



December 12, 2023

Blue Cross Blue Shield of IL
Claim review Section
P.O. Box 2401
Chicago, IL 60690
F: 888-235-2936

Kemberli Anderson
Patient ID: RBT832780402
DOB: 10/03/1971
Appeal #: 532817132

To Whom It May Concern,

Please accept this letter as Kemberli Anderson's Second Level Appeal of Blue Cross Blue Shield of Illinois decision to deny coverage for Dr. Jaime Schwartz to perform Lipedema Reduction Surgery. It is my understanding that in the letter from Blue Cross Blue Shield, the reason our appeal was denied was because we failed to prove medical necessity.

The denial letter states we did not include chart documentation that the patient has not been treated for at least 3 months without success without surgery. It also states that our records do not show the patient's tissue is soft to touch.

There are 7 main symptoms that need to be met to be diagnosed with lipedema. Those symptoms are:

1. Disproportional fat distribution.
2. Thickened subcutaneous fat in the affected extremities bilaterally and symmetrically.
3. Tenderness and nodularity of fat deposits in lipedema affected areas (dimpled or orange-peel texture).
4. Negative stemmer sign.
5. Absence of pitting edema.
6. Cuffing
7. Soft adipose tissue.

Miss Anderson has a confirmed diagnosis of Lipedema between 4 different providers. She was diagnosed by two non-surgeons, Dr. Emily Iker and Dr. Karen Herbst. And then again by Dr. David Amron and Dr. Jaime Schwartz. All four providers within the last 5 years agreed Miss Anderson has lipedema and the surgical route is the best option for her. I will include the notes from Dr. Herbst, Dr. Schwartz and Dr. Iker.

There have been numerous conservative treatments Miss Anderson has attempted, that have shown little to no real improvement. After her initial edema diagnosis in 2018 for three months she was consistently doing manual lymphatic drainage per Dr. Iker's diagnosis. In July of 2020 she was officially diagnosed with Lipedema and attempted MLD again as well as pump therapy. She confirmed her second diagnosis of Lipedema September that same year. She has been wearing compression garments daily since then. Due



to the pain and inflammation, she does take aspirin when needed. She has also tried many diets where she does “lose weight” however never in the limbs and trunk.

Based on this, Miss Kemberli Anderson is requesting that you reconsider this decision and allow Dr. Schwartz to perform all necessary procedures at TLC Surgical Center. Again, I have included her consultation notes and photos again for your review. Should you require additional information, please do not hesitate to contact our office at (310)882-5454.

We look forward to hearing from you,

Jae Arellano
Jaime Schwartz, MD



References

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EFFECTIVENESS OF LIPEDEMA SURGERY

There are approximately 1,000 lipedema surgeries performed every year in the United States. They are essential to improving function and reducing pain for patients suffering from this disease.

An August 2014 review of the forty-seven publications from 1982 to 2014, found agreement of the forty-seven publications from 1982 to 2014, found agreement that lipectomy is an applicable and effective treatment for chronic medical conditions such as lipedema. *Liposuction: A Surgical Tool to Improve the Quality of Life after Morbid Medical Conditions: Review of Literature*, Elkhatab HA 2014 *Anaplastology* 3:133. Lipectomy for lipedema has a definite positive and long-lasting effect. *Liposuction is an Effective Treatment for Lipedema-Results of a Study with 25 Patients*, Rappich. Stefan, MD et al, *Journal of the German Soc of Derm*: Vol 9, (2012); p 33-40. (the majority of patients no longer require prolonged further therapy. Reduction of pain and drastic improvement in the patient's quality of life is noted in all patients.)

Liposuction has ceased to define a specific procedure and became synonymous with a surgical technique or tool the same as the surgical knife, laser, electrocautery, suture material, or even wound-dressing products. *Functional and Therapeutic Indications of Liposuction: Personal Experience and Review of the Literature*, Bishara Atiyeh 2015 *Annals of Plastic Surgery* 75(2). Liposuction results in fewer complications such as hematoma formation, skin necrosis, wound infection, and dehiscence with delayed healing and prolonged hospital stay. *Aesthetic or Functional Indications for Liposuction*, Michel Costagliola, MD et al, *Aesthetic Surgery Journal*, Volume 33, Issue 8, November 2013, Pages 1212–1213. In other words, liposuction is to surgical lipectomy what endoscopic cholecystectomy is to open surgical cholecystectomy.

