

Dear Patient,

I use the term SAL (suction assisted lipectomy) since there is a debate whether there are increased protein levels in lymphedema or just liposuction since this is what is performed.

I do not bandage my patients nowadays. Twenty-six years ago when I started performing liposuction for lymphedema I bandaged, but stopped after a few patients since bandaging did not give optimal postoperative compression and there were a lot of bruises. Then I started to put on the made-to-measure flat-knitted garment at the time of surgery and there were no bruises, so I continued with this regimen.

Since then we order 3 flat knitted compression garments with a panty (CCL3) 2 and 2 leg-long garments (CCL 2) 2 weeks before surgery using the normal extremity as a template since this is the size we want after surgery. One of these is sterilized to be used at the time surgery. This is then discarded after 2 days when the patient takes a shower and lubricates the skin with lotion and we put on one 2 layers CCL 3 and CCL2.

After 2 days this is repeated, the used garments are washed to be used at the next change after another 2 days when the patient is discharged. During the first week the patients changes garments every other day and after a week every day. Washing shrinks the garments somewhat and thus adds compression.

Below is a more detailed description of what we do from this book:

Greene AK, Slavin S, Brorson H, editors, Lymphedema - Presentation, Diagnosis, and Treatment. Cham, Switzerland, Springer; 2015. p. 1-353

which can be downloaded here:

<https://lu.box.com/s/s4jy69zn2tur47ds0bvn8jxw7dc6u7u5>

"Controlled Compression Therapy (CCT)

A prerequisite to maintaining the effect of liposuction and, for that matter, conservative treatment, is the continuous use of a compression garment [12]. Compression therapy is crucial, and its application is therefore thoroughly described and discussed at the first clinical evaluation. If the patient has any doubts about continued CCT, she is not accepted for treatment.

After initiating compression therapy, the custom-made garment is taken in, when needed, at each visit using a sewing machine, to compensate for reduced elasticity and reduced arm volume. This is most important during the first 3 months when the most notable changes in volume occur. At the 1- and 3-month visits, the arm is measured for new custom-made garments (two sets).

This procedure is repeated at 6, (9), and 12 months. If complete reduction has been achieved at 6 months, the 9-month control may be omitted. If this is the case, remember to prescribe garments for 6 months, which normally means double the amount than would be needed for 3 months. It is important, however, to take in the garment repeatedly to

compensate for wear and tear. This may require additional visits in some instances, although the patient can often make such adjustments herself. When the excess volume has decreased as much as possible and a steady state is achieved, new garments can be prescribed using the latest measurements.

In this way, the garments are renewed three or four times during the first year. Two sets of sleeve-and glove garments are always at the patient's disposal; one being worn while the other is washed. Thus, a garment is worn permanently, and treatment is interrupted only briefly when showering and, possibly, for formal social occasions. The patient is informed about the importance of hygiene and skin care, as all patients with lymphedema are susceptible to infections, and keeping the skin clean and soft is a prophylactic measure [11 , 12].

The life span of two garments worn alternately is usually 4–6 months. Complete reduction is usually achieved after 3–6 months, often earlier. After the first year, the patient is seen again after 6 months (1.5 years after surgery) and then at 2 years after surgery. Then the patient is seen once a year only, when new garments are prescribed for the coming year, usually four garments and four gloves (or four gauntlets). For very active patients, six to eight garments and the same amount of gauntlets/gloves a year are needed.

Patients without preoperative swelling of the hand can usually stop using the glove/gauntlet after 6–12 months postoperatively.

For legs, the author's team often uses up to two, sometimes three compression garments, on top of each other, depending on what is needed to prevent pitting. A typical example is Elvarex compression class 3 (or 3 Forte), and Elvarex compression class 2 (Essity, Sweden); the latter being a below-the-knee garment. Sometimes a leg-long Jobst Bellavar compression class 2 (or Elvarex compression class 2) is added when needed.

Thus, such a patient needs two sets of two to three garments/set. One set is worn while the other is washed. Depending on the age and activity of the patient, two such sets usually lasts for (2–)4 months. That means that they must be prescribed 3(–6) times during the first year. After complete reduction has been achieved, usually at around 6 months, the patient is seen once a year when all new garments are prescribed for the coming year. During night only one leg-long garment is used.

CCT can also be used primarily to effectively treat a pitting edema as an alternative to CDT, which, in contrast to CCT, comprises daily interventions [12] (see Chap. 18)."

More info here: <http://www.plasticsurg.nu>

I hope this explanation answers your questions.

Best regards,

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