

Chapter I

Liposuction-What Is It?

Like many other men and women who are dissatisfied with the shapes of their bodies, you may be considering a relatively new surgical technique you have read about.

NEW MEDICAL PROCEDURE

Liposuction-literally, fat suction, from the Latin words *lipos*, or *fat* is a technique that pulls fat out of the body by means of a suction pump. Other names for this procedure include *suction-assisted lipectomy*, *suction lipectomy*, *suction lipoplasty*, *lipolysis*, *lipoextraction*, or *fat suction* Why would anyone want to use suction to remove fat from the body? Isn't it dangerous? Does this technique really work? What are the advantages over other techniques? These are just a few of the questions that you and many other people have asked about liposuction, which is growing in popularity as more and more men and women realize what it can do for them.



1. Fatty deposits appear as a deformity on the inside of this patient's knees.
2. Deposits of fat at the female waistline, often known as "love handles".
3. A female double chin formed by fat deposits and loose skin.

In an unusually short time for any new medical procedure, liposuction has become a very important part of the established repertoire of cosmetic surgery. Its use is now one of the fastest-growing of new procedures in medicine today.

THE SOLUTION FOR SOME PARTICULARLY TOUGH PROBLEMS

Liposuction-especially in the way in which modern medicine approaches it-is a procedure that is bringing satisfaction to thousands of men and women who have been unhappy with the way they look, often through no fault of their own. It is true that overeating, combined with a sedentary lifestyle, leads to obesity. It is also true, however, that many men and women have unattractive fat deposits in certain body areas that resist even the most devoted efforts to stay slim and trim.



1. Fat deposits on a male patient in pot belly and love handles.
2. Fatty bulges on a female waistline form love handles in two places.
3. Extra padding of fat forming saddle bags on female patient's outer thighs.

Often these bulges are genetically determined. Two recent major studies have concluded that adults, even if adopted and reared by others, strongly resemble their biological parents in degree and pattern of obesity. A research team headed by Dr. Albert J. Stunkard, psychiatrist and obesity specialist at the University of Pennsylvania developed an index of body mass based on the adults' weight divided by height. Using 540 case studies of adults in Denmark, where complete, up-to-date records on adoptees and their biological families were available, Dr. Stunkard and his research team concluded that the body mass of adults who had been adopted in infancy closely resembled that of their biological parents, but was completely unlike that of their adoptive parents.

These research findings are similar to those in another study of adopted children in Iowa. Still other studies on obesity show that identical twins, who are produced from one egg and share identical genetic characteristics, are much more alike in fatness than are fraternal twins, produced from two different combinations of egg and sperm, with two different genetic compositions.

Obesity researchers Jules Hirsch, Irving Faust, and Rudolph Leibel of New York City's Rockefeller University have been studying the way in which weight gain and loss affects biochemical changes. Leibel developed a method for measuring the propensity of fat cells to accumulate fat or to break it down. In doing so, he discovered that people who can't spot-reduce-people, in other words, with unsightly fat deposits that resist diet and exercise-may have fat cells in their problem areas that simply will not release fat.

You may be one of these persons who feels despair and guilt every time you look at your nude body in the mirror. Perhaps you have "love handles", bulges of fat around your hips, or extra rolls of flab around your upper legs, commonly called "thunder thighs". You may have "saddlebags"-unattractive fat deposits on your outer thighs. Or you may have a fold of fat that gives you a double chin.

If so, you are not alone. A Fall, 1985, survey of 102,000 *Ladies Home Journal* readers showed their greatest dissatisfaction was with their body image. Almost half said that if they could change one thing about themselves, they'd want to be thinner. Although few had had cosmetic surgery, 50 percent said they would consider doing so if they thought it would improve their looks.

Clearly, then, unwanted fat deposits are a source of frustration and aggravation to thousands of people. Like you, they want to look better. And you can. Whatever your particular problems, there is an excellent chance that liposuction can help-take away those ugly bulges. That bulge in the region of your belly can be erased. Your hips can be made slimmer. In fact, just about any part of your body can be modified and given a new, more attractive contour.

Liposuction, the operation that allows body sculpturing, can usually be done without much discomfort, and usually without appreciable danger of complications. Many patients have returned to their usual daily routine within a few days after liposuction surgery.

Since liposuction is usually done on an outpatient basis in a suitably-equipped surgical facility, you won't need to stay in the hospital. Costs are

reasonable, because generally no hospitalization is required. Many liposuction patients have gone in to see the doctor in the morning, had their surgery, and gone home that afternoon.

If liposuction can do all this, you may wonder, why haven't I heard more about the operation? And why aren't more people having it?

Liposuction is, in fact, becoming significantly more popular as more and more people learn about its benefits. Articles in popular magazines such as *Good Housekeeping* and *Cosmopolitan* are making more and more people aware that liposuction surgery exists, and that thousands of people have already benefitted from liposuction body contouring.

Medical meetings, such as the World Congress of Cosmetic Surgeons, have begun to schedule papers and discussions on liposuction. I myself have been a guest speaker at several such professional meetings.

Liposuction surgery, however, has been and continues to be somewhat controversial, even as this book is being written. Not the operation itself-that is generally acknowledged throughout the medical community to be safe. The American Society of Plastic and Reconstructive Surgeons, The American Society Of Liposuction Surgery and The American Academy Of Cosmetic Surgery have evaluated the liposuction procedure, and after observation and discussion, a committee unanimously agreed that liposuction using a blunt-tip cannula method is a surgical procedure that is safe *in trained and experienced hands*, and offers benefits which have been previously unavailable.

There are several points about that statement you will want to examine. Chapter 8 of this book describes and explains the blunt-tip cannula method. Nearly all surgeons performing liposuction today use a blunt-tip cannula method, which is clearly and demonstrably superior to earlier methods of liposuction surgery. We will talk more of the history and background of liposuction in Chapter 3.

A cannula is simply a slender hollow tube-deliberately made with blunt edges so that when it is inserted into the body area undergoing liposuction, it will not tear delicate blood and lymphatic vessels or slice through underlying tissue. Doing that could cause less-than-desired results or complications.

The end of the cannula is attached to a high-powered suction pump which extracts the fat being chiseled off. In liposuction surgery, however, the cannula becomes more than just a hollow tube, or surgical instrument. Indeed, it is like a tool in the hands of a skilled sculptor. The successful, experienced liposuction surgeon combines medical and scientific skill with

an artist's eye for the body contours most apt to match the bone structure of the patient.

THE SIGNIFICANCE OF TRAINING AND EXPERIENCE

The significant controversy surrounding liposuction today-and it is an important one for you to be aware of, if you are considering the operation-is indicated by this phrase in the Committee's conclusion: "effective in trained and experienced hands." Within the medical community, there are considerable philosophical differences on what training and experience a doctor should have in order to perform liposuction, even though all licensed physicians are legally able to do the operation. *Liposuction is cosmetic surgery*. It has great physical and psychological benefits when it is successful. But it is not surgery performed to save a life.

Dr. Ranganath V S and a prospective client, shown during the first phase of initial consultation at The Liposuction Institute. Patients are asked detailed questions about their medical history and that of their family.

Liposuction is elective surgery. That means patients choose to have the operation. It is not required in the same sense that an appendectomy is needed to take out an inflamed appendix that may burst and spread germs throughout the abdomen, causing dangerous peritonitis.

Liposuction is a elective cosmetic surgery, performed--as doctors agree--solely for the purpose of making you look and feel better.



1. Areas from which fatty deposits can be removed on upper hips and buttocks.
2. This same patient's protruding abdomen and buttocks showing unusual contours.
3. Bulges of fat in the love handles can be successfully treated.



4. Fat accumulation under the arms-sometimes called "double breasts"-forms bulges on outer arm which can be removed by liposuction.
5. Flabby fat deposits on patient's underarm and around armpit are typical depositories of unwanted fat, for female patients.
6. A pinch test indicates a large amount of fat deposit on the patient's hips.



7. Contrast between male breast at left, which has not been treated, and breast at right, which has been treated, is quite apparent.
8. Deposits of fat at the male waistline, often known as "love handles".

THOUSANDS OF SUCCESSFUL PROCEDURES

The safety and effectiveness of modern liposuction techniques are solidly based on the experience of many thousands of liposuction procedures that have been performed throughout the world by reputable physicians. As more and more liposuction operations are done by appropriately trained and experienced doctors, the surgery is increasingly successful.

In future chapters of this book, you will learn about the history of liposuction, and more details about this extraordinary surgery.

The full potential of liposuction is still uncharted. There are some who think that the operation may replace or supplement quite a few of the standard operations now in the repertoire of cosmetic surgery. Many physicians are exploring its possibilities. Though liposuction is being done only as a cosmetic procedure right now, there are those, myself included, who think that in the future it might also be applied to those who are obese in the medical sense of the term--and we are actively exploring this possibility. Much has to be learned about the effects of more radical application, however, before we can propose that.

In the meantime, liposuction offers more than enough of a miracle to those who need it, to warrant the attention of a great many men and women. These are the people who long to look better, and consequently to have a better chance for success and happiness in many areas of their lives.

Those who developed and improved the procedure found out that the surgery is possible because of the special nature of fat as a substance, and the way that it is deposited in our bodies. Fat--the fat we can remove with the liposuction procedure--accumulates in pockets located just beneath the skin. The doctor who performs liposuction surgery doesn't need to get near any vital organs. No major blood vessels are involved. And there is virtually no cutting. As you will learn when the operation is discussed in detail in subsequent chapters, the typical liposuction surgery involves only small incisions at most, perhaps less than a quarter of an inch long. As you learn more about liposuction, you will be able to understand clearly how the process is similar to other types of surgery, and in what ways it is actually quite different.

Liposuction is a safe procedure when it is performed by well-trained, experienced physicians. Because of the way in which fat is deposited in your body, it is usually not going to come back, once it is removed by suction. Liposuction will be a permanent cure for your bulges. But liposuction will not be a permanent "cure" for your total body picture if you believe your diet and exercise routines after surgery do not matter. However, those men and women who take time to learn the principles of good nutrition and calorie counting, who care enough about their hard-earned improved appearance to monitor their weight carefully after the operation, who use psychological and behavioral modification findings to reinforce their commitment to an attractive body, should continue to do well.

The personal program of ongoing care, developed with the advice and monitoring of your doctor, will give you a good foundation for lifelong nutritional and physical patterns of behavior that are healthful and wholesome. Your own participation in and responsibility for your well-being will give you great satisfaction -- perhaps of a kind you have not experienced before. In addition, you will achieve the best results in physical development only by giving it your own best efforts.

Many liposuction patients report that liposuction has made important changes in their lives--in how they feel about their appearance, in how their clothing fits, and how they feel about participating more actively in physical and social aspects of life. In addition, many liposuction patients report that the effects of their follow-up programs, of the development of good exercise and nutrition programs that become a part of their lives, are some of the most important benefits they receive. The total program enhances their attitudes, their confidence, and their actual overall mental and physical health when they commit themselves to working at it.

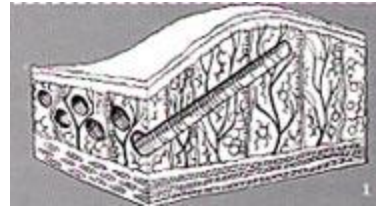
Chapter III

The History of Liposuction

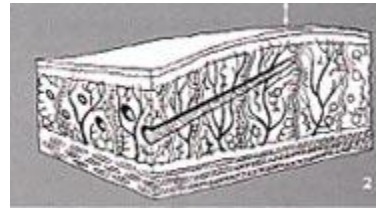
As you have seen, liposuction is surgery that has brought both physical and psychological benefits to men and women who were unhappy with their bodies and determined to do something about them. Liposuction has proved a blessing for thousands of men and women with similar problems.