Lipedema surgery decreases the mechanical stress on lymphatic vessels sufficiently to allow for the cessation of compression garment use beyond the initial postoperative period. *Long-term Outcome After Surgical Treatment of Lipedema*, Anne Warren Peled, MD, et al, *Annals of Plastic Surgery* Volume 68, Number 3, March 2012.

The international expert in lipedema, Dr. Josef Stutz, has studied the effects on the health of his patients for many years. The effects in a patient's body from the unusual gait from lipedema fat storage around the knees causes multiple joint complications. Stutz concluded that lipectomy is the only treatment that can remove the mechanical impediment to normal gait and prevent joint deterioration. *Liposuction of Lipedema for Prevention of Later Joint Complications*; Stutz, Josef MD, *Vasomed*, Vol 23 (2011).

Wollina and colleagues reported on 111 patients mostly with advanced lipedema treated by this technique in our center between 2007 and 2018. The median pain level before treatment was 7.8 and 2.2 at the end of the treatment. An improvement of mobility could be achieved in all patients. Bruising was also reduced. Serious adverse events were observed in 1.2% of procedures, the infection rate was 0% and the bleeding rate was 0.3%. Liposuction is an effective treatment for painful lipedema. *Dermatol Ther*. 2019 Mar; 32(2) In another study of 209 patients, quality of life increased significantly after surgery with a reduction of pain and swelling and decreased tendency to easy bruising. Bauer and colleagues, *New Insights on Lipedema: The Enigmatic Disease of the Peripheral Fat*. *Plast. Reconstr Surg*. 2019 Dec. 144(6)

Thus, lipedema surgery is safe, effective, and the standard of care for many, many years. Indeed, the International Consensus Conference on Lipedema issued conclusions that although lipedema has been underdiagnosed in places like the United States, multiple studies from Germany have reported long-term benefits for as long as eight years after lipedema surgery. <https://www.ncbi.nlm.nih.gov/pubmed/3135643> 3

Visit Note - August 7, 2023

PMS ID: Sex: DOB: Phone: MRN:
 115636PAT000000680 Female 10/19/1965 (858) 213-1101 MM0000000671

Medical History

Anxiety
 Depressive disorder
 History of orthopedic surgery:
 left knee 2 times
 right rotator cuff
 Lipedema
 Victim of sexual abuse
 Victim of verbal abuse

Surgical History

Surgical biopsy of skin: possible
 skin cancer

Plastic Surgery History**Plastic Surgery History**

Augmentation mammoplasty
 Circumferential lipectomy: Dr.
 Amron

Family History of Breast Cancer

Do you have a family history of
 breast cancer?: No
 None

Family History of Malignant Hyperthermia and Anesthesia Sensitivity

Do you have a family history of
 malignant hyperthermia or
 severe reactions to anesthesia?:
 No
 None

Herbal Medications and Supplements

Do you take any herbal
 medications or supplements?:
 Yes
 Vitamin B: B12
 Other: Trace Minerals - B12
 Active Iodine Drops

Family History of Melanoma

Do you have a family history of
 Melanoma?: No

Social History

Sexually active with one partner

Patient feels safe at home

EtOH none

Chief Complaint: Lipedema Consultation

HPI: This is a 57 year old female who is being seen for a lipedema consultation for lipedema affecting the legs, thighs, arms, abdomen, pubic area, buttocks, hip shelf, knees, and ankles.

Legs:

- Location: Anterior and Posterior
- Tenderness: Yes
- Lipomas: Yes
- Bruising: Yes
- Pain: Yes
- Cuffing: Yes
- Dimpling: Yes

Thighs:

- Location: Anterior and Posterior
- Tenderness: Yes
- Lipomas: Yes
- Bruising: Yes
- Pain: Yes
- Dimpling: Yes

Arms:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

Abdomen:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

Pubic Area:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

Buttocks:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes
- Dimpling: Yes

Hip Shelf:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes
- Dimpling: Yes

Knees:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes

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Caffeine Use: A few times a month
 Exercise: A few times a week
 Occupation: Exec Assistant
 Personal Assistant
 Place of Residence: Condo
 Smoking status - Never smoker
 Driving status:
 Drives in the Daytime
 Drives at Night

