

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	1 st September 2020 (updated 7 th June 2022)
Appraisal & Details	<p>Liposuction for Lipoedema and Lymphoedema</p> <p>The Northern (NHS) Treatment Advisory Group considered an appraisal of non-cosmetic Liposuction in the management of Lipoedema and Lymphoedema. A specific liposuction technique, sometimes referred to as the Brorson method, has been developed for use in these patients.</p>
Recommendation	<p>The Northern (NHS) Treatment Advisory Group recommends the use of non-cosmetic liposuction in the management of chronic lymphoedema in patients who have failed conservative management in line with the current patient pathway for the treatment of lymphoedema.</p> <p>Patient selection should only be done by a specialist lymphoedema multidisciplinary team as part of a lymphoedema service pathway using the following criteria:</p> <ul style="list-style-type: none"> • Are willing and able to adhere to lifelong self-management, which would include compression hosiery, skin care, following a healthy diet, and exercise, and • Have history of good adherence and motivation to standard care and have no remaining “movable” oedema (i.e., treatable with conservative management) and • No active cancer, wounds, or active infection, and • A minimum of 1 litre excess volume and non-pitting tissues (i.e. ISL late stage 2 or 3) and • Have oedema which has an impact on function / ability to carry out work or self-care as assessed using the validated LYMQOL tools. • Patients for whom oedema has been replaced by large amounts of adipose tissue • History of recurrent cellulitis <p>Current evidence on the safety and efficacy of liposuction for chronic lymphoedema is adequate to support the use of this procedure provided that an ongoing audit to gather outcome data is carried out.</p> <p>Current conservative treatments for lymphoedema include manual lymph drainage (MLD), which stimulates the movement of lymph away from the affected limb, and decongestive lymphatic therapy (DLT). DLT combines MLD massage techniques with compressive bandaging, skin care and decongestive exercises. Once DLT sessions are stopped the patient is fitted with a custom-made compression garment, which is worn every day.</p> <p>The Northern (NHS) Treatment Advisory Group <u>does not</u> recommend the use of non-cosmetic Liposuction in the management of Lipoedema.</p> <p>Evidence for liposuction in the treatment of lipoedema is much more limited. The available evidence showed that liposuction reduces limb volume and improves patient-reported outcomes such as pain and bruising. These changes tended to be statistically significant, but in the absence of a validated tool for assessment of lipoedema their clinical importance is unclear. Therefore, in light of the paucity of evidence to support this intervention, liposuction for this clinical indication cannot be supported at the present time.</p>

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

<p>Clinical evidence summary</p>	<p>NICE published interventional procedural guidance on the use of liposuction chronic lymphoedema in April 2022, which concluded that the evidence for safety and efficacy of the procedure is adequate to support use.</p> <p>NICE published interventional procedural guidance on use of liposuction for chronic lipoedema in March 2022, which concluded that the evidence on the safety of liposuction for chronic lipoedema is inadequate but raises concerns of major adverse events such as fluid imbalance, fat embolism, deep vein thrombosis, and toxicity from local anaesthetic agents. Evidence on the efficacy is also inadequate, based mainly on retrospective studies with methodological limitations. Therefore, this procedure should only be used in the context of research.</p>
<p>Safety</p>	<p>The most common safety issues are in line with what would be expected following a surgical procedure, namely requirement for blood transfusion, localised skin loss, wound infection, and cellulitis.</p>
<p>Patient Perspective</p>	<p>Lymphoedema and lipoedema are disorders of subcutaneous fluid and fat deposition which, in their advanced stages, can cause considerable distress and disability in affected patients. They are separate disorders but, both can cause affected limbs to increase in size considerably. This can significantly affect mobility, and some patients experience pain, bruising, or recurrent infection.</p> <p>Liposuction is normally deemed to be a cosmetic procedure used to remove unwanted body fat. Liposuction carried out for cosmetic reasons is not normally available on the NHS. However, liposuction can sometimes be used by the NHS to treat certain health conditions.</p> <p>There is a more robust evidence base for the use liposuction on the management of chronic lymphoedema compared to lipoedema.</p>
<p>Cost analysis summary</p>	<p>The number of eligible patients is difficult to estimate. A likely estimate of the total number of patients referred from the region annually is around 10-12.</p> <p>Tayside NHS accepts roughly 50% of the patients referred to it for treatment of lymphoedema using liposuction, and around a third of those referred for lipoedema.</p> <p>Lymphoedema is thought to affect more than 200,000 people in the UK. Primary lymphoedema is rare and is thought to affect around 1 in every 6,000 people. Secondary lymphoedema is much more common, for example secondary lymphoedema can affect around 2 in 10 women with breast cancer, 5 in 10 women with vulval cancer, and approximately 3 in every 10 men with penile cancer can get lymphoedema.</p> <p>The prevalence of lipoedema is unclear, with estimates ranging from 0.1% to 18% of the population and varying with the population studied (e.g. general population vs. hospitalised people). The UK prevalence has been estimated at around 1.4 per 100,000 population.</p>
<p>Financial impact</p>	<p>The NHS tariff is approximately £11,000 per patient, including assessment, surgery and initial follow-up. Annual follow-up thereafter costs £327 per patient.</p> <p>Approx total cost for to treat 10 patients per year is therefore is £110,000 across NE&NC with follow up costs of approx. £3270 in total per year.</p>