The doctors who developed and improved liposuction surgery found out that the process is possible because of the special nature of fat as a substance, and the way that it is deposited in our bodies.

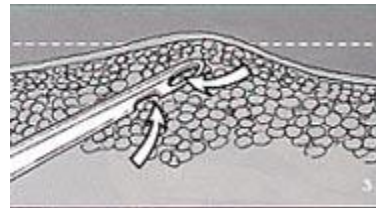
Fat-the fat that surgeons can remove with the liposuction procedure-accumulates in pockets located just beneath the skin, where it can easily be removed through liposuction without serious complications. Liposuction does not involve surgery near any vital organs. No major blood vessels are involved. And there is virtually no cutting. In fact, the typical liposuction surgery involves only small incisions at most-perhaps less than a quarter of an inch long. Scarring is almost always non-existent, because the experienced, skillful liposuction surgeon can almost always conceal the incisions by placing them in fold lines of the body.



1. The diagram shows the cannula's path in the fatty tissue, below the skin, where fat cells can be permanently removed.



2. The diagram shows the reduction of the bulge of fat, and the smoothed contour of the skin.



3. The blunt-tipped cannula does not cut through tissue because it is not sharp-edged. Fat cells are drawn into the cannula's blunt tip and removed from the body.

Liposuction is a safe procedure, when it is performed by a well-trained, experienced surgeon.

Because of the way in which fat is deposited in your body, it is not going to come back, once it is removed by suction. Liposuction takes those fat cells out of your body-permanently. It can be a permanent "cure" for your bulges. Because of the benefits of liposuction, it has been called "the miracle surgery" by patients who describe its benefits as "wonderful," "terrific," and "fantastic."

The truth of the matter is, however, that liposuction should not be viewed by patients as the final step in their desire to improve their appearance. I tell my patients:

"You have been given a chance to make the most of the way you look. After surgery and your recovery, it is your responsibility to keep looking good. From now on, you should learn about nutrition and calorie-counting, and follow the principles of a good diet. From now on, you should incorporate exercise into your regular routine. From now on, you should use the findings of research into behavior modification and psychology to help keep you from slipping back into old habits that are self-destructive."

Liposuction has given thousands of patients a new beginning--the beginning of a life that is psychologically rewarding because they can be happy with the way they look and feel about themselves. An individual patient who realizes and accepts the responsibility for that life is a patient who is most likely to be satisfied and happy with the results of surgery.

COMPREHENSIVE, LONG- RANGE CARE IS ESSENTIAL

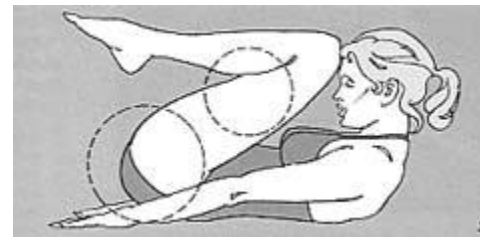
It is for this reason that a close and continuing relationship with the physician who performs liposuction is so important. A doctor who merely does the surgery without careful screening of patients to be sure the commitment to weight control and exercise routine is present, without making sure that liposuction candidates are in the best possible physical condition to undergo the operation, without either personally giving or referring the patient for counseling, support, and appropriate follow-up treatment in all forms of nutrition, exercise, and weight-loss therapies after the surgery is, in my opinion, less likely to be successful with patients.



1. Above, left, the doctor confers with the patient, gives a thorough checkup, and continues monitoring as treatment is carried out.



2. Long-range care and a complete physical program which includes exercise and good nutrition is important.



3. Patients who want to maintain good health will continue to exercise and follow the doctor's advice on nutrition and activity.

Such concern, however, must be shared by doctor and patient. No matter how skillful the liposuction surgeon may be, the man or woman who expects liposuction miraculously to transform the body, and who then expects to continue destructive eating patterns or physical inactivity almost certainly will be dissatisfied a year or two after the operation.

For best results, the patient and surgeon will be working closely together on their common objective... making the patient as attractive as possible by ridding the body of the refractory fat deposits which have been so troublesome. Because this relationship will most likely extend over many months, it is extremely important that you find a surgeon with whom you feel comfortable, and in whom you have confidence. That way, liposuction has the best chance of succeeding-for you.

With all this in mind, it is easy to understand why fat suction has become so popular, so quickly. But it's also easy to understand that when the process was first introduced just a few years ago, the medical fraternity as a whole, and the cosmetic specialists in particular, greeted its claims with considerable skepticism. Since then, however, liposuction has been subjected to the most rigorous scrutiny and has passed with flying colors.

In an unusually short time for any innovative medical procedure, liposuction has become an important part of the established repertoire of cosmetic surgery. Its popularity is growing rapidly-in fact, probably more quickly than almost any other medical procedure today.

THE GROWTH OF LIPOSUCTION



How did liposuction start? And why are so many people eager to benefit from this hopeful surgery? Up until the early part of the 20th century, most people were not enthusiastic about being slim

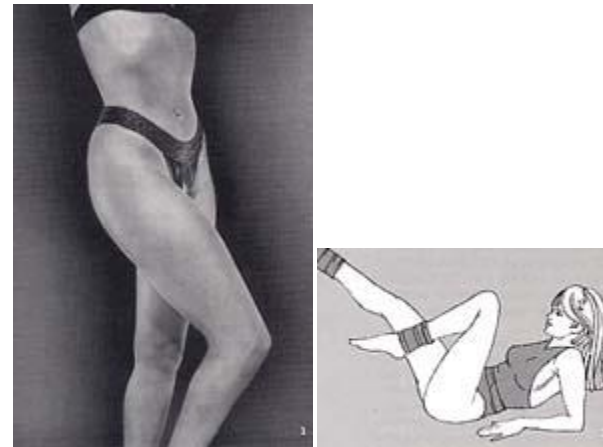
Artists who painted portraits of wealthy merchants often emphasized rotundness as if to prove that their clients could afford to be well-fed. Even Michelangelo's angels and cherubs in the Sistine Chapel or Leonardo da Vinci's Mona Lisa are far more plump than today's standards of beauty.

Actually, the preference for a rounded appearance seems to go back even further than recorded history. The figurines that date from early times-as long ago, experts think, as 25,000 years-show female figures that by today's standards would be regarded as grotesquely overweight. Clearly, the female ideal in those ancient times was embodied in what today is called a maternal woman, especially heavy in breasts, and in the pelvic area. All through the

eras of recorded history down to the early part of this century, that ideal predominated, as depicted by painters and sculptors.

A striking change in the conventional view of the shape the "ideal" woman should have took place soon after the First World War. No longer was a woman who was rounded, curvaceous, and "well endowed" thought of as the preferred figure.

Instead, the "flapper" of the Jazz Age seemed to personify all that was charming. The boyish, slender, trim figure became the desired ideal. Men and women today may laugh about it, but the cliché, "You can't be too rich or too thin!" has influenced our lives more than many of us are willing to admit.



1. *To maintain an ideal body the patient must maintain an overall physical program.*
2. *Exercise is essential for everyone, and the doctor will help decide on the program that is best for you.*

What is medically ideal, in terms of build or figure? And is the medical "ideal" the look that most of us want to achieve?

If you ask a woman who is dieting what yardstick she uses to measure success-the number of pounds she has dropped, the clothing size she can now wear, or the measurement she has lost in inches of various body parts-chances are she will base her

feeling of accomplishment and satisfaction on the reduction of her hips, thighs, buttocks, or whatever body parts have worried her most. Books with titles like How to Flatten Your Stomach or 30 Days to Thinner Thighs have been overnight best sellers.

Certainly doctors and patients agree that a man or woman who is substantially overweight-20 to 30 pounds or more above the currently-accepted medical standards for age and sex-will most likely benefit from losing the extra pounds. The risks of arthritis, diabetes, high blood pressure, and cancer are thought to be lessened when patients keep weight down.

But dieting alone is often not the complete answer for maintaining an attractive body. Neither is dieting combined with exercise.

Often, men and women who are not really obese fail to correspond to the current standards of attractiveness because of the genetic constitution of their bodies. The unwanted bulges-refractory (stubborn) fat deposits-represent "failure" to many ... a "failure" that, because it affects the way they look, behave, and think of themselves, can make a substantial difference in their careers and social lives. Because so many men and women are concerned with being slim, liposuction has become a popular procedure. Liposuction helps people to come closer to their aspirations. It is a way to have their bodies "contoured" to a more fashionable form. Like so many other cosmetic surgeries, liposuction can add immensely to happiness.

EUROPEAN SURGEONS BEGAN LIPOSUCTION

The development of liposuction was originally a European phenomenon. Surgeons there were eager to try removing fat tissue, using some of the standard tools of surgery.

Various knife and scalpels techniques have been used to dig out fat. Thus, from time to time, certain physicians would try using a surgical instrument that ordinarily serves other purposes, such as a curette, which is a special kind of scalpel. These doctors attempted to cut away some of the fat to be found in a double chin, in excessively fatty knees and ankles, or in bulging thighs.

When sharp surgical instruments were used, however, there was always a danger of complications. Blood vessels could be severed, causing serious hemorrhage. Nerves could be cut. If too much fat were removed, or were taken from the "wrong" places, patients ran the risk of ending up with unwelcome misshaping of the remaining

tissues.

Even though some of these early operations brought good results, the uncertainty of the outcome was so great that many doctors refused to try such procedures. Finally, operations like these were dropped.

THE PIONEERING TECHNIQUES USED BY GEORGE FISCHERS

However in 1976, a father-and-son team of two European surgeons Dr. George Fischer, announced a new technique which they called "aspiration curettage." Basically, they connected a powerful suction pump to a cutting instrument which some observers likened to a miniature guillotine. The Fischer approach involved making a three centimeter incision, (slightly more than one inch long) into which they inserted a tube, or cannula, containing a fairly long cutting blade turned by an electric motor. After the desired cutting of fatty tissue had been completed, they inserted a tube attached to a vacuum pump. Tissue which had been cut was then sucked out.

Although many doctors believed the Fischer procedure had more merit and better results than earlier attempts, there were still major difficulties. The Fischer approach had the potential for causing considerable trauma to related tissues, which could lead to complications.

Furthermore, the Fischer approach generally confined this "tissue removal" technique to the area described as "saddlebags." Even with that limitation, however, and despite strict selection of patients, the results for any one patient often remained unpredictable. Consequently, many doctors remained skeptical, and were unwilling to attempt the surgery.

THE WORK OF YVES-GERARD ILLOUZ

But the Fischer application of the vacuum pump had an unexpected off-shoot. A French physician, Dr. Yves-Gerard Illouz, began to vary the Fischer procedure. Dr. Illouz was concerned about the sharp instrument used, which he felt could destroy blood vessels and damage the lymphatic circulation. Instead, Dr. Illouz began a technique of small tunnels with a blunt instrument ... tunnels which he hoped would pass between major vessels, and leave them undamaged.

Dr. Illouz felt confident that he had made a break-through in the field of cosmetic surgery. However, he still was unsure what would

happen to the appearance of the skin after such surgery. Illouz's theory was that fibroblasts (a special kind of cell that produces fiber) would quickly enter the tunnels he had created with his surgery, and would produce fibrous tissue. In essence, Dr. Illouz believed these fibroblasts would create small scar tissue in the tunnels. The scar tissue would help pull down the skin and subcutaneous tissues helping them adhere to deeper structures within the body. If his theory was true, he felt, the skin would not sag after successful liposuction, nor would it have an irregular appearance.

