

# BYE - BYE FAT!

## Liposuction

### It Really Works

**L**iposuction has quickly become one of the most popular surgeries in the United States. Why??—because it works!

It really does remove the diet-resistant, genetically deposited areas of fat. The areas that, no matter how many crunches or thigh-buster exercises you do, never go away, even when you are down to the same weight you were at on your wedding day. The operation, however, is not for weight loss, but contouring. It will flatten abdominal pooches, lift away love handles, shrink saddlebags, and tighten neck waddles.

How does it work? Liposuction uses blunt, hollow tubes called cannulas attached to a high-powered suction unit to remove the unwanted fat. Liposuction, which is also known as liposculpting, lipocontouring, and suction lipectomy (mostly for marketing purposes) all vary slightly in how the fat is removed. Some methods include power-assisted liposuction that uses a unit to move the cannula tip back and forth, thus helping to reduce the fatigue of the surgeon. Ultrasonic liposuction uses a suction cannula, or in some cases a separate metal probe, which vibrates at an ultrasonic frequency, like a dental cleaning tool, to break up the fat. Laser liposuction uses light energy to help break up the fat. However, in all three variations, the fat must still be suctioned out in an artful manner to achieve the desired result.

Liposuction was originally developed in France by Dr. Yves-Girard Illouz and Perrier Fournier. It was first presented in the United States at a meeting in California at what would later become the American Academy of Cosmetic Surgery in the 1970's. The procedure was originally designed to be limited to small areas, but as larger cannulas were developed and surgeons took a more aggressive approach, the complication rates began to rise. Then in 1990, a dermatologist, Dr. Jeffery Klein, developed the tumescent technique. He injected large volumes of fluid (physiologic saline) into the fat layer with a small dose of lidocaine for local anesthesia and epinephrine (adrenaline) to shrink the blood vessels to decrease bleeding. The tumescent technique, combined with smaller, thinner cannulas, revolutionized the technique so it can be performed safely in an outpatient setting. In fact, a great deal of liposuction performed in the United States is performed under local anesthesia, although the majority still prefers a general anesthesia. After surgery, the patient wears a form-fitting compression garment for several weeks. He or she is usually sore for a couple of weeks but may return to work after four to five days. There is considerable bruising in most

cases that lasts three weeks but can be hidden from public except for the region under the chin (but can be hidden with a turtle neck or a scarf). The minor complications that are most common include contour irregularity, lack of complete skin shrinkage, and dimpling of the small scar where the cannula was inserted.

Liposuction can be a very rewarding surgery for patients. For many it helps them eliminate the lingering area of fat. For others it gives the incentive to get back to the gym because they don't feel quite as

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intimidated now that the bulges are reduced. Liposuction is not a substitute for eating right and exercising, and all patients are encouraged to maintain a program to keep their weight at normal levels. However, it is very satisfying for patients when the saddlebags are gone and the jeans fit a little better.

*To schedule your complimentary cosmetic consult with Dr. Randolph C. Robinson at Park Meadows Cosmetic Surgery, please call us at (303) 706-1100. To learn more about liposuction or other procedures we offer; visit our website [www.ParkMeadowsCosmeticSurgery.com](http://www.ParkMeadowsCosmeticSurgery.com)*