19.1 Introduction

The surgeon should have a careful discussion with the patient as well as an appropriate physical examination prior to any decision to perform liposuction. There should be an explanation of the procedure, the limitations of the procedure and the possible complications.

19.2 State of Mind

Evaluate the patient’s state of mind. When the patient comes for a consultation, it is very important to carefully examine the patient. Ask questions to evaluate their state of mind and make sure they have realistic expectations of the possible results. Find out what their reason is for having liposuction, and if they are doing it for themselves or for others, such as their spouse or boyfriend. It is important that the surgery should purely be done for themselves. Liposuction surgery does not make a depressed patient well but it will bring happiness to a well patient. Liposuction surgery is not the treatment for weight loss. Patients who are interested in losing a few pounds overnight without maintaining a proper diet and exercising are not good candidates for liposuction surgery.

19.3 Limitations of Surgery

The patient should be told about the limitations of liposuction. Liposuction surgery is not the treatment for cellulite, although it is possible with low vacuum, small cannulas, and massage-tumescent technique, to improve cellulite by over 50%. Often questions are asked during the consultation as to how many sizes in clothing will be reduced or how many pounds would be lost after the liposuction surgery. It should be explained to the patient that there is no way that it can be predicted how many sizes an individual will reduce in clothing or how many pounds will be lost. The patient should be told that as a liposuction surgeon we are looking for a global aesthetic improvement in the shape of the body, comparing the preoperative photo to the postoperative photos. It is very important to take numerous preoperative photos from the areas going to be liposuctioned.

Often patients want many areas liposuctioned at one time. It should be explained to the patient that the maximum amount of liposuction that can be performed in an outpatient surgical facility at one time is 5 l. Patients have a faster recovery and minimal complications when a maximum of 4 l of total fluid is liposuctioned.

Another misperception is that patients think that liposuction will lift or pull their skin and the result would be a smooth and stretched skin. Liposuction does not lift or pull the skin. The waviness in the skin preoperatively will improve after liposuction but it will not completely resolve. Also, it should be explained that total symmetry cannot be achieved after liposuction.

The benefits, risks, and complications must be discussed with the patient.

19.4 Examination of Areas To Have Liposuction

Carefully examine each area that the patient desires to have liposuctioned. There are certain areas like the inner thighs or the arms that need special attention when doing liposuction. When examining the leg make sure that the patient understands that the liposuction does not reduce the muscular or big bony leg. Look for fatty deposits in the lateral thigh, the hips, and the flanks. The surgeon should create and envision a sculpted and proportionate body. Sometimes in order to have aesthetically pleasing legs, the lateral thighs and the hips need liposuction as well as fat transfer to any depressed areas or dimples in order to achieve a sculpted appearance (Figs. 19.1, 19.2). If the dimple is not severe liposuctioning, the lateral thigh alone can result in a sculpted appearance (Fig. 19.1). If the dimple is severe (Fig. 19.2) it should be explained to the patient that although there would an improvement with liposuction, there would not be a sculpted look unless fat transfer is done. It is very difficult to convince a patient that not
Fig. 19.1. a Mild depression, “dimple” (arrow), between fat excesses in lateral thighs and hips. b Loss of the depression after lipo-suction of hips and lateral thighs. Note pleasant curves from hips to thighs

Fig. 19.2. a Severe depression, “dimple” (arrow), between fat excesses in lateral thighs and hips. b Depression (arrow) persists after liposuction without fat transfer

Fig. 19.3. a Posterior view of arm with excess fat and hanging skin prior to liposuction. b Posterior view of arm following liposuc-tion. Note the slight natural depression (arrow) next to the triceps muscle