What Dr. Illouz developed is now known as the "bicycle spoke" technique, the term used in referring to the way liposuction practitioners direct the movements of the cannula (or hollow tube) beneath the skin.

DEVELOPMENT OF PRESENT PROCEDURE

In 1977, Dr. Illouz announced the development of what has since become the generally-accepted liposuction procedure, using only a blunt cannula--a metal tube approximately as thick as a pencil--which, in turn, is attached to a suction pump by a length of plastic tubing. Since then, in partnership with another distinguished French physician, Dr. Pierre-Francois Fournier, Dr. Illouz has performed thousands of liposuction procedures with greater and greater success.

Most of the misgivings about the procedure turned out to have little or no basis. For example: doctors had worried in advance about the possibility of significant blood loss, fluid loss, and related complications. That turned out not to be a real problem, since the Illouz procedure used a blunt cannula and made tunnels in the fat layer.

Another concern doctors had was the possibility of scarring and dimpling of the skin after the operation. This too, thanks to Dr. Illouz' ingenuity, was not a major problem. In most cases, skin is elastic enough to return to an appropriately smooth contour after the surgery.

Naturally, there are exceptions. That is why each case and each patient must be considered on an individual basis.

Doctors also wondered at first whether liposuction should be limited to only the buttocks and thighs, or whether other areas of the body

were appropriate for this surgery. As more and more liposuction operations were performed successfully, the medical profession has learned that liposuction can benefit many parts of the human body. We will talk about them in subsequent chapters of this book. It is my belief, however, that there is not a single subcutaneous (under the skin) fat area that cannot be removed successfully by liposuction.

Initially, doctors also had questions about who should have liposuction surgery. Based upon the experiences of literally thousands of liposuction procedures, most of the medical community now believes there should be no hard and fast rules, such as an age limit. The only realistic basis for limitation of candidates is the one that applies to all surgery--the general health and condition of the patient. If the patient is in reasonably good health, doctors today generally agreed that age is not a primary factor.

Another concern has a more realistic basis. Because liposuction has the merits of being a relatively safe procedure and without much danger of complications--in the hands of a well-trained, experienced physician/surgeon--there was fear that it might attract unqualified practitioners. After all, there are a great many people who would like to look better, and who can benefit from liposuction.

The liposuction procedure has been called "sculpture in vivo"--sculpture of the living tissue. That is something so important that a patient deserves a top-notch operation ... one which produces as attractive an appearance as possible.

Chapter IV

Modern Liposuction: The Changes

From the beginnings of liposuction pioneered by Drs. Fischer and Illouz, to today's surgery in which new techniques are being used, physicians who realize the potential of this operation are continuously refining it.

Modern liposuction differs in several ways from the early surgery.

When liposuction began, the primary objective was volume reduction -- to reduce the number of fat cells in a particular location by vacuuming them out of the body. The surgery worked. Thighs became thinner, buttocks became

smaller, love handles became less prominent. Stubborn "bulges" that had previously refused to respond to diet and/or exercise were defeated by the liposuction surgeons.

While results of these early operations were considered "good," creative surgeons felt they could be better. True, there was less fat. But, these surgeons asked, do patients look as good as they possibly can?

Their questioning and their experiences, reported at medical meetings, led to a new objective for liposuction surgery: aesthetic body contouring. In short, creative surgeons began looking at liposuction as more than a technique for disposing of unwanted fat cells. The operation, these doctors said, can also be used to shape the body into more pleasing, more attractive contours.

CHANGES IN TECHNIQUE

When liposuction began, surgeons performing the procedure used an instrument called a cannula, or cylindrical hollow tube to enter the body and remove the fat cells. Often, the surgeon moved the cannula gently throughout the area of liposuction, "vacuuming" out the fat cells much as a person might vacuum a rug, using back-and-forth motions to sweep away unwanted cells.

Today, however, surgeons have a number of instruments to choose from. Though many of the designs of present-day instruments are based upon the blunt-tipped hollow tube, there are available a wide variety of curves, shapes, sizes, tips which allow the surgeon to reach many more areas of the body skillfully and effectively.

For men and women who are considering liposuction as a way of improving their appearance, these advantages mean a great deal. The tiny incisions often can be placed in a skinfold, thus making them hardly noticeable after surgery.

Because of improvements in instruments, surgeons can make incisions which are substantially smaller, as short as 1/8 inch long, in many cases. The result: virtually no scarring, less trauma (or shock) to the body, and faster healing.

The new instruments also have changed the surgeon's task. Instead of

merely vacuuming away fat, he or she makes many tiny strokes in a number of directions. This "chiseling and feathering," as it is called, can be compared to chiseling marble in fine, little strokes. Aesthetically, results are far more pleasing.

Another technique -- used when appropriate -- is called autologous fat transplant. This technique allows fat cells to be taken from areas which have too many (saddlebags, buttocks, thighs, etc.). Then, during the same operation, these fat cells be surgically placed in areas of the patient's body which have too few fat cells, such as portions of the face, breast, etc. You can understand the basic technique if you think of it as sculpturing, in which a skillful sculptor adds small bits of clay to enhance his work and fill our unwanted hollows.

WHAT MODERN LIPOSUCTION MEANS TO YOU

Not every surgeon offering liposuction is using these modern techniques. Keeping up to date in this rapidly evolving field requires hands-on training and skill, along with a great deal of practice. Surgeons performing modern liposuction today report that the operation itself generally takes more time for the delicate "feathering" to be satisfactorily completed, and (if appropriate) for the transplanting of the fat cells. However, they report, results are considerably more pleasing.

Liposuction is used primarily for cosmetic surgery. Those who undergo the operation generally are doing so because they want to look better. For that reason, it makes sense to place yourself in the hands of an experienced surgeon whose skill and training will be dedicated to making you as attractive as possible through modern techniques.

At meetings and conferences of medical associations like The American Society of Liposuction Surgery, the American Academy of Cosmetic Surgery, The American Society of Plastic and Reconstructive Surgeons, and similar organizations, physicians who realize the true potential of liposuction are continuously sharing their experiences and findings. They continue to refine the way in which this operation is performed.

Chapter V

A Look at Fat and Your Body

Why is liposuction-the sucking of fat out of the body- successful?

If you mention liposuction to someone who has never heard of the surgery, and tell them it's possible to vacuum-suck undesirable fat deposits out of the body, they invariably are skeptical. Nor can anybody blame them. Even the most sophisticated, knowledgeable physicians were unbelievers until it was proved to them that liposuction was possible.

Fat is one of the body tissues, along with such others as bone, muscle, tendons, and nerves. But unlike the others, fat carries an emotional load. If you've ever heard a person say, "Isn't it terrible how fat so-and-so has become?" Or, if you've squeezed yourself into the skirt or slacks you'd planned to wear to an important function before you gained weight and hated yourself for the way you looked, you know how important that emotional burden can become.

"Thin" is in. The pressure to keep from becoming fat has even moved down to junior high school students, where a 1986 study found that 40% or more of seventh graders were dieting, at a time when their bodies, about to enter puberty, needed well-balanced nourishment.

Anorexic...bulemic...even celebrities like Jane Fonda and Cherry Boone, Fat Boone's daughter, are admitting their years of misery.

And yet fat does serve useful purposes in your body.

For instance, it's a source of energy, as well as being a storage facility for important vitamins, like A and D.

Fat cushions your body against mechanical impact.

Fat helps you float in water.

Fat is a great insulator, able to protect your warm internal environment against the cold outer environment in which you live.

Having a certain minimum amount of fat-no one is yet sure exactly how much-seems to be related to normal menstruation and ovulation, and may well be required if your desire is to become pregnant and carry to term. Fat helps form the shape which makes your body beautiful or ugly. And now, because excessive fat can be easily removed by the new surgical technique of liposuction, doctors are able to sculpt your body to the slim figure you've always longed to have.

BASIC FACTS ABOUT FAT

The "ideal" American man should have a body composition of 10 percent to 12 percent fat, while the "ideal" American woman should have a body composition of approximately 18 percent to 21 percent fat.

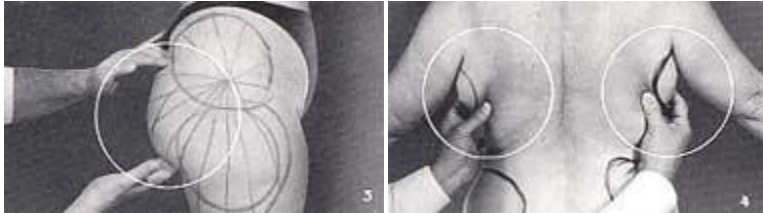


1-2. The physician indicates the type of fat that can be helped by liposuction.

Athletes tend to have considerably lower proportions of body fat. For example, world-class marathon runners may have as little fat as 6 to 8 percent of their body weight.

If you are overweight, however, your proportion of body weight composed of fat may be substantially higher than the average for your sex. In extreme

cases, adipose tissue-the technical term for the layers of fat in your body-can increase as much as a thousandfold. That's why you read about unusual men or women who weigh as much as 900 lbs. or more.



1. The doctor shows how this patient's contours are marred by fat deposits.
2. The "pinch test" illustrates fat deposits beneath patient's arms on back of torso.

Not all fat is the same, however. Your body contains two kinds of fat cells (called adipocytes): brown fat cells, and white fat cells.

Researchers believe brown fat is not the type of fat that causes adult obesity. They think brown fat is significant because they believe it is responsible for keeping our blood vessels and internal structures at the "right" temperatures. Most of the brown fat in our bodies lines the outside walls of blood vessels, the heart, and vital organs. The brown fat plays an important role in creating and dissipating (getting rid of) heat. You may want to think of it as a sort of insulating jacket that surrounds the larger blood vessels and helps to regulate the temperature at which the blood circulates through them.

The brown fat found near these blood vessels is not the fat that is found almost immediately under your skin and makes you look fat.

Perhaps brown fat is connected to survival in cold climates. For example, the heat which brown fat generates enables hibernating animals to maintain a temperature high enough to sustain life.

Human beings seem to have more substantial amounts of brown fat (in proportion to total body weight) in fetal life. Perhaps-and no one is sure-the much higher proportion of brown fat in a fetus insulates the walls of its blood vessels and thereby protects the extremely vulnerable fetus from the more severe effects of a change in temperature. Brown fat seems to generate heat from the "burning" of fat from the many tiny fat globules inside each

brown fat cell.

As a person matures, the brown fat that surrounded the vital organs in the abdomen slowly diminishes. By the time you are an adult, very little of the brown fat remains. In most adults, the small deposits of brown fat remaining deep inside their abdomens are unaffected by the normal state of their nutrition.



1-3. Bulges of fat on hips, arms, thighs are indicated by the "pinch test."



4. Excess fat is apparent in the "pinch test."

White fat cells, however, are quite different. They are the fat cells removed during liposuction. White (actually, a sickly, pale yellow) fat deposits respond readily to the state of your nutrition. If you eat too much—even a small amount too much—you can trigger the transformation of the excess food into fat. This fat is carried by your blood into each and every fat cell of your body, and stored inside these tiny white fat cells. You can easily understand that it does not take a long time for fat to accumulate inside each fat cell; in fact the cells grow in size to store the fat.

In addition, there are certain parts of our bodies where "white fat cells" seem to accumulate much more fat, and at a faster rate than in other body parts. Most noticeably, these areas include the "love handles," the abdomen, the hips, the thighs, and the buttocks. In some cases, male breasts are enlarged with fat deposits, causing much embarrassment to those men plagued with the condition.

As we will see later, white fat deposits accumulate mainly under the skin. They can also accumulate in the abdomen, among the sheets of tissue which support the intestines. Unlike the brown fat cells, these white fat cells cannot burn their fat. Instead, they serve primarily as energy deposits. The globules of fat—also called lipids—inside each cell are available for conversion to energy as it is needed, and can be used by other tissues in the body.