Medications

Other: B12
 Trace Minerals
 Iodine Sublingual
 Claritin D

- Spongy Adipose Tissue: Yes

Ankles:

- Tenderness: Yes
- Lipomas: Yes
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

Duration: 45 years

Similarly Affected Family Members: mother

Pedicures: Yes (patient is not able to tolerate pedicure massages)

Do You Wear Boots: No

Lipedema Worsened By: puberty, pregnancy, and menopause

Swelling Occurs With: standing, sitting, end of day, and summer

Previous Treatments: Elevation, Compression Garments for 12 weeks or more, and Sequential Pumps for 12 week or more

Difficulty Walking: Yes

Flexibility: Moderately Flexible

Cooler Areas: buttocks

Easy Bruising: legs, thighs, calves, abdomen, buttocks, and arms

Pain: all the time, with movement, when touched, and when sleeping

Ability to move a chair from one room to another: With a little difficulty

Ability to bend down and pick up clothing from the floor: With some difficulty

Ability to stand for one hour: Unable to do

Ability to do chores such as vacuuming or yard work: With much difficulty

Ability to push open a heavy door: Without any difficulty

Ability to exercise for an hour: Unable to do

Ability to carry a heavy object (over 10 pounds /5 kg): Without any difficulty

Ability to stand up from an armless straight chair: Unable to do

Ability to dress yourself, including tying shoelaces and buttoning your clothes: Without any difficulty

Ability to able to dry your back with a towel: Without any difficulty

The patient understands and agrees that they must continue wearing compression garments after their surgery.

Additional History: Surgery with Dr. Amron

3 years ago

Arm lift (Dr. Davis)

Arms

Legs

Arms

Flanks

She felt great up until this year

Watched webinar

Dr. Iker referral

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/07/23 09:17	Escobar, Evyn						66.0 in*		0	0
	FiO2									
Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/07/23 09:17	Escobar, Evyn							160.0 lbs*	0	0
	FiO2									

* Patient Reported

Exam:

An examination was performed.

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Base

Appearance: well developed and nourished

Memory: Appropriate recent and remote memory with appropriate history provision

Judgment and Insight: Appropriate judgment, insight, interpersonal dynamics and expectations of encounter and goals of treatment

Orientation: Alert and oriented to person, place, time.

Mood: Mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances

Skin Inspection: Normal skin inspection without rashes or concerning lesions

Skin Palpation: Normal skin palpation without rashes or concerning lesions

Comprehensive Upper Extremity

LN Exam: Normal lymphatic exam without lymphadenopathy in cranial, cervical, axillary and inguinal regions

Right Upper arm Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease**

Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Left Upper arm Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease**

Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Right Forearm Inspection: **forearm tenderness. Vascular manifestation such as cherry angiomas, telangiectasia, venous disease**

Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Left Forearm Inspection: **forearm tenderness. Vascular manifestation such as cherry angiomas, telangiectasia, venous disease**

Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Right Hand Inspection: Normal alignment, no deformity, no tenderness, no warmth

Right Hand Stability: Stable

Right Hand Special: Normal

Left Hand Inspection: Normal alignment, no deformity, no tenderness, no warmth

Left Hand Stability: Stable

Left Hand Special: Normal

Digit Inspection: **Negative Stemmer Sign Fingers/Toes**

Right UE Peripheral Pulses: normal radial and ulnar

Left UE Peripheral Pulses: normal radial and ulnar

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pulses, without thrill, good capillary refill
 Right UE Peripheral Sensation intact to light touch
 throughout peripheral nerve distributions
 Coordination: Coordination normal.

pulses, without thrill, good capillary refill
 Left UE Peripheral Sensation intact to light touch
 throughout peripheral nerve distributions

Cosmetic Abdominoplasty

Appearance: **overweight.**

Abdominal Survey: **mass, right lower quadrant, mass, left lower quadrant, tenderness, right lower quadrant, and tenderness, left lower quadrant Superficial masses and tenderness c/w Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema**

Hernia Exam: Normal abdominal wall without hernias or bulges

Respiratory Effort: Normal respiratory effort without labored breathing or accessory muscle use

Right LE Peripheral Pulses: normal femoral, posterior tibialis and dorsal pedis pulses, brisk capillary refill

