore be performed by a competent and qualified plastic surgeon who is specifically trained in liposuction techniques and exercises in a legitimate surgical context.

Health insurance does not cover liposuction for the treatment of localized fat excess.



Consultation

A consultation and a careful physical examination will be carried out by your surgeon to note all important parameters that need to be taken into account before the operation. You will discuss and agree on the operation strategy. Your surgeon will also explain the likely outcomes and potential complications (see below). Finally, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

Preparation

In preparation for the intervention, a preoperative blood test may be required. You will also have a consultation with the anesthesiologist, at the latest 48 hours before the operation.

You should avoid taking aspirin within 10 days of the operation because it can increase bleeding. You should also stop smoking and stop any recreational drugs.

Stopping any oral contraception may be required, especially in the event of associated risk factors (obesity, poor venous condition, coagulation disorder).

Depending on the type of anesthesia, you may be asked to fast (do not eat or drink anything) 6 hours before the procedure.

Smoking : Scientific data is currently unanimous on the harmful effects of smoking in the weeks surrounding surgery. These effects are multiple and can lead to major scarring complications, surgical failures and promote implant infection. For procedures involving skin manipulation such as abdominoplasty, breast surgeries or neck and face lifts, tobacco can also be the cause of serious skin complications. Apart from the risks directly related to the surgical procedure, tobacco can be responsible for respiratory or cardiac complications during anesthesia. With this in mind, the community of plastic surgeons requests complete smoking cessation at least one month before the operation and during the healing phase (usually 15 days after the operation). This also applies to electronic cigarettes.

THE OPERATION

Type of anesthesia

Depending on the case and the size of the regions to be treated, liposuction can be performed either under local anesthesia, deepened

or not with intravenous tranquilizers ("vigil" or "sedation" anesthesia), general anesthesia, or possibly locoregional anesthesia (epidural or spinal anesthesia).

The choice between these different techniques will be the result of a discussion between you, your surgeon and the anesthesiologist.

Hospitalization modality

The length of hospitalization will depend on the amount of fat extracted. It can be short, lasting only a few hours for small liposuctions when local anesthesia has been used, or, it may longer, lasting 1-2 days for greater liposuctions performed under general anesthesia.

Surgical technique

Each surgeon adopts a technique that is unique to him or her and that is adapted to each case for best results. However, some common basic principles can be retained:

First, incisions will be made and will be short (3-4 millimeters), inconspicuous and most often hidden in natural folds. The fat will be then be sucked out using blunt cannulas, in a way that creates a regular network of tunnels all while respecting your tissue's vessels and nerves. This technique will be able to treat both superficial and deep fat excesses.

The amount of fat to be aspirated will have to be adapted to the quality of the overlying skin, which is a determining factor in the quality of the result.

At the end of the operation, a dressing will be made with a compression garment that should be worn for 3 to 6 weeks.

The duration of the intervention will depend on the amount of fat to be extracted and the number of areas to be treated. It can vary from 20 minutes to 4 hours (on average 1 to 2 hours).

AFTER THE OPERATION

The time it will take to recover from liposuction will be proportional to the amount of fat removed.

In the postoperative period, bruises will be present and will likely resolve within 10 to 20 days of surgery. Edema (swelling) will also be present in the treated areas, making it difficult to assess your result during the first 2 to 3 weeks.

The pain will be variable, but thanks to the use of very fine cannulas, it will generally not be very severe.

You may also feel fatigue for the first few days, especially if you underwent significant fat extraction. The presence of postoperative fatigue is mainly due to anemia and can be prevented with preoperative iron therapy.

You will be able to resume your normal daily activities 3 to 6 days after the operation, but this will depend on the extent of liposuction done as well as your profession.

Resuming physical activity can be expected after 2 weeks.

The operated areas should not be exposed to the sun or to UV rays for at least 3 weeks.

THE RESULT

The result will start to appear 3 weeks after the operation, and it will take between 3 to 6 months for the skin to retract on your new curves producing the resulting silhouette.

Although it requires patience, patients are most often satisfied with the result. Following accurate indication and surgical technique, liposuction makes it possible to permanently remove your localized fat excesses and retract the overlying skin to improve your contours.

The goal of this surgery is to improve, and not to achieve perfection. If your wishes are realistic, you should be very satisfied with the result.

Result imperfections

In a few cases, however, localized imperfections can occur, but they are not considered as real complications. They include: insufficient correction, residual asymmetry, and surface irregularities. As a general rule, these imperfections can benefit from a complementary liposuction "touch-up", often carried out under local anesthesia and after the 6th postoperative month.

POSSIBLE COMPLICATIONS

Liposuction, although carried out for primarily aesthetic reasons, is nonetheless a true surgical intervention. It therefore involves the risks associated with any medical act, no matter how small. Indeed, unavoidable complications can occur, and they may be either related to the anesthesia or the surgical procedure.

Complications related to anesthesia

The anesthesiologist will inform the patient of the anesthetic risks during the compulsory preoperative consultation. You should be aware that anesthesia induces certain reactions in the body that are sometimes unpredictable and more or less easy to control. However, having a competent anesthesiologist in hand and a true surgical context (recovery room, possibility of resuscitation), the risks of complications are statistically very low. It should be kept in mind that the techniques, anesthetics and monitoring methods have made immense progress

over the last thirty years, offering optimal safety, especially when the intervention is performed in an elective setting and in a healthy person.

Complications related to the surgical procedure

These risks are limited when your plastic surgeon is qualified and competent and has had adequate training for the specific operation. In practice, complications due to liposuctions are exceptional, the postoperative effects are elementary, and patients are fully satisfied with their results. This is largely due to great rigor in the operative indication and surgical performance. However, every surgical procedure is never completely free from possible complications. Despite their rarity, they include:

- Thromboembolic events (phlebitis, pulmonary embolism) : are the most serious possible complications. Their risk of occurrence is increased if the patient has a positive history of such events. Wearing anti-thrombotic stockings, getting up early and eventually taking anticoagulation treatment, can all help reduce their risk.
- Bleeding : is rarely serious, except if the patient has an associated coagulation disorder.
- Hematoma and lymphatic effusion : rarely occur in the course of correctly performed liposuction.
- Likewise, localized skin necrosis should no longer be observed. It lengthens healing time and can leave scarring
- Infection : is extremely rare in this type of "closed" surgery, and can be prevented by prophylactic antibiotics.
- Changes in sensitivity : can sometimes persist in the treated areas, but usually returns to normal within 3 to 12 months.
- Accidental perforation or injury to an abdominal digestive organ, and even contusion of a thoracic viscus have been exceptionally observed.
- Finally, metabolic disturbances or anemia have been observed following excessive liposuction. These may require a blood transfusion in rare cases.

All in all, we should not overestimate the risks but simply be aware that even a seemingly simple surgical procedure will always involve potential complications. Choosing a qualified Plastic Surgeon assures you that he or she has the training and competence required to know how to avoid them or to treat them effectively if necessary.

The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If any new questions arise, we are available to discuss them during another consultation, by phone, or even on the day of the intervention.



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