SOURCE OF ENERGY

Since fat is really a concentrated fuel, it is the body's most efficient energy storage system. Each gram of fat yields nine calories, while each gram of protein or carbohydrate (starch, sugar, or glycogen—a form of carbohydrate stored in your liver and muscles—yields only four calories.

Your primary source of energy is glucose, a simple sugar that your bloodstream carries to every cell in your body. As part of your normal digestive process, glucose is produced from the food and drink you consume.



1. The doctors fingers indicate flabby skin and fat under patient's chin and on neck.

2. Center, above, shows bulging hips and abdomen, with protruding navel.

3. Another typical site of fat deposits, at saddlebag area.

The glucose in your bloodstream, however, doesn't last very long. When you go four or five hours without eating, the level of glucose in your blood (often called "blood sugar") begins to drop.

The body has a second source of energy, or alternate fuel, called glycogen. It's stored in your liver and muscles. Glycogen can provide you with energy. But you don't have much glycogen ...only enough, if you aren't eating, to provide you with energy for one or two days.

Your third source of energy, or alternate fuel, is your fat.

Unfortunately, your body tends to transform any excess energy to fat, rather than to glycogen. There are relatively small amounts of glycogen stored in your liver and muscles, but there can be a great deal of fat stored in your body—a fact most of us know only too well.

Densely packed deep in the body and under the skin, fat supplies energy more efficiently than any other fuel. The average adult has 2000 to 4000 calories of glucose stored in his body—a supply sufficient to last one or two days. However an average adult, who is not even overweight has something like 150,000 calories of fat stored in his body. It is not uncommon for overweight people to have as many as 300,000 to 500,000 calories of fat stored in their bodies. Such an amount of fat can support life for anywhere from two to four months...and explains why a plane crash survivor, downed in Alaska, was able to exist with little or no food, even though several months passed until rescue.

Realistically, however, the human ability to store energy in the form of fat is

unnecessary today for those of us who live in a food-abundant society. Long ago, however, it was an important survival advantage.

Before human beings settle down to domesticate animals and raise crops, before civilization in other words, this energy stored in the form of fat enabled human beings to live through frequent periods of famine that we think were common in pre-historic times. Having a substantial amount of body fat was crucial during droughts, floods, earthquakes, volcanic eruptions, severe winters, and other calamities which caused shortages of the food supply.

Stored fat enabled human beings to travel long distances, even though the food supply was scarce or uncertain during the journey. Anthropologists tell us that primitive voyagers of the South Pacific would deliberately gorge themselves for weeks before setting out on the ocean in their small vessels. The fat on their bodies provided them with the energy needed to maintain life, long after whatever food supplies they took with them had been exhausted.

FAT STORED BEFORE BIRTH

Survival seems to be the driving force behind the body's storage of fat, even before birth. Researchers have found fat deposits in human fetuses which were between 26 weeks and 30 weeks of gestation (normal full-term pregnancy is approximately 40 weeks.) They have also found evidence which indicates that the human fetus manufactures its own fat while inside the uterus. The average newborn arrives with more than a pound of fat it has made itself--not just absorbed from its mother's body.

FAT STORAGE IN THE ADULT

As an adult, the fat in your body is stored as lipids inside the white fat cells (adipocytes). It has been deposited there by the blood. Your bloodstream picks up the fat in two ways: either as tiny droplets, called chylomicrons, from the digestive system after a meal; or as lipid-protein complexes, from the liver. These lipid-protein complexes, called lipoproteins, are made up of a specialized form of protein molecules that clump together, combined with cholesterol and triglycerides.

Whether the fat is composed of chylomicrons or lipoproteins, the bloodstream picks it up and brings it to the outside of the fat cells. Next, these substances must be broken down into fatty acids before they can be transported through the outside wall of the fat cell. A special enzyme, or catalyst, called lipoproteins lipase (LPL), is manufactured by the fat cell membrane and accomplishes the breakdown.

FAT CHANGES AS YOU GROW OLDER

*** INSERT IMAGE 5-12**

1. Above, front and side views of normal adults show contours of bodies without deposits of excess fat.

As a person grows, matures, and ages, there seems to be a series of predictable changes in how the body handles fat. Although individuals may vary slightly, the pattern is generally consistent.

Researchers believe the number of fat cells in the human body grows rapidly between birth and about age 2. From that time until just before puberty, the number of fat cells increases very slowly, in fact, during this "latency" period, it remains almost stagnant.

As part of the changes that precede puberty, the number of fat cells again increases rapidly.

Once maturity has been reached, the number of fat cells seems to be permanently fixed. In other words, researchers believe you have approximately the same number of fat cells when you are 27, or 38, or 43 as you did when you were about 15 or 16. The latest findings indicate that this is achieved by changes which affect the chromosomes of fat cells. Certain molecules are thought to behave like "gate keepers," and to keep the fat cells from reproducing.

If this theory is true, then how do adults get fatter?

Researchers agree the size of each individual fat cell increases. Each of the cells expands-to many times its original size-to store the body's excess energy.

GENETIC DIFFERENCES IMPORTANT

The places in which the fat cells are located--the places, in other words, where clumps of fat cells make you bulge unattractively--seem to be determined by your heredity. One woman may find she has prominent saddlebags, while a friend may be agonizing over a protruding abdomen. In a family I treated in which two sisters were patients, Marybeth reported she was always considered heavy in the hips, while Elaine had problems with her thighs. Because no two of us (with the exception of identical twins) are completely alike in our genetic makeup, we differ as to the number of fat cells that are genetically predetermined for each of our body parts.

SEX ALSO PLAYS A PART

Nutrition experts are starting to conclude that there is a difference in the way in which men and women handle food. Although research studies such as

those being done at Medical University of South Carolina in Charleston are continuing, the bottom line seems to be that it's easier for women to put on weight than men, and harder for them to lose, even when calorie count for diet is identical.

***INSERT IMAGE 5-13**

1. The chart shows female bodies, with contours showing the deposit of excess fat which typically occurs at various ages throughout life.

***INSERT IMAGE 5-14**

2. The chart shows the typical deposits of fat in the male body as aging occurs, from toddler, teenage years, young adult, middle age. and older years.

Mature men have a leaner appearance than mature Women, even at ideal weight and body composition. Physicians believe the ideal percentage of body fat for men is approximately 12 to 15 percent. For women, it's approximately 20 percent; and up to 22 percent is medically acceptable.

FAT COMES WITH AGE

From the age of 35 or so onward, both men and women tend to become fatter. Two factors seem to be responsible. First, of course, is simply eating too much. We are constantly being bombarded with advertisements and reminders of how delicious foods taste. The modern supermarket is crammed full of suggestive displays. Whether it's the produce department (watermelons, canteloupes, berries of several kinds and colors, oranges, grapefruits, tangerines, bananas, avocados, and apples-to name only a few fruits) to the dairy department (milks, cheeses, fruit-flavored and plain yogurts) to the frozen dessert case (cakes, pies, ice creams in various flavors), the supermarket offers the susceptible American consumer a nearly infinite number of choices.

Consequently, it is all too easy to take in more calories than we expend in energy. It's something like continuing to deposit money in a savings account. Instead of becoming wealthy, however, we are accumulating unwanted fat.

For every 3500 calories you eat that you do not "burn off," you add one pound of weight. Although not all that weight is added to your body as fat, a good percentage of it certainly is.

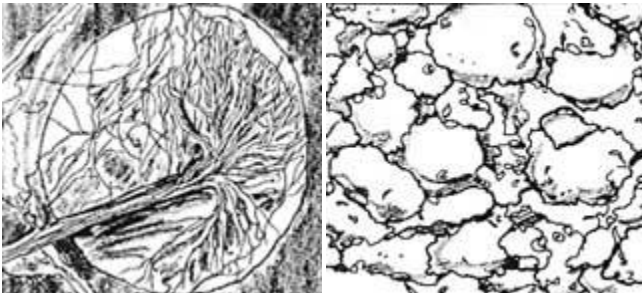
The other factor which tends to make us fatter as we grow older is that metabolism-the chemistry of our bodies-changes. We lose lean tissue and exchange it for fat. Even if your weight stays constant, this change occurs.

As we look at fat cells more closely in the next chapter, you will begin to understand the aspect of fat which makes liposuction possible.

Chapter VI

What We Know About Fat Cells

If you have ever looked at fat on an ordinary uncooked beef roast, you will have a realistic picture of what a fat deposit looks like. The layer of fatty tissue, whether inside another animal or a human body, is composed of millions of fat cells. Each fat cell has a cell wall, and inside is the fat, stored as tiny liquid droplets of lipid.



1. We see a view of the individual fat cell as shown through the electron microscope.

2. Below, a microscopic view of an aggregate of fat cells, showing their varied contours and size.

Researchers do not yet agree on how many fat cells the average person has at varying stages of life, although the latest findings seem to indicate that the number of fat cells quadruples between 20 weeks' gestation and two years of age. In other words, a child of two apparently has four times as many fat cells as it did when it was still in the womb, about halfway through pregnancy.

One school of thought believes that the total number of fat cells you will have

is determined before you are born, and is largely based on the amount of nutrition the fetus gets from its mother. Thus, say these scientists, if the mother eats too much during pregnancy, the baby she is carrying is likely to develop a very large number of fat cells. The adult who once was that "overfed fetus", they say, will always have all those fat cells. And all the fat cells will be hungry for fat all the rest of the person's life. According to this theory, then, people who seem to put on fat easily probably have excess numbers of fat cells in their bodies which have always been there, and which will stay there, despite diet and exercise. A second theory contends that the fat cell population in your body is determined not before birth, but in the first two years of childhood. In other words, if you are fed too much as a youngster, you will develop a great many extra fat cells.

Both theories say you will likely get fat and will likely be fat the rest of your life because you have extra fat cells to feed.

In most people, the number of fat cells seems to stabilize from the age of 2 until about age 12, or just around the beginning of puberty. Then, fat cells seem to increase again in number, and remain constant in number all the way to adulthood.

Researchers believe, however, that in some overweight people, the number of fat cells increases between ages 2 and 12, the time period which is usually quiescent. In these cases, they say, persons probably become overweight as adults.

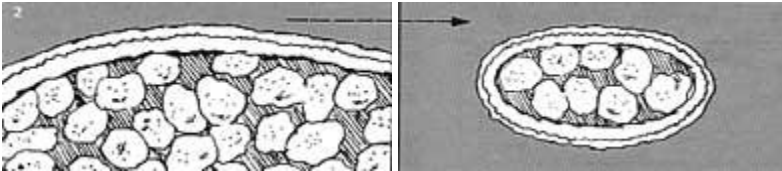
DOES THE NUMBER OF FAT CELLS MATTER?

Does it matter how many fat cells you actually have?

Not so much, I believe, as the total quantity of your excess fat, and where that fat is located. The percentage of body fat you have in any one body area, such as your buttocks or hips, in my opinion, is genetically predetermined. That is why body fat contours differ from person to person. It is your individual body fat distribution pattern that will determine the nature of your treatment with liposuction, as well as the number and extent of surgeries necessary to provide you with the body contours you desire.



1. We see the nature of a mass of fat cells before diet; and at right above following a diet. Individual cells show shrinkage but their number has not changed.



2. Bottom, left, a group of fat cells before liposuction; and at right, below, the diagram illustrates how this group is actually smaller-in number-the fat cells removed by liposuction are no longer there at all, and will not return.