Left LE Peripheral Pulses: normal posterior tibialis and dorsal pedis pulses, brisk capillary refill

Comprehensive Lower Extremity

Gait: **scissor.**

Right Thigh Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema, Persistent Enlargement of after elevation of extremity or weight loss Persistent Enlargement of after elevation of extremity or weight loss.**

Left Thigh Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema, Persistent Enlargement of after elevation of extremity or weight loss Persistent Enlargement of after elevation of extremity or weight loss.**

Right Knee Inspection: **valgus alignment. Medial Lobules, Tissue Overhanging or Covering Knee.**

Left Knee Inspection: **valgus alignment. Medial Lobules, Tissue Overhanging or Covering Knee.**

Right Leg Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of**

Left Leg Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema**

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extremity or weight loss.

Right Ankle Inspection: **varus hindfoot. Ankle Cuff.**

Right LE Sensation intact to light touch throughout peripheral nerve distributions

Persistent Enlargement of after elevation of extremity or weight loss.

Left Ankle Inspection: **varus hindfoot. Ankle Cuff.**

Left LE Sensation intact to light touch throughout peripheral nerve distributions

Peripheral Vascular

Lower Extremity Venous:

Right Lower Extremity Venous: **edema, severe**

Left Lower Extremity Venous: **edema, severe**

Impression/Plan:

Pt needs to figure out which breast implants she had placed
 Done 5 years ago
 Previous capsular contracture

Plan:
 R&R with mastopexy

1. Lipedema: Associated diagnoses: Localized Adiposity, Obesity, Subcutaneous Fat, Varicose veins of bilateral lower extremities with pain, Lymphedema, not elsewhere classified, and Edema, unspecified

Plan: Counseling - Lipedema

I counseled the patient regarding the following:

Skin care: Treatments include diet, exercise, and compression. If there is associated lymphedema, patients can benefit from manual lymphatic drainage. Liposuction has also been used to treat this condition.

Expectations: Lipedema is a chronic condition characterized by excessive fat deposits on the legs, thighs, and buttocks. It can also affect the upper arms. The condition can be painful and can cause easy bruising. The cause is unknown. It may be genetic and because the condition affects almost exclusively women, it has been postulated that hormones may play a role in development of the condition.

Contact office if: Lipedema causes pain or discomfort.

Lipedema is a chronic disease presenting in women during puberty or other times of hormonal, weight and/or shape change such as pregnancy or menopause, characterized by symmetric enlargement of nodular, painful deposition of inflamed and fibrotic subcutaneous adipose tissue. Lipedema was first named as a medical condition in 1940 at the Mayo Clinic¹ and in Germany.² The diagnosis of lipedema is largely clinical and based on criteria initially established in 1951 by Drs. Wold, Allen and Hines.³ Lipedema starts in the lower extremities leading to circumferential bilateral lower extremity enlargement typically seen extending from the below the umbilicus to the ankles resulting in edema, pain and bruising; with secondary lymphedema, fibrosis and spreading of abnormal tissues to the trunk and arms occurs during later stages. Unfortunately as the lipedema tissue grows, the deep fascia and muscle are also affected reducing the function of the lymphatic pump.

Lipedema is a hereditary disease and recently the first mutated gene AKR1C1 was discovered resulting in a slower and less efficient reduction of progesterone to hydroxyprogesterone and increased subcutaneous fat deposition in variant carriers, confirming hormones as important in lipedema.⁴ Lipedema also clearly manifests as a connective tissue disorder characterized by loss of elasticity in the skin⁵ and the aorta,⁶ hypertrophic adipocytes, inflammatory cells, and dilated leaky blood and lymphatic vessels.^{7, 8}

She has lipedema in her legs, arms and trunk that includes nodules and pain in these areas. Her hands, feet, and upper trunk have been spared. She has other signs of lipedema including a negative Stemmer's sign and abnormal fat pad development, disproportion, pain and dysmobility.

She also might be developing early stages of lipo-lymphedema and thus her lipedema needs to be treated.] She has tried conservative measures for many months and while conservative therapies can reduce swelling and pain for a short time, removing

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the diseased tissue with surgery is necessary to reduce symptoms and progression long-term.

