

Lipedema is...

A chronic condition characterised by abnormal, disproportionate, symmetrical accumulation of painful fibrotic fat, typically in the lower body, such as the hips, thighs, and legs; but also in the arms and abdomen. Lipedema fat is often resistant to diet, exercise, and bariatric surgery.

Lipedema affects...

Primarily females and those persons assigned female at birth (AFAB), with estimates suggesting that up to 11% of females worldwide may have the condition.

While the exact cause is unknown, genetics is believed to play a role, as it often runs in families.

Lipedema is NOT...

Obesity. Fat distribution and composition is different in lipedema. Additionally, people with lipedema do not typically have diabetes, high cholesterol, or high blood pressure.

In later stages of lipedema, obesity and lipedema can be present at the same time, but they remain two separate diseases that must be treated differently.

Lymphedema, which generally causes swelling on only one side of the body and includes the hands and feet.

Lymphedema can be diagnosed with imaging and genetic tests.

Lipedema occurs...

Typically around puberty, but it can also develop or become more pronounced during other hormonal changes, such as pregnancy or menopause. The condition can also be triggered by trauma, surgery, or other stressors that disrupt the lymphatic system.

Lipedema Symptoms

Fat accumulation: Excessive, symmetrical accumulation of fat in the legs and sometimes the arms, sparing the hands and feet. Fat tissue often feels like pearls, rice, or walnuts under the skin.

Swelling: Affected areas may appear swollen or puffy. Swelling is usually worse after long periods of standing or towards the end of the day.

Tenderness: Fat deposits can be tender or painful to the touch.

Easy bruising: Skin may bruise easily, even with minor trauma.

Symmetry: Lipedema typically affects both sides of the body equally.

Cold Skin: Skin that is cool to the touch in affected areas.

Impacts mobility: Lipedema can lead to decreased mobility.

Hypermobility is often present: Flexible joints and increased range of motion.

Lipedema Diagnosis

Accessing a lipedema diagnosis can be challenging due to lack of awareness of the condition amongst healthcare professionals. Often vascular surgeons, obesity medicine doctors, and some plastic surgeons may be helpful in determining if you have lipedema. Diagnosis is made by physical exam. There are no objective tests for lipedema at present.

Lipedema Treatment

Conservative measures:

- Compression garments (class II 30–40mmHg flat-knit made-to-measure is recommended for lipedema)
- Manual Lymphatic Drainage (MLD)
- Exercise (swimming, cycling, walking)
- Dry brushing, vibration plates, and pneumatic compression devices
- Anti-inflammatory diet (keto, RAD)
- Weight management to reduce strain on the lymphatics and disease progression

Surgical intervention:

Lipedema Reduction Surgery (lipectomy) for reducing excess fat deposits, especially when conservative measures are ineffective.

Surgeons performing Lipedema Reduction Surgery should be experienced and trained in the procedure. They should also have a thorough understanding of the condition and its effects on the lymphatic system. Board certification in plastic surgery or a related field is typically required.

Due to a lack of trained, experienced providers in Canada many patients seek the care of qualified international surgeons.