Researchers also believe that certain body hormones, such as estrogen and estrogen-related hormones, help to regulate the size of individual fat cells in a particular area. For instance, the size of each fat cell in your chin or neck area may be a certain dimension; yet the size of each fat cell in your abdomen or hip area may be much larger. If this is so, it helps to explain the bulges you have in certain body parts.

THE STRUCTURE OF FAT CELLS

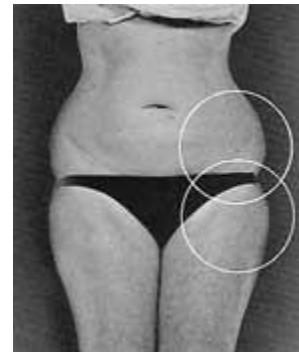
Fat cells live together in small groups, rather like members of a small family or community. Doctors call these groups "fat lobules." In each lobule, there are probably hundreds of thousands of fat cells present.

A small capillary, or branch of a blood vessel, supplies each lobule with nourishment and carries away waste products. Each individual fat cell has a cell wall and a nucleus. Unlike other kinds of cells, however, the nucleus of a fat cell is pushed over to the side of the cell. Almost all of the fat cell's interior space (about 90%) is taken up by a giant globule of liquid fat. Within the globule, tiny small molecules of triglycerides are suspended. As more fat is stored in the cell, the globule gets larger and larger, eventually growing to many times its original size.

Research at several universities, including the University of Massachusetts at Worcester, and the University of Illinois at Chicago, seems to show that eating a high-fat diet does, in fact, contribute to the growth of the fat globule inside the cells. In short, a calorie of carbohydrate or protein may not have the same effect on the body that a calorie of fat does. Much more needs to be learned about this subject.

DIFFERENCE BETWEEN DIETING AND LIPOSUCTION

Dieting is weight loss resulting from expending more calories than your body takes in, usually by cutting back on food. Research has found that dieting combined with regular moderate exercise is much more effective than diet alone.



1. A female patient shows the shape known as "violin deformity" in which fat cells accumulate in two distinct bulges above and below hips.

Liposuction is surgery that extracts certain fat cells permanently, banishing

them from your body forever, along with the fat deposits they form.

If either dieting or liposuction can make you look better, why would a patient elect to have the surgery?

That's a realistic question. Here's my opinion.

Many people, especially women, find it extremely difficult to lose weight by dieting-and keep it off. In fact, researchers believe that too frequent or too extensive a weight loss and subsequent gain may make it more difficult to diet successfully each time you try.

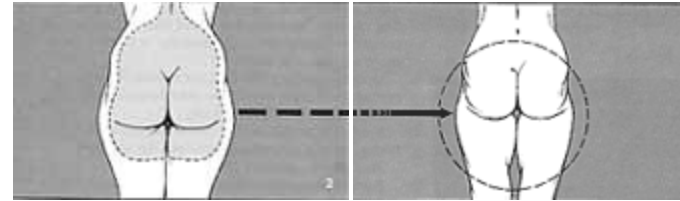
We have all known persons who have dieted and have, in fact, lost pounds on the scale...yet have still, despite their most determined efforts, remained thick, bulging, lumpy, and unattractive in certain body parts. A woman's face and neck may be scrawny and pinched-looking, but she may still have the "thunder thighs" or riding-breeches look that makes her unhappy and unattractive.

It is in the removal of these refractory (meaning stubborn) fat deposits that liposuction can be such a blessing to so many men and women.

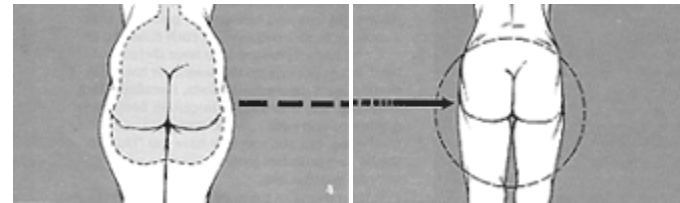
I believe there are several reasons why the operation works so well.



1. The patient's body shows contrast during surgery, between the right thigh which has been treated, and the left, which has yet to be done.



2-3. Diagram Indicates before- and after-dieting contours of a patient who suffered from violin deformity.



4-5. The same patient following liposuction surgery, which permanently removed fat cells that could not have been lost through dieting alone.

First, of course, is the actual removal of a sizable number of fat cells from the body. They are gone-cell wall, fat globule, and all. Those particular cells will not come back.

Second, I believe that during the tunneling process of liposuction, many tiny small blood vessels which supply blood to the fat cells are sucked out, along with the fat cells. Some of the tiny blood vessels that remain to supply the fat cells left behind are traumatized-damaged or shocked by the surgical process. These small blood vessels may die off, days and weeks after the surgery, and therefore are no longer supplying the remaining fat cells with nourishment. Consequently, those fat cells continue to shrink even after the surgery. That is one reason why the final results of liposuction will not be seen for considerable time after the surgery.

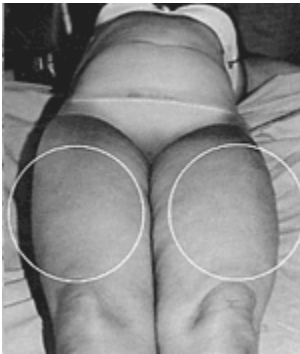
Another way in which liposuction helps get rid of the fat deposits is that when the fat cells themselves are injured or extracted during the surgery, they secrete an enzyme called intracellular lipase. This enzyme tends to break down fat cells.

These vascular and enzymatic changes continue in the weeks and months after the surgery. The experienced liposuction surgeon knows how to

anticipate these changes and to use them for best effect in the final contouring of your body.

LIPOSUCTION TECHNIQUES

Different surgeons have different techniques for performing liposuction. Some choose the "dry" method, in which tunneling and fat removal are done without any help from chemicals. Some use the "wet" method, pioneered by Illouz, in which two special solutions are injected into the fatty tissue before the vacuum pump is used.



6. Patient, above, shows balanced contours and smoothed thighs, following liposuction of both legs. This is the same patient as in Photo 1, opposite page.

The other physicians and I who work at The Liposuction Institute in the Chicago area have seen the best results when a "double wet" method is used. This technique, which I invented, calls for injecting an ice-cold solution before suction is begun. The temperature of the solution helps to "harden" the fat, making it much easier to shape, much as a skilled sculptor can carve a design. The cold temperature of the solution also causes the capillaries supplying the fat lobules to constrict, thus cutting down on bleeding during the surgery. A surgeon using this technique has better control, I believe, over the volume of fat removed and the ultimate body contouring. Next, I vacuum out the unwanted fat deposits.

Finally, I inject the special solutions a second time, and suction again. The solutions, of course, help to break down the fatty tissue, making it more easy to liquify and remove. It has been my experience that this technique aids greatly in achieving the body contouring results patients desire.

Chapter VII

Your Initial Consultation

What can you expect to learn about liposuction before you decide to have the surgery? How do you find a qualified, experienced physician? What questions should you ask, and what sort of answers should you anticipate?

Liposuction is elective cosmetic surgery. No life-threatening emergency condition is forcing you to have it done. Although successful liposuction surgery offers you a great many benefits in appearance and psychological well-being, it is by no means a life-or-death operation. You are choosing liposuction-as you would choose where to spend a vacation, what type of car to buy, whether or not to change jobs.

In most major life decisions, you expect to spend a good deal of time considering your options. You will check out various choices, thinking carefully about the benefits of each. You do your research carefully.

Many men and women today approach health care in the same manner. Their questioning and research helps make them partners-along with their doctors-in the well being of their bodies. Because they take an active role in health care decisions, they feel good about those choices.

What I am saying is this: in my opinion, it is all right to question your physician, to ask for explanations when you do not understand. It is important to feel free to talk frankly to your doctor at all times without embarrassment, hesitation, or fear. In today's health care climate, most doctors will not be surprised or offended when you do; rather, they will welcome the opportunity for fuller communication.

I will go even farther. In my opinion, if the doctor you are considering for your liposuction surgery is angry about the questions you are asking; or brushes you off giving you the feeling that your questions are insignificant, I believe strongly that you should find another surgeon. For best results, you will work closely with your doctor for many weeks, planning a comprehensive program together and monitoring your progress. You need to feel a mutual warmth and respect for each other.

DISCUSSING FEES

I feel strongly that the question of fees for liposuction surgery should not be raised during a telephone call. Certainly you will want an indication of what liposuction surgery will cost, but this can be determined by the doctor only after a careful evaluation of your body and your individual needs.

If you base the choice of a physician for your liposuction surgery primarily on fees, you are doing yourself and your physician a disservice. After all, you are not comparison-shopping for a car or a washing machine. You are planning surgery-a major event-on your body. You want your liposuction to be as successful as possible. Although cost is important, it should not be the primary factor on which you base your choice.

INITIAL CONSULTATION

The receptionist, secretary, or office assistant will almost certainly suggest making an appointment for an initial consultation with the physician. This is essential. Only through meeting you, carefully examining you, and discussing your problems can the surgeon evaluate you as a candidate for liposuction. Only through meeting the doctor and talking frankly about your expectations and questions can you decide if liposuction-and liposuction with this particular physician-is the right choice for you.

Because of the special nature of liposuction, you will want the freedom to discuss your individual body problems frankly with the doctor. Of course, the physician will observe the traditional confidentiality of the doctor-patient relationship. Some people prefer to talk over problems and plans with friends, and will already have been discussing the fact that they are considering liposuction for unwanted fat deposits. Others are embarrassed about their appearance, and would prefer to complete surgery and recovery without anyone's knowing about it. Your doctor will assume that you want your condition, and even the fact that you have consulted a physician, kept confidential. Of course, if you want the doctor to explain anything about the surgery or the pre- or post-surgical program, to a spouse or partner, this can also be done.

Your initial visit is a professional consultation, and, consequently, you should expect to be charged appropriate fees, generally ranging from \$50 to \$100, depending on time taken and services performed. Usually a staff member can tell you in advance what the fee for this initial consultation will be.

AN INITIAL CONSULTATION AT THE Surgiderma Skin & Aesthetic

surgery center,

Although different doctors have procedures that may differ slightly, the following description of an initial consultation is typical. At Surgiderma Skin & Aesthetic surgery center, where I am founder and medical director, here is what happens during your first visit.

In one of my consulting rooms, the patient and I meet, usually for the first time. Often, the patient will feel slightly nervous and apprehensive. This is normal. You are considering an operation that will change the way you look, and the way you feel about yourself. It is a big step, and one which should be undertaken thoughtfully.

During our conversation, we discuss liposuction surgery in a general way. We talk about what is involved. I use this time also to try to clear up any misconceptions about surgery that the patient may have, based on incomplete information, and to ask the patient what body parts he or she feels could benefit from liposuction.

Surprisingly often, although patients believe they know where liposuction is needed, they may not realize the extent to which liposuction can help them. For instance, it is quite common for a woman to think her thighs are too fat, but not to know that she also could benefit from liposuction on her inner thighs, her knees, or her buttocks. A man may be concerned about unsightly fat deposits in his breasts, but does not realize that liposuction could effectively improve his body's contours in the areas of "love handles" or a double chin.

WHAT TO TELL YOUR DOCTOR

During the first phase of a patient's initial consultation at The Surgiderma Skin & Aesthetic surgery center,, I ask a number of detailed questions about the patient's medical history and that of her or his family, especially in relationship to eating behavior, fat deposit patterns, and similar topics. I will ask about ethnic eating patterns that may have affected the way you think and behave about food and fat.

We will talk about such things as holiday meals or special family celebrations. We will discuss your lifestyle in detail, including your occupation, eating history, weight gain and loss experiences, exercise and activity patterns, and other factors. If the patient is a woman, I talk with her about her eating habits and fat deposit patterns during menstruation, pregnancy and menopause.