Lipedema is distinct from non-lipedema obesity, although some, not all, patients can be obese. The adipose tissue accumulation is bilateral and symmetrical in the extremities, with the feet and hands spared from lipedema fat accumulation unless there is loss of elasticity as in hypermobile Ehlers Danlos where the skin has lost elasticity and fat can grow on the hand (with or without obesity). A hallmark of earlier stages of lipedema is the discrepancy in fatty tissue of the extremities compared to the trunk. This is in contrast to the fat associated with lifestyle-induced obesity, which is usually global and proportionate, affecting the abdomen equal or greater than the hips.

Women with lipedema find it difficult to lose weight before a needed surgery or other procedures. There is a significant number of women with lipedema who have failed bariatric surgery because they were already controlling their diet but just not losing weight.⁹⁻¹¹

Besides the many painful nodules that women with lipedema have, studies indicate that women with lipedema do not have the muscle strength like people who have non-lipedema obesity, are subject to more injuries and have poorer functional capacity.¹² Thus, to improve function and reduce pain, lipedema surgery is recommended.¹³

I counseled the patient regarding the following:

Lipodystrophy Care: Cosmetic body contour dissatisfaction may be due to excess skin, stretch marks, bulging, fat excess, muscle weakness, and other complaints. Abdominoplasty, liposuction and other body contouring techniques are performed to help correct these issues. Surgery is commonly performed on an outpatient basis, although overnight hospitalization may be indicated in some patients, particularly those undergoing large body contouring operations. Aesthetic body contouring deformities may improve somewhat with diet control, exercise, rest, and proper skin care, including avoidance of excess sun and abstinence from nicotine. Specific preoperative and postoperative instructions will be provided for surgery.

Expectations: Body contour aesthetic concerns may be the result of obesity or overweight, pregnancy, genetic factors, sun damage, prior surgery, hernias, and other factors. Aesthetic surgery for these concerns is generally not performed for the purposes of weight loss. Rather, overweight patients are advised to lose weight in a controlled, supervised manner until a maintainable plateau weight is achieved before undergoing body contouring operations, in order to optimize results and reduce surgical risks. Liposuction often does not correct wrinkling, roundness, or laxity or fullness on the abdomen or other body locations. Liposuction is also performed for contouring purposes, rather than weight loss intent. Skin retraction may not be complete with liposuction, and excess skin may require surgical removal for full correction. Use of garments after surgery is advised and instructions will be provided. Risks, benefits, expectations and alternatives to liposuction have been explained in detail, including, but not limited to, the risks of infection, bleeding, injury to nerves or abdominal organs, bulging, contour irregularities, inadequate skin retraction, persistent deformity, seromas, deep venous thrombosis, pulmonary embolism, fat embolism, scarring, delayed healing, and other risks. Aftercare and possible use of drains have been explained. No guarantee or warranty regarding cosmetic outcome or longevity of results was given or implied.

Contact office if: the patient develops concerning symptoms such as severe abdominal pain, nausea, vomiting, diarrhea, fever, excessive or unusual drainage, swelling, redness, difficulty breathing, bleeding, or other concerning symptoms. Please contact the office if additional procedures or a change to the recommended treatment plan are desired. Fees for cosmetic procedures are valid for a limited time, as specified on the fee schedule, and are subject to change at the practice's discretion. Please contact the office with any questions regarding fee schedule, payment policy, product concerns, or preoperative and postoperative questions.

The risks, benefits, expectations and alternatives of liposuction were discussed and include but are not limited to: infection, bruising, lumpiness, pain, anesthesia reaction, dysesthesia, scarring in treatment area or puncture point, vasovagal reactions, tachycardia, nausea, necrosis, ulceration, color change and asymmetry.

I discussed the following surgical options with the patient:

