

PATIENT INFORMATION SHEET: STANDARD LIPOSUCTION

WHAT IS STANDARD LIPOSUCTION?

Standard liposuction is a surgical procedure that removes localised deposits of fat to improve body shape and contour. Fat is loosened and removed using a thin, hollow tube called a cannula, connected to a suction device.

Standard liposuction does not use ultrasound energy. Treatment under local anaesthetic is suitable for selected patients and treatment areas, following assessment by your surgeon.

HOW DOES IT WORK?

- Your surgeon confirms and marks the agreed treatment areas.
- A tumescent solution containing local anaesthetic is introduced into the fat layer to numb the area and help reduce bleeding.
- Small incisions are made to allow the cannula to enter.
- The surgeon moves the cannula through the fat layer, loosening and removing fat through suction.
- You remain awake. You may feel pressure or movement, but should tell the team immediately if you experience pain.
- The procedure is planned as a day case, with discharge once you meet the clinical discharge criteria.

POTENTIAL BENEFITS

- Targeted removal of localised fat deposits.
- Improved body contour and proportions.
- Treatment of areas that have not responded adequately to diet and exercise.
- Results that can be long lasting if your weight remains stable.

LIMITATIONS AND ALTERNATIVES

- Liposuction is not a treatment for obesity or a substitute for weight management.
- It does not reliably improve cellulite or remove stretch marks.
- Loose skin may remain or become more noticeable after fat removal. Separate surgery may be needed to remove excess skin.
- Perfect symmetry and a particular cosmetic result cannot be guaranteed.
- The amount of fat removed is limited by what your surgeon considers safe.
- Further treatment may be needed, with additional recovery time and costs.
- Alternatives include no treatment, lifestyle changes, suitable nonsurgical treatments or surgery to remove excess skin. Your surgeon will explain the options relevant to you.

BEFORE YOUR PROCEDURE

Tell your clinical team about your medical conditions, allergies, previous surgery, all medicines and supplements, and any personal or family history of blood clots.

Do not stop prescribed medicines, including blood thinners, without an agreed medical plan. Follow your individual instructions about medicines, eating, drinking and smoking.

Your surgeon will discuss the exact treatment areas, expected benefits, relevant risks and alternatives. You should have time to consider your decision and ask questions before consenting.

WHAT TO EXPECT AFTER THE PROCEDURE

- Bruising, swelling, tenderness and temporary numbness are common.
- Some blood stained fluid may leak from the incision sites during the first few days.
- Treated areas may initially feel firm, lumpy or uneven as swelling settles.
- Recovery depends on the areas treated, the extent of surgery and your individual healing.
- Swelling can take several months to settle. Increasing pain, redness or swelling requires assessment and should not automatically be considered normal healing.

AFTERCARE INSTRUCTIONS

Compression garment

- Wear your prescribed garment according to your surgeon's written instructions, commonly for around six weeks.
- Your team will explain whether it should be worn day and night and when it can be removed for showering.
- The garment should feel supportive without causing significant pain, skin damage or restricted breathing.
- Contact the clinic if it causes pressure marks, worsening numbness or changes in skin colour.

Manual lymphatic drainage

- Your surgeon will advise whether manual lymphatic drainage is appropriate and when it can begin.
- If recommended, it should be performed by a suitably trained practitioner following your surgical team's instructions.
- Massage does not guarantee prevention of fluid collections or replace clinical assessment of new swelling.
- Do not massage an area that is increasingly painful, red, hot or suspected to be infected.

Pain management

- Take paracetamol or other prescribed pain relief as directed.
- Avoid taking more than one product containing paracetamol.
- Take ibuprofen, aspirin or other anti inflammatory medicines only if approved by your treating clinician.
- Contact the clinic if pain is worsening or is not controlled by the recommended medication.

Wound care

- Follow your discharge instructions for dressings and showering.
- Wash your hands before touching dressings.
- Do not apply creams, oils or other products to the incisions unless advised.
- Avoid swimming, hot tubs and soaking the wounds until they have healed and your clinical team agrees.

Activity and practical arrangements

- Begin short, gentle walks as soon as you are safely able after surgery.
- Avoid prolonged periods of immobility.
- Increase everyday activity gradually, according to comfort and clinical advice.
- Avoid strenuous exercise and heavy lifting until your surgeon clears you. Restrictions may continue beyond four weeks.
- Arrange transport home and a responsible adult to stay with you initially.
- Do not drive while affected by sedating medication or until you can safely control the vehicle and perform an emergency stop.
- Discuss flights and long journeys with your surgeon before making arrangements.
- Attend your scheduled reviews.

RISKS AND POTENTIAL COMPLICATIONS

Possible complications include:

- Bleeding or a collection of blood beneath the skin, called a haematoma.
- A collection of fluid beneath the skin, called a seroma, which may require drainage.
- Infection, delayed healing or wound breakdown.
- Scarring, including raised or persistent scars.
- Uneven contours, asymmetry, residual fat or an unsatisfactory result.
- Persistent swelling, pain, numbness or altered sensitivity.
- Changes in skin colour.
- Skin injury, loss of skin or underlying fat, and firm nodules.
- Injury to nerves, blood vessels, muscles or internal organs.

Rare but serious complications include:

- Blood clots in the legs or lungs.
- Fat entering the bloodstream and affecting the lungs or other organs.
- Fluid imbalance, including fluid collecting in the lungs.
- Severe infection, including sepsis.
- Allergic reactions or local anaesthetic toxicity, which can affect the brain and heart.
- Complications requiring emergency hospital treatment, further surgery or intensive care.
- Very rarely, death.

Your surgeon will explain which risks are particularly relevant to you.

LONG TERM EXPECTATIONS

Your shape should become clearer as swelling settles over several months. Final assessment is usually made once the tissues have stabilised, which may take six months or longer.

Results vary. Weight changes, pregnancy and ageing can alter the outcome. Maintaining a stable weight supports a lasting result.

WHEN TO SEEK HELP

Contact the clinic immediately if you develop:

- Increasing or unexpectedly severe pain.
- Rapidly increasing swelling or a new marked difference between the treated sides.
- Spreading redness, heat, pus or an unpleasant wound smell.
- Fever, chills or feeling increasingly unwell.
- Blistering, darkening or other concerning skin changes.
- Persistent bleeding, repeated vomiting or difficulty drinking.
- New pain or swelling in one calf.

Call 999 immediately for difficulty breathing, chest pain, coughing blood, collapse, confusion, seizures or severe, rapidly worsening illness. Do not wait for the clinic to return your call.

Severe pain or rapidly spreading swelling or skin changes, particularly with fever or feeling very unwell, needs urgent emergency assessment.

CONTACT INFORMATION

Clinic telephone: 0151 203 0020

Use the urgent aftercare contact instructions provided at discharge. If you cannot reach the clinic and need urgent medical advice, contact NHS 111. For an emergency, call 999.

Cosmetic Surgery of the Royal Liver Building, Liverpool

This information supports your consultation and consent discussion. Your surgeon will provide an individual treatment and aftercare plan.