You should be completely frank with your doctor, even though these may be-and probably are-extremely sensitive subjects for you. You may be reluctant to talk about them. You may have denied your own behavior to others, and

perhaps even to yourself You may need to examine your thought and behavior patterns carefully and concentrate more seriously and thoughtfully on the subject than you have before. It is not easy to confess to food binges, to bulimia (the eat-to-excess-and-vomit syndrome), to compulsive overeating and midnight refrigerator-raiding, to lethargic behavior, inactivity, or lack of exercise. Nevertheless, the more your physician knows about these factors, the more easily he or she can assess your total situation. And the more likely it is that your eventual liposuction will be successful, with this comprehensive approach.

Since many fat deposit patterns have a strong genetic component, it is also possible that you may have been eating "normally" and even exercising regularly, but still have unsightly bulges.

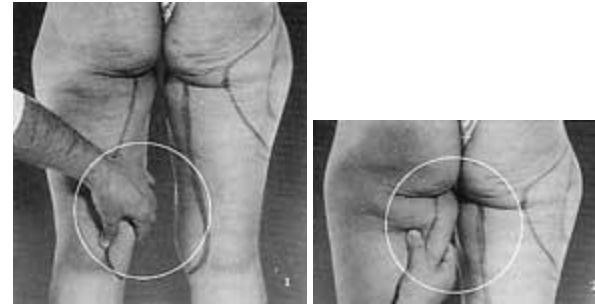
THE IMPORTANCE OF HONESTY AND CONFIDENTIALITY

Do not be embarrassed to discuss these topics. Your doctor will keep what you say in strictest confidence, and you can be completely honest, without fears. Rest assured that the physician who is experienced in liposuction and who believes in a truly comprehensive approach to solving your problems will not lecture you, ridicule your past experiences, or make you feel ashamed about your lifestyle or anything you have done, or any goals you have failed to achieve in dealing with your problem previously.

I cannot stress enough the importance of your complete honesty throughout your medical treatment, beginning with this initial consultation. It is extremely important for the success of your surgery, and for your continuing relationship with your physician before, during, and after the operation, that your doctor know and understand your condition.

If you do not feel during the initial consultation that your doctor respects you and your situation, or if you feel hostility or resentment towards the doctor; then, no matter how well-qualified medically that physician is, you may want to choose another with whom you feel a closer, more trusting relationship. The fee you will pay a second physician for a similar consultation will be well spent if that is what it takes to find the right doctor for you.

THE COMPREHENSIVE PHYSICAL EXAMINATION



1. *During the comprehensive examination, the doctor will identify all areas that will benefit from liposuction.*

2. *Fat deposits will be evaluated.*

At The Liposuction Institute, the second part of your initial consultation consists of a thorough physical examination. Height and weight are recorded, of course. You will be asked to undress in an examining room, and to put on a disposable gown. Although your genital areas will be covered, I will ask you to stand otherwise nude in front of a full-length mirror so that together we can observe and discuss the fat deposits on the parts of your body you are concerned about.



1. *Types of fat deposits in various areas will be examined.*



2. Overall body fat will be taken into consideration.

Usually a patient starts at the top-with face, chin, neck, etc., and moves downward. While he or she is pointing to the fat deposits, I also examine them. I touch the area, feel the area, and in general evaluate whether or not I think you are a good candidate for liposuction surgery. I will also use the pinch test for skin elasticity of certain parts of your body. In addition, based upon my professional experience and assessment, I classify your body fat distribution as primarily endomorphic, mesomorphic, or ectomorphic.

During the physical examination, I pay particular attention to skin elasticity and texture. For instance, I may note numerous stretch marks covering a particular area. These stretch marks, incidentally, often occur whether or not you have ever been pregnant. They frequently show up in men, as well as women.

Their presence (or absence) may tell me a good deal about your skin elasticity and the underlying collagen structure. The pinch test also helps. In general, a skin which is fairly tightly attached to the body and does not pull easily has a better prospect of healing quickly and more attractively after liposuction.

SKIN TEXTURE

The texture of your skin also helps me to predict how you will heal and how you will look after surgery. Some patients have skin, especially in the buttocks or hip area, which is bumpy or dimpled with fatty deposits-a condition commonly referred to as "cellulite." Your chances for an attractive

appearance after liposuction are better if you do not have too much cellulite. Liposuction can improve your appearance and get rid of a good deal of the cellulite. However, liposuction is not a "cure-all" or panacea. All the cellulite will not vanish, and you will not return again to having the skin of a 14-year-old.

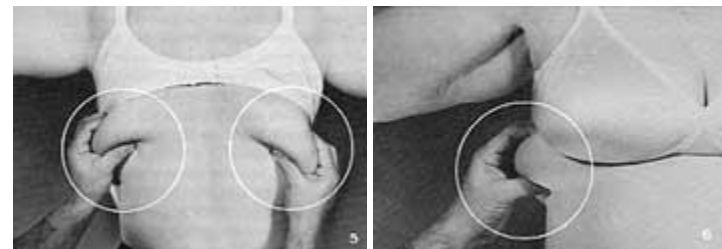
I want to emphasize, however, that even though you have stretch marks...even though you have cellulite ...you can still be a candidate for liposuction. Even if you are obese-more than 20 percent overweight by medical standards-you can usually still have the surgery if you are otherwise in good physical condition. Even if a person is overweight, he or she may still benefit from specific treatments such as the tummy tuck, or liposuction of enlarged male breasts, sagging buttocks, or "thunder thighs."

Likewise, there are no arbitrary age requirements or limitations for liposuction.

Most experienced physicians would not perform liposuction surgery on an adolescent who is not full-grown. It is also true that the best candidates for liposuction are 55 years old or younger. However, patients in good general physical health can almost always have the surgery. I myself have performed liposuction surgery on patients as young as 14 years old (a patient with enlarged male breasts) and as old as 82 years.

While a patient looks in the mirror, it is usual for me to point to the areas in which I think they can benefit from liposuction, and to discuss them.

One question I always ask patients at this time is, "Do you want to look good in clothes?"



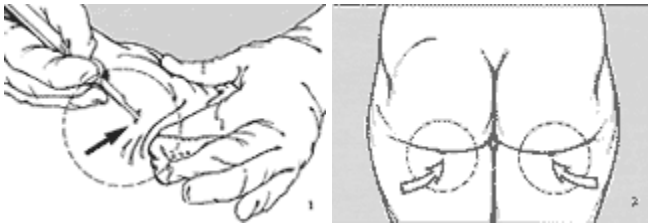
1. *The pinch test will be used to determine skin elasticity also.*

2. *Skin texture is examined, and can reveal much about under-lying collagen structure.*

The older patient, or patient with a previous history of frequent weight loss and gain, usually answers "yes," and this helps me to understand their expectations of what "Liposuction will mean to their appearance. A patient with many stretch marks, with substantial loose folds of hanging skin, or large areas of dimpled skin, however, who says she expects to look good in a string bikini after the operation is apt to be disappointed in her expectations. In such a case, it is especially important to discuss the benefits of liposuction frankly, so that such a patient makes a decision about the surgery fully aware of the probable outcome.

WHAT ABOUT SCARS?

At this time, patients often have questions about the placement of incisions, and the possibility of scar formations. I will show them where I propose to place the incisions, doing everything possible to camouflage them in natural body creases. Although I try to make incisions as inconspicuous as possible, I still must reserve the right medically to do during surgery what seems best for you, even if there is a change in plans. Most doctors, I am sure, feel the same way. Although we try to anticipate and plan for various situations, nevertheless if it becomes apparent during surgery that a different way of doing things is better for you, we need the freedom to use our best professional judgment.



1. *The experienced liposuction surgeon will use very small incisions.*

2. *Whenever possible, incisions are placed within natural skin folds on the body.*

YOUR DECISION FOR SURGERY

At Surgiderma Skin & Aesthetic surgery center,, after the physical examination, you dress and return to the consulting room. Now is the time we will talk about the findings and their implications for you.

1. *The doctor will discuss the patient's needs and expectations, the recommended procedures and the likely short- and long- term results.*

By this time, the patient has almost certainly decided to have liposuction surgery. The physical examination, the careful taking of the medical (and eating behavior) history, and the introductory discussion have reinforced the patient's desire to undergo the operation and to benefit from surgery. The patient has had the opportunity to decide if he or she feels comfortable with the doctor, and to ask questions about the surgery itself.

This third phase of the initial consultation, might be summarized as "Where do we go from here?"

Although you may have come to the office, assuming you would have liposuction on a certain body part, it is possible that during the physical examination, you have decided to undergo surgery on additional areas of your body. If so, then we will talk about the order in which we will do the procedures. Some procedures can be combined satisfactorily-that is, it is usually possible to perform liposuction of a double chin at the same time as surgery on the abdomen, if that is what the patient needs and wishes. Other procedures, however, will need to be done separately because of such factors as the location of body parts, the complexity of the surgery, or the length of time under anesthesia.

WHERE SURGERY IS PERFORMED

You will want to discuss the location where your surgery will take place. This will vary according to the individual physician. In almost all instances, however, liposuction is done as an outpatient procedure, either in a surgical suite in the doctor's office, a free-standing medical center, or an ambulatory surgical area of a hospital with which the doctor is affiliated.

HOW MUCH WILL LIPOSUCTION COST?

At this time, it is most certainly appropriate for you and the doctor to talk frankly about fees, related costs, and payment. You should expect your doctor to answer your questions in detail about the surgical fees, about costs for the location in which the surgery will take place, the anesthesia and medical supplies, the services of an anesthetist or anesthesiologist, the special bandaging or surgical garment which (depending upon the body parts being operated upon) you will wear during your recovery period, and any other anticipated costs. Such costs, for instance, can be expected for any additional required visits to the office prior to surgery, for laboratory tests and other medical procedures, and for follow-up care.

The method of payment is also discussed during the initial consultation. Liposuction is considered elective cosmetic surgery, and so is generally not covered by health insurance plans. During your initial consultation, you should feel free to ask your doctor any questions you have about liposuction, or about surgery in general. The psychological rapport you have with the physician you trust to perform this intimate operation should be strong enough that you can ask her or him any questions without embarrassment.

At Surgiderma Skin & Aesthetic surgery center,, (assuming that you intend to have liposuction), we can tentatively schedule your surgery for a mutually convenient date, and make those arrangements while you are completing your initial consultation. We will be able to confirm the date of the operation after your next pre-surgical visit: an extremely thorough examination and assessment of your general state of health.

Chapter VIII

Your Second Visit: Medical Assessment

Between your initial consultation and your actual surgery for liposuction, most physicians (myself included) will have you make at least one more visit to the office. This visit is an extensive and important one, because it provides the physician with the opportunity to assess your general state of health, and to learn about any medical conditions that may affect your surgery.

During your second visit, our physician will almost certainly do a complete medical evaluation of your condition. You may feel that you have answered a great many questions already, and wonder what else the doctor needs to

know. However, during your initial consultation at least, at Surgiderma you and your doctor will have discussed your history and related conditions as they apply to fat deposits, weight gain and loss, and eating behavior, rather than your total health background. Now it becomes important for your physician to know your complete medical record.

WHAT YOUR SURGEON WANTS TO KNOW

During the second visit to Surgiderma, I review with the patient the information we have gathered during the first visit, to be sure it is complete and accurate, and that all facts have been recorded correctly. Next, I take an extremely detailed and comprehensive medical history.

- 1. Your doctor will review your case with you in detail.*
- 2. Your personal and family history, including past illnesses and surgeries, and any medications you have taken should be carefully discussed.*

Although physicians vary somewhat in the routine they follow, you will almost certainly be asked about your health history, your past surgical history, and any hospitalizations or anesthesia.

