

DATE

Dear Sir/Madam,

[PATIENT NAME] has been diagnosed with Lipedema (ICD-11 EF02.2 as recognized by the World Health Organization) and requires the following **medically necessary interventions** to improve their quality of life and reduce pain:

- Compression therapy with class II flat-knit garments for the affected limbs.
- Manual Lymphatic Drainage (MLD) as performed by a qualified lipedema/lymphedema therapist.
- (if indicated) multi-stage lipedema reduction surgery as performed by a qualified board-certified plastic surgeon experienced in the treatment of lipedema. At present, **lipedema reduction surgery is not available in Canada.** This patient requires a referral to seek care out of country to manage their lipedema.
- (If traveling out of country for surgery) Patient will require a medical escort to aid with post-operative activities of daily living and travel.

Sincerely,

[Clinician]