Lipoedema

Everything you need to know to make a difference

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1

Lipoedema (Painful Fat Syndrome)

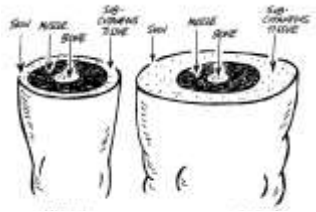
Anatomy, Physiology and Pathophysiology – the Best Practices for Care, Treatment and Management



2

Lymphoedema and Lipoedema

Both present as issues above the deep fascia



Normal Lipoedema/lymphoedema

3

Major Differences

Lipoedema	Lymphoedema
• Soft pliable skin	• Hard Thickened skin
• Skin tender	• Skin not tender
• Always bilateral	• Generally unilateral
• Usually symmetrical	• Usually asymmetrical
• Negative Stemmer	• Positive Stemmer
• Feet not affected	• Feet affected
• Tissues Bruise	• Tissues do not bruise
• Infection rare	• Infections common
• Fat pads thigh/knee	• No fat pads
• Hypermobility	

4

Background

- Disorder of fat metabolism and distribution
- Shows as abnormal deposition of fat
- Confined mainly to women
  - 10-15% incidence
- Confined mostly to lower limbs
- Affects both limbs equally
- Similar to cellulite, lipodystrophia & obesity
- Chronic and progressive
- **Heritable**

5

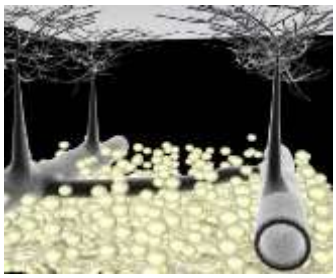
Care goals and Treatments

- Manage Pain
- Stabilise Weight
- Improve Lymphatic Flow
- Reduce Inflammation
- Help body to deal with the lipoedema

Provide Emotional Support

6

What happens as fat builds up



7

Lipoedema range/progression



8

As lipoedema progresses

- Small aneurysms of blood capillaries
- Increasing lymphatic failure
- Difficulty for lymph collectors to pulsate
- Reduction in lymph transport
- Increase in lymph load
- Pain, heaviness, tension
- Blood vessel fragility (weakness)

9

Lipoedema



Male



Female

In Men: Usually have liver problems and who can't breakdown estrogenic hormones or who have testosterone deficiency

10

As lipoedema progresses

- Impact on lymphatic system can result in development of lipo-lymphoedema
- As the latter progresses signs of Lymphoedema become more apparent

11

Treatment/Management of Lipoedema

- Improve your knowledge/Awareness about it
- Get support from patient groups such as LA
- Know that halting/slowing its progression is a good outcome
- Undertake activities to improve lymph flow
- Be aware of the impact of your Diet
  - Reduce long chain fats
  - Consume an "anti-inflammatory" diet
- Try to stabilise your weight
- Exercise and Activity (with garments is best)

12

Helping the lymphatic system help the condition

13

What a general diet can mean

- Worsening of inflammation
  - Why?
    - It may have in it lots of omega 6 fats and few omega 3 fats
- So - Try to shift to an ANTI inflammatory diet
- Anti-inflammatory diets = Mediterranean diet
  - Fruits, vegetables, nuts, olive oil, fish etc
  - Dr Karen Herbst is one of the forces behind this diet

14

Key practical point

- We must know of and recognise other linked and non linked pathologies which may influence the lymphatic (or venous) system, load, structure and function. Examples are
  - Oedemas (acute and chronic)
  - Lymphoedemas (Surgery, Genetics, Injury)
  - Myxoedemas (Thyroid issues)
  - Phlebo-lymphoedemas (issues with veins)

15

Some-one should conduct (or you should have access to) a FULL Assessment

- General History
  - Diet/weight/activity
- Family/Sibling History
  - Dysplasias of the lymph-vascular systems (Genetic issues?)
  - Cardiovascular (heart/blood vessels?)
- Medical History
  - Lifetime prior (soft tissue) damage/changes to lymphatic system paths or nodes
  - Organ system status (Liver, Kidneys, etc)
  - Hormone system changes/issues
- Medication History
  - Oedema causing medications
- Surgical/radio-therapeutical History
  - Lifetime removal or damage to soft tissues, lymph nodes and vessels

16

What can YOU do?

LOTS!

17

Consider the range of conservative options and seek a professional who can help you with them

Manual Lymphatic Drainage
Water based exercise
Muscle building
Diet choices (not calories)
RAD diet, Anti-inflammatory diets
Yoga/ tai chi
Adjustable compression
Deeper (Diaphragmatic) Breathing
Intermittent Compression Pumps
Vibration (massage pads etc)

18

MOST IMPORTANTLY THINK and ACT HOLISTICALLY

In terms of the lymphatics (remember its clearing the inflammatory molecules and fat depositing signalling molecules) – ensure all proximal areas are emptied first

We must empty the buckets before we move lymph and wastes into them !



19

Always only consult reliable web sites (there is a lot of mis-information around)

- Lipoedema Australia
  - www.lipoedemaaustralia.com.au
- Fat disorders research Society
  - www.fatdisorders.org
- Lipoedema UK
  - www.lipoedema.co.uk
- Lipedema Canada
  - Lipedemacanada.org

20

USE AI if you wish but

Be aware it's not a true health professional

It's only as accurate as the information fed into it

21