Your doctor will want to know about any chronic conditions for which you are being or have been treated, including high blood pressure, heart disease, kidney/urinary problems, or liver disease. Such conditions are not necessarily limited to physical problems. For instance, some medications given as antidepressants or blood thinners would affect your plans for liposuction surgery.

Consequently, it is extremely important that you be totally frank with your doctor. It is better to tell her or him what you consider "too much" information about your health than inadvertently to omit part of the story. Tell your doctor everything. He or she can then decide what information is significant.

You will be asked about present and past medications, allergies (including reactions to prescribed and over-the-counter drugs), and any anesthesia related reactions during previous surgeries. If you bruise easily, if you have a history of frequent nosebleeds, if you have lost significant amounts of blood during previous surgeries, be sure to tell your doctor.

If you are a woman, you will be asked questions about your menstrual cycle: how regular it is, how heavy your periods are, what pain medication, if any, you are accustomed to taking for premenstrual or menstrual discomfort. You will be asked about birth control pills, if they previously have been prescribed

for you. Although liposuction can be and often is performed without regard to the time of your menstrual period, your doctor may wish to schedule surgery on a different date if your flow is customarily heavy, and if you are having liposuction in the abdominal or hip area. That is a decision for your physician to make.

It is important for you to tell your doctor exactly what over-the-counter drugs you take, as well as any medicines prescribed for physical or mental conditions. Do make sure he or she knows about everything you are taking, especially vitamins or supplements like calcium or iron. If you customarily take aspirin for headaches, antihistamine medications for relief of cold symptoms, over-the-counter drugs for premenstrual or menstrual pain or discomfort, be sure to tell your physician.

In fact, it is a good idea to bring along with you all your current medications, in the prescription bottles. Your doctor can review them with you. If you are taking vitamins or supplements, bring those along, too.

Sometimes, families or individuals get all their prescriptions filled at a certain pharmacy. If this is the case, your pharmacist may be able to run you a computer printout of all medications you have taken in the past year. You can ask to have that prepared--it's usually free of charge--and you can show the printout to the doctor.

Your doctor will also want to know something about your family's health history. Have your parents, brothers and sisters, or other close blood relatives had problems with heart disease, cancer, high blood pressure, diabetes, respiratory disease, liver problems, or other ailments?

It will help you and your doctor if you have jotted down this information before your second visit. That way, you can glance at your notes to be sure you do not leave out relevant information.

YOUR PHYSICAL EXAMINATION

At Surgiderma, when the patient and I have completed and reviewed the comprehensive medical history, I then do a thorough physical examination. I recheck and record the patient's height, weight, pulse, and blood pressure. I examine the patient, paying particular attention to the cardiovascular system. I check the heart, lungs, and abdomen. I evaluate the blood flow in the patient's extremities, checking the arms and legs carefully for any indications of vascular insufficiency or impaired lymphatic flow. I will be looking for water retention, for bruises, or for previous scar tissue.

MEDICAL TESTS

After the physical examination has been completed, the patient receives an

electrocardiogram to check the heart. A sample of blood is drawn from a vein in the arm. Using the sample, automated equipment runs a battery of sophisticated blood tests that check many things, including the capability of your blood to coagulate, your liver and kidney function, your protein and albumin, and your blood sugar, to rule out diabetes.

Cholesterol and triglycerides are checked. A check of thyroid functioning, also done from this one blood sample, tells me how well your metabolism is working. The comprehensive tests measures red blood count, white blood count, hemoglobin, and hematocrit, all tests which evaluate your blood volume and possible anemia. A complete macro- and microscopic urinalysis is also done.

PHOTOGRAPHS

It is at this visit, that photographs are taken. You will undress so that the area of prospective surgery can be photographed, but your private parts will be covered.

We photograph a total frontal shot, and shots of your sides, and back. We take zoom-in closeup pictures of the body part(s) for which liposuction is planned. If you are going to have more than one part of your body done, even if the operations will be performed at different times, we will take all photographs at this second visit. They become "baseline" photographs, because they are used as a basis for assessing your progress after liposuction surgery.

DIET AND EXERCISE BEFORE SURGERY

Prior to the actual operation, I recommend a Pre-Liposuction Diet. I give patients a copy of the diet, which is also described in Chapter 21 of this book. The diet is designed to help prepare you for surgery. In addition, I recommend a special complete vitamin-and-mineral formula, to be taken before the operation along with the iron supplement I will prescribe.

Other doctors may have different recommendations on diet and vitamin supplements. Of course, since your own physician is familiar with your particular health history and medical records, you will want to follow her or his instructions exactly. Because of the particular way in which I perform liposuction, I never give my patients blood transfusions during the operation. Consequently, there is no need for a patient to donate blood for storage before the operation, so that he or she could receive it later, if needed.

If you are in good physical condition, and you almost certainly would be, if you are a candidate for liposuction surgery, there is no reason why you cannot exercise at will before the operation. Walking is an especially good exercise, and is highly recommended.

MEDICATIONS BEFORE SURGERY

It is extremely important that you thoroughly understand your doctor's orders about taking any medications including over-the-counter drugs, vitamins, or mineral supplements in the days or weeks before your surgery. You must follow these orders exactly with no deviation.

Your own physician will give you specific instructions, based on your medical condition, your health history, and the extent of the liposuction surgery he or she plans to do. I cannot stress enough that these are your instructions, planned carefully by your surgeon as part of her or his comprehensive involvement with your medical care.

No matter what you may have heard or read, no matter what instructions your friends or acquaintances who have had liposuction surgery may have been given, you must for your own safety and for the best possible results, comply with your physician's specific directions. If you do not understand them, or if you have any questions about what you should be doing, I urge you strongly to discuss your concerns with your doctor at once.

In general, though, certain principles apply and I will talk about them here.

DISCONTINUING CERTAIN DRUGS BEFORE SURGERY

Aspirin, and medications containing aspirin or anti-inflammatory substances that act in a similar manner, are not good for you to take shortly before surgery, or during your recovery period, since they tend to cause bleeding or affect blood clotting. Some of the medications are sold as over-the-counter drugs. Others are available only by prescription.

Pain relief compounds, (Anacin, Vanquish, or others), menstrual pain relievers, and over-the-counter cold remedies often contain aspirin or one of its closely-related compounds. So do certain anti-inflammatory agents, such as ibuprofen (the generic name for Advil or Nuprin.)

Frequently aspirin is an ingredient in these medications, even though its presence is not prominently advertised. You must read labels or check with your pharmacist. Better yet, call your doctor. He or she would far rather have a phone call asking for advice than to have you be in less than ideal condition for the surgery.

How long before liposuction surgery should you discontinue taking aspirin and related medicines? That will be up to your doctor. At The Liposuction Institute, however, we advise patients to stop taking any such medications at least a week before the date of the operation. Another medicine we advise patients to discontinue two weeks or more before surgery is Vitamin E in

high doses. The Vitamin E you receive in a balanced multi-vitamin, mineral formula is all right to take...that is, unless your own physician advises you against it, you will be able to continue your daily vitamin pill.

Vitamin E, taken in a separate capsule by itself, however, is generally too high a dose for you to take safely before surgery, since it can affect your blood.

That is why I advise my patients to discontinue it until after surgery and their convalescent period.

SMOKING AND DRINKING

If you are a smoker, your doctor will almost certainly advise you to cut down as much as possible before and after surgery, or even to stop smoking altogether. Follow his specific instructions.



1. It is essential for the patient to be absolutely frank with the doctor in describing all drugs or medications, even vitamin pills and over-the-counter medications that are being used.

There is no medical reason to prohibit alcohol totally in the time between your medical assessment visit and 24 hours before your surgery. Nevertheless, alcohol is unnecessary and adds extra calories. You are far better off following the Pre-Liposuction Diet, with its emphasis on fruits and vegetables. If you are in a social situation where you feel you must drink, try to limit your consumption during the evening to a single glass of white wine. Better, yet, stick with club diet beverages, or even plain water. You can drink a glass of tomato juice during the evening, and your friends will assume it's a Bloody Mary. Alcohol will do almost nothing to help you medically, and will certainly add calories you don't need. Most doctors would agree that it's far better to "spend" those calories on nutritious fruits and vegetables.

STOPPING ALCOHOL CONSUMPTION

Do not drink alcohol at all during the 24 hours before your liposuction surgery. This includes beer, wine, and even the popular "wine cooler" drinks.

Although you can discuss your alcohol consumption with your individual surgeon, most doctors agree that drinking alcohol retards wound-healing. Consequently, it is probably best if you eliminate alcohol completely for six weeks after surgery. If this is not possible, then certainly minimize your drinking.

PLANNING YOUR SURGERY

The date your liposuction surgery will be scheduled depends on a number of factors, including your plans and those of your physician. One major factor will be the length of time necessary for such drugs as anti-depressant medications to be eliminated completely from your body. Of course this will depend on your individual case. Another factor may be the length of time your surgeon wants you to take special Vitamin K supplement.

1. A comprehensive approach to liposuction involves far more than surgery. The pre-operative consultation between patient, doctor, and nurse offers a chance for extensive medical assessment, as well as instructions the patient will follow before the operation.

Now that you have decided to have the surgery, you are eager to get on with the process, and eager to see your new image. Rest assured, your physician will schedule your surgery as soon as he or she feels it is medically appropriate for you.

Although liposuction surgery can be done in a hospital, it is almost always performed in the doctor's clinic, operating rooms, or a surgical facility he or she uses.

DISCUSS QUESTIONS WITH YOUR DOCTOR

If there is anything you do not understand, or any questions you have, I urge you to discuss them with your doctor. No matter how well-meaning your friends or relatives can be, it is your doctor who, by this time, knows your complete medical history and has reviewed your case and problems in detail. If any situation arises that concerns or worries you as you wait for surgery, do not hesitate to phone your physician and talk it over.

The reputable, experienced liposuction surgeon welcomes this close relationship with patients. It makes it easier for your doctor to provide the

total comprehensive care that helps ensure the best possible results from your surgery.

Chapter IX

The Surgery

For a liposuction patient, at least at The Liposuction Institute, "the day of surgery" really starts at midnight before the operation. That is the cut-off time for eating or drinking. With only one exception (described below), I instruct my patients to take nothing after midnight, even though their surgery may not be scheduled until mid-afternoon. There is a good reason for this rule.

Liposuction is generally performed under anesthesia. The type of anesthesia can vary. It is standard practice to insert an intravenous line, usually in your arm or the back of your hand. The fluid which enters your body during the intravenous line supplies you with water and electrolytes-minerals that are similar to those normally in your blood. The solution also contains glucose, supplying energy.

Usually, at least at The Liposuction Institute, liposuction is performed under anesthesia, and is often combined with a mild sedative or tranquilizer. The sedative can be injected directly into the intravenous line. In the event that, during surgery, it seems wiser to shift to the use of a general anesthetic, we must be sure your stomach is empty. The majority of liposuction patients have no trouble with either a local or a general anesthetic. However, by being sure your stomach is empty before surgery, we reduce the risk of possible complications considerably.

Most physicians will give you this advice, and it is considered standard medical practice.

If an antibiotic has been prescribed for you by your liposuction surgeon, and if you have been specifically instructed to do so, you may take one antibiotic pill on the morning of surgery. Swallow this pill with a maximum of one ounce of water. It is important that you do not drink more than this.

Do not worry about becoming thirsty or dehydrated during surgery. The fluid administered intravenously will meet all your needs.

GETTING READY

The night before you are scheduled to come to the office or surgical suite for your liposuction, take a long shower. Unless your doctor has given you different instructions, use a strong soap to scrub thoroughly the area in which you will have liposuction. Some physicians will recommend the use of phisohex, or another special washing agent.

