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Lipoplasty Becomes Safer as Less Fat Is Removed

By SHARI SIMS

Cindy Laney, a former aerobics instructor, often runs five miles and lifts weights. "But I always had these bulges around my middle that no amount of dieting or exercise would get rid of," she says.

This year, Ms. Laney, 36, decided to have liposuction surgery. She had about four pounds of fat sucked from her midsection and says she is thrilled with the results.

For the last five years, lipoplasty, as liposuction is now medically termed, has been the leading cosmetic surgery procedure in this country, with 385,000 procedures last year. People 35 to 50 have the most procedures. Women represented a vast majority, but men made up 20 percent of the total last year, according to the American Society for Aesthetic Plastic Surgery.

Most patients have an average of five pounds removed. Over the last several years, the operation has become safer, in part because smaller amounts of fat are removed. Most people can return to work within a week and begin light exercise in two weeks or so. Swelling usually goes down in about a week; bruising and some numbness generally last about three weeks.

The risk of death, which in 1998 was 1 in 5,000, dropped to 1 in 47,415 from 1998 to 2000, according to results of more than 94,000 procedures reviewed in the March/April 2001 issue of Aesthetic Surgery Journal. Surgeons' reports suggest complications have dropped as well; in the survey, the most common minor side effect was postoperative nausea or vomiting, while the most frequent major complication was skin peeling around the treated area.

Surgeons no longer routinely combine lipoplasty with other major surgery, says Dr. Charles Hughes III, a plastic surgeon in Indianapolis and the author of the journal article.

Smaller surgical tools with ultrasound attachments that break down the fat before it is suctioned away have also made the procedure safer.

Recently, some doctors have suggested that lipoplasty can be a valid treatment for the "medically overweight." In studies presented at meetings and published late last year, some plastic surgeons said "large-volume lipoplasty"—the "vacuuming out" of roughly 10 pounds of fat—could be done safely and effectively. One group reported that the operation could produce significant decreases in systolic blood pressure, fasting insulin levels and total body weight that could possibly "improve overweight women's cardiovascular risk profile."

Those last claims were based on a relatively small study, focused on one-year follow-ups of 14 women who had liposuction of their abdomens, flanks, backs and inner and outer thighs at Georgetown University Medical Center. "These were basically healthy women who were 30 to 50 pounds overweight, with a body mass index from 25 to 29.9, below the medical cutoff for obesity," said Dr. Sharon Y. Giese, senior author of the study.

Others question whether it is the surgery alone that is leading to better health.

"Is removing fat surgically just as good for your health as via diet and exercise?" said Dr. Samuel Klein, director of the Center for Human Nutrition at Washington University in St. Louis. "That's an open question that's not answered in this study."

Research suggests that the metabolic benefits of weight loss come from losing fat throughout the body, including areas like the tissues of the heart, pancreas and liver. Removing localized fat deposits may or may not be as beneficial.

Dr. Gerald H. Pitman, a plastic surgeon in New York and the author of one of the most widely read textbooks on liposuction, said: "I always say that the three most dangerous words in plastic surgery are 'it's only liposuction.' In well-trained hands on a carefully selected patient, lipoplasty is safe surgery. But the bottom line is it's still surgery."