



Dr. Salil Bharadwaj

www.bsh.com.bh
salil.bharadwaj@bsh.com.bh
+973 3605 5143



Liposuction: Current evidence based practice guidelines and future trends

By Dr. Salil Bharadwaj

Modern Liposuction has evolved from humble beginnings as a rather experimental procedure some 40 years ago, to being one of the most popular procedures in aesthetic surgery today. It was the second most popular aesthetic procedure globally (1,372,901 cases)¹ in 2014, as well as in the United States (222,051 cases) in 2015, up 5% from 2014.²

Subsequent to Illouz's presentation of a technique for removing subcutaneous fat with a blunt cannula attached to a suction generating device at the 1982 Annual Meeting of the American Society of Plastic and Reconstructive Surgeons, the procedure has undergone many refinements and evolved with improvement in techniques and technology.³

My endeavour in this article is to briefly discuss current evidence based best practice principles and highlight future trends.

Potential liposuction patients who strive to improve their appearance through diet, exercise, and a healthy lifestyle are more likely to be satisfied with their long-term postoperative results.⁴ It is paramount for both the patient and the surgeon to remember that liposuction is not a weight-loss technique, it is a body reshaping

(contouring) technique.

A consensus statement on large-volume liposuction (defined as >5 litres of total aspirate), regardless of anaesthetic method, has underscored the recommendation for operating in either an acute-care hospital or in an accredited or licensed facility when removing large volumes.⁵

Depending on patient characteristics liposuction can be done either in a hospital or office based setting, but the American Society of Plastic Surgeons Practice Advisory recommends avoiding neuraxial anaesthesia (i.e., spinal, epidural) in office-based settings because of potential hypotension and volume overload issues.⁶

The superwet (infiltration of 1 mL per estimated mL of expected aspirate) and the tumescent (3 to 4 mL of wetting solution per mL aspirated) are the most widely used wetting techniques in operation. The maximum recommended safe dose of lidocaine is 55mg/kg and that of epinephrine .07mg/kg in the solution.^{7, 8} Recent data suggest that, for patients undergoing general anaesthesia with the superwet technique, the lidocaine component may be reduced and/or eliminated without postoperative sequela of