WHAT TO WEAR

It is best to wear comfortable clothing that is not tight or restrictive. Although you will remove your regular clothing for the actual surgery, you will still need to dress to go home, and you will want to feel as comfortable as possible.

Do not wear rouge, lipstick, blush, facial powder, fake eyelashes or eyeliner of any type to the office or clinic when you go for surgery. If you customarily wear nail polish, remove it from fingers and toes before you come. We must be able to check your skin coloring as a guide to the appropriate amount of anesthesia during the surgery. If you do put make-up on, you will just have to take it off before surgery. It is wiser to save time and not bother.

Do not wear any wig or false hairpiece.

ARRANGING TRANSPORTATION

You can drive yourself to the site of surgery. We do urge strongly, however, that you make arrangements with a friend or family member to take you home after the operation. If he or she will be picking you up after surgery, we can estimate the time you will be ready to leave. Your surgery usually will not take more than two hours, depending upon the type of liposuction and the extent of the operation. You will spend an additional one to two hours in the recovery room.

At The Liposuction Institute, we will be glad to tell your friend or family member how close we are to that estimated time, so that the person knows approximately when to come to meet you. Although it is certainly possible for your friend to wait at the office, surgical suite, or hospital during your surgery and recovery room period, it is not at all necessary.

WHEN YOU WALK IN

You may feel nervous when you enter the office. This is only natural. After all, you have made a big decision when you choose to have surgery. If it

makes you feel better to talk about your concerns to your nurse, to the doctor's staff, or to the doctor, you should feel free to do so. You should not feel embarrassed. These experienced professionals have seen literally thousands of patients go through surgery. Many of these patients have felt just as you are feeling, and have been relieved when the operation was over. Other patients have reported a feeling of anticipation and relief-anticipation, in the sense that they are looking forward to the new body image that liposuction will help provide, and relief that they have made a decision so important to their futures.

As you get ready for surgery, you will be asked to empty your bladder. If you wear contact lenses, you will be asked to remove them, so you should plan to bring along a case in which they can be kept during surgery. You will be asked to remove dentures or removable bridgework.

When you meet your surgeon before the operation, he or she will make drawings or markings on your skin as guidelines to the surgery. Your doctor may indicate the location of blood vessels and body structures, or may draw circles or ovals to help him plan in detail where fat deposits will be removed. The markings on your skin may still be visible after surgery, but will fade away rapidly.

You will almost certainly be asked to sign a surgical consent form-a standard document that gives your surgeon written permission to perform the operation and acknowledges that you have received information about the surgery. Read the document carefully before you sign. Ask the doctor to explain anything you do not understand. Although the "surgical consent paper" is a formality, it is important, and should be taken seriously. You will be draped before the surgery. Sterile cloths will be placed over the parts of your body that are not being worked on.

You will be asked to remove jewelry, eyeglasses, contact lenses, and (often) dentures or removable bridgework. If you do not want to remove a plain wedding band, your doctor or nurse can secure it with a small adhesive bandage. Because of the possibility that a ring can slip from your finger while you are under anesthesia, you will want to take off a ring with diamonds or other precious stones, and give it to someone for safekeeping. Better yet, do not wear jewelry to the office or surgical suite on the day of the surgery.

ANESTHESIA

The type of anesthesia that your doctor plans to use will have been discussed with you before surgery, so that it comes as no surprise. Most usual, for liposuction, is intravenous anesthesia with mild sedation and a tranquilizer. The person who administers the anesthesia will make a small injection in one of your veins, usually in an arm or leg, and start the intravenous solution running. You may be asked to count backwards, or to respond to the anesthetist in some other way.

Other types of anesthesia can be used for liposuction, such as a regional block-either an epidural, or a spinal anesthesia. Or, general anesthesia may be more appropriate for your particular operation. Sometimes, especially when the area for liposuction is small, your surgeon may choose to use simple local anesthesia, injected to numb the site for surgery.

Rest assured that your doctor will not start the operation until he or she and the anesthetist or anesthesiologist are sure you are ready. Liposuction, although not a terribly painful operation, is still surgery-and traumatic enough that you will want to have it done under the appropriate anesthesia.

When my patients ask me, 'Will it hurt?' I give them a truthful answer. "The most discomfort you will feel during the operation," I tell them, "is likely to be the stick of the needle as it is placed in your vein for the intravenous injection."

The skill of your doctor and of the person administering the anesthesia will determine just what you feel. However, the fact that many people have had liposuction performed on different body parts at subsequent intervals is proof that they did not fear second, or even third, surgeries.

THE SURGERY

We have previously discussed the general theory behind liposuction, so that you already know how the process works. Basically, while you are under an appropriate form of anesthesia, your surgeon will make tiny incisions, will insert a blunt (smooth-edged) cannula, or tube, and will suck out excessive fat cells from the unwanted deposits by connecting the tube to a special type of vacuum pump. Surgeons performing liposuction today use either the "dry" method, or the "wet" method. In the "wet" method, a special chemical

solution (insert names of chemicals) is injected which helps to break down the fat cells, making it easier to remove the fat. Depending on the extent of the surgery and the particular body parts for which liposuction is being performed, you will be tightly bandaged after the operation has been completed. Or your doctor may have ordered a special garment for you, similar in appearance to a panty girdle or corset. If so, the garment will be placed on you while you are still on the operating table.

Usually, liposuction will take a maximum of two hours, and often substantially less, depending on just what procedures you are having. If a friend or relative is waiting at the clinic while surgery is being performed, you can ask that he or she be notified when the operation is over.

After surgery, while you are still under sedation, you will be taken to a recovery room. There, under the watchful care of skilled staff members, you will remain for an hour or two, until your doctor is satisfied that you are ready to leave. Your blood pressure, heart rate, and other body functions will be monitored and checked at appropriate intervals.

Although you will be walking and alert when you leave the clinic, office, or surgical suite where the operation was performed, it is not a good idea for you to drive yourself home. You will be asked to arrange ahead of time for transportation home-either by having a friend pick you up and take you, or by having a taxi take you directly home. Going home by car is much better than going on public transportation.

The best results of your liposuction are assured by a comprehensive, thorough follow-through, so that you can continue to stay healthy and look attractive. Achieving this requires two things: the awareness and knowledge of your liposuction surgeon to put you in touch with resources that will help you maintain diet and exercise plans, and-even more important-your own willingness to carry out those suggestions. If you are determined to make the most of your liposuction, which has, after all, cost you considerable time, money, and physical trauma, then you will remain diligent and conscientious. That commitment will keep you looking your best.

FIRST-DAY REST

At The Surgiderma, I advise my patients to spend the day of surgery in minimal activity after the operation. You should rest...lying in bed or on the

couch. You can get up to go to the bathroom, unless instructed otherwise, but that should be the extent of your activity on the day you have had surgery.

BANDAGES

My patients are told they will wear the bandages, tape, or special garment 24 hours a day for three week following surgery, unless specifically given other instructions. They take off the garment when they go to the bathroom to urinate or defecate, but otherwise the garment should stay on, even while they are sleeping. The tight bandages or garment help the underlying skin to bond together, thus speeding healing and giving the skin a better overall appearance of the body. It should be worn for 6 weeks



1. Special garments, bandages, or tape must be worn constantly for several days following surgery.

2. The areas where surgery has been performed are protected by bandages, tape, or special garments.

3. A side view shows the area following liposuction protected by bandages, tape, and special garments.

For one week following surgery, do not shower or take a tub bath.

Washing your hair is permissible as soon as you feel up to standing at the

basin, unless, of course, you have had facial liposuction. Better yet, make an appointment at the beauty salon. You may be more fatigued than you anticipated after surgery.

DIET AND MEDICATIONS

After liposuction surgery, I recommend to my patients that they continue The Liposuction Diet. The diet is primarily composed of fruits and vegetables. Animal protein is limited to moderate amounts of chicken, turkey, or fish. The diet contains no eggs, butter, cheese, or dairy products. It includes only small amounts of animal fats and other foods that contain triglycerides. It is extremely important that you drink no alcohol while you are on this diet- including beers, wines, or wine coolers. Alcohol tends to retard wound healing.

You may drink as much water as you wish. I recommend a minimum of 8 glasses a day. An easy way to remember how much you have drunk is to place a small, gummed, star sticker on a wall calendar after each glass. The star helps you to keep track of your fluid intake. By becoming aware of how much you are drinking during the day, you are more apt to remember your beverage consumption. Coffee, tea, and diet beverages are permitted in moderate amounts.

While you are following this diet, you should be taking the multi-vitamin and mineral supplement your doctor prescribes.

After surgery, you should have minimal discomfort. I may give patients a prescription (usually acetaminophen) for mild pain, but they seldom need to



use it.

YOUR APPEARANCE AFTER SURGERY

Liposuction is cosmetic surgery. So one of your first reactions, after you have returned home, may be to ask others how they think you look or to view yourself in the bathroom mirror after you have taken off the surgical garment.

Do not judge the success of your liposuction operation by what you see the first time you examine your body or look in the mirror. In fact, the full benefits of your liposuction will not become apparent for several months.

There are several reasons this is so.

It is normal-and expected-for your body to become bruised and swollen, especially in or near the area where surgery has taken place. If you have had liposuction of the abdomen, for example, you may see discolorations and bruises on your skin, though not necessarily around your incision. The bruises may be red, purple, yellow, green, dark brown, or any combination. You may wonder what has happened, and if the surgery really has been

successful.

You need not become alarmed. These bruises will fade with time. There is nothing you can do to speed the process. Your body has been submitted to a certain amount of trauma, and this is a normal reaction. Having discolored skin does not mean that you are hemorrhaging internally, and it certainly will be a short-lived, temporary condition.

SWELLING OR EDEMA

You will almost certainly have some slight swelling in the area in which liposuction has taken place. Since the swelling makes your body appear larger, you may wonder if the liposuction was effective at all. Again, do not panic. You are having a normal body reaction to surgery. A great part of the swelling is due to the body's inflammatory response-which includes the release of interstitial fluid. Water that is normally contained inside cell walls comes out of the cells as a response to the stress of the operation and settles in the tissue spaces between the cells. The swelling it causes is called edema. Gradually, the water is reabsorbed into the cell walls, and the swelling goes down. If your doctor feels the swelling is excessive, he or she can prescribe appropriate medication. But the usual therapy-and the most traditional, conservative way to handle the condition-is to let the water go back into the cells at its own pace. This swelling does not mean your wound is infected.

TEMPORARY NUMBNESS

Rest on the day of surgery, wear the garment or bandages as instructed, follow the diet and take your vitamin-and-mineral supplement as prescribed, and shortly you will be back in your usual routine.

How soon that will be depends on your state of health, the location and extent of the liposuction, and how rapidly you convalesce. Fortunately, liposuction is a relatively simple operation. Since skin incisions are small and placed in the fold lines as much as possible, there should be minimal scarring. In fact, most liposuction patients find that any scars from the incisions are almost invisible.

FINAL RESULTS

Remember that liposuction is body contouring-shaping your body towards the desired appearance and dimensions - removing unwanted bulges by auctioning away unsightly fat deposits. The skill and experience of your surgeon are so very important in obtaining the results you wish. He or she will be able to gently, yet effectively, remove just the "right" amounts of fat. When the bruises have faded and the swelling has subsided, when you are indeed wearing the clothing you've longed for, when you can look at yourself

in the mirror without feeling ashamed, embarrassed, or uneasy, you will truly appreciate your doctor's expertise.

The veteran liposuction surgeon will proceed cautiously during the operation, aware that your final appearance is in her or his hands. If, after your healing process is complete, a slight touchup is found to be desirable, it can easily be done.