Abdominoplasty: Abdominoplasty is the medical term for what is commonly referred to as a tummy tuck. It is a procedure performed to remove excess skin and draping fat from the lower abdomen. It is performed for the purpose of body contouring, not for the purpose of helping patients lose weight. While tissue removed during the procedure has some weight, the procedure is strictly not a procedure for weight loss. Patients seeking to lose weight are best suited by losing the weight through supervised diet and exercise until a stable, more desirable weight is achieved and maintained prior to the surgery. Abdominoplasty is performed through an incision low in the abdomen, usually in the same crease as a C-section would be performed in the suprapubic crease. The skin and fat are undermined off the muscle layer and the muscle layer is typically tightened with a plication procedure. An incision is also performed around the belly button (umbilicus) to allow it to be repositioned when the skin is redraped. After release, the excess tissues are removed and the belly button is delivered through a hole in the tightened skin. Typically, the hole created for release of the umbilicus is within the skin that is ultimately removed. However, in some cases, the hole must be closed and results in a small scar in the lower abdomen below the new hole created for delivery of the belly button. Drains may be used to evacuate fluid from under the fat layer to permit healing. They are usually removed within the first 10-14 days. A postoperative garment and/or binder will be required for several weeks to 2 months to aid in shaping. The scar will usually go through changes over the course of 6-12 months before final maturity. Scar revisions are occasionally required. Placement of the surgical incisions may be aided by the patient bringing typical swimwear, which can help to optimize concealment of the scar. Early ambulation after surgery

is important to reduce risks of blood clot formation.

Back Lift: A Back Lift involves removal of adipose tissue and skin. Significant incisions may be required to remove redundant skin. The risks, benefits, expectations and alternatives (including incisional approaches and minimally invasive or noninvasive techniques) have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the patient's satisfaction. No guarantee or warranty was given or implied regarding cosmetic outcome, longevity of results, or satisfaction therewith.

Brachioplasty: Brachioplasty involves removal of the redundant skin, and some excess fat, on the upper arm. The incision is either fashioned along the inner arm seam, or along the back of the arm, and it may be extended into the axilla (armpit) area. It may traverse the length of the upper arm all the way to (and even beyond) the elbow crease. The excess skin is removed and the remaining skin is closed together to improve the cylindrical shape of the arm. Care is paid to avoid overresection of skin in order to reduce the risk of inability to close the incision completely at the time of surgery, which is a possibility with significant skin removal when the skin swells. The incision may be numb and may take 3-5 weeks to heal to closure. Scar maturation may take 6-12 months. Drains may be used for up to 10-14 days in many patients.

Breast Reduction: Breast reduction involves removal of breast tissue and skin. Significant incisions may be required to remove redundant skin. The risks, benefits, expectations and alternatives to breast reduction (including incisional approaches and pedicle selection) have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, nipple loss, loss of nipple sensation, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the patient's satisfaction. No guarantee or warranty was given or implied regarding cosmetic outcome, longevity of results, or satisfaction therewith.

Fleur-de-Lis Technique: The fleur-de-lis technique involves both horizontal and vertical incisions resulting in an inverted-T shaped scar. This variant of abdominoplasty design is appropriate for many patients with massive weight loss, who have excess skin and fat in both horizontal and vertical directions. The vertical scar is not easily concealable in two-piece bathing garments but may be a reasonable trade-off for many patients in order to secure a better overall contour and correction of skin redundancy. Healing may take 1-2 weeks longer than what would otherwise be required for standard abdominoplasty incisions.

Liposuction: Liposuction may improve contour irregularities and volume excesses. Tumescence fluid with local anesthetics and other medications is used to reduce postoperative bleeding and pain. Fat removal may be enhanced by ultrasound, Vaser, power or other assisted techniques. Repeated sessions of liposuction may be required. Liposuction is a procedure to contour the body's shape, not to help the patient lose weight. A very small amount of weight may be lost as a result of the suctioning of fat, but sustained weight improvement requires attention to diet and exercise. Under no circumstances should the patient expect liposuction to create significant weight loss through the surgery itself. The risks, benefits, expectations and alternatives to liposuction have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, nipple loss, loss of nipple sensation, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the patient's satisfaction.

Lower Body Lift: A lower body lift is an extensive technique that includes abdominoplasty, often combined with circumferential correction of excess skin on the back (belt lipectomy or circumferential torsoplasty), as well as bilateral medial and lateral thigh lifting. Incisions include the standard abdominoplasty incision as well as scars on the inner thighs, and a possible extension of the abdominal scar all the way around the back. This procedure is often performed on a hospital setting where overnight hospitalization can be offered, due to the typical length of surgery and extent of incisions. Delayed healing, seromas and scars are common issues with this operation, but the resultant improvement in body contour is often rather dramatic. Early ambulation after surgery is important to reduce risks of blood clot formation. Multiple drains are usually required.

Medial Thigh Lift: A medial thigh lift is a procedure done to remove excess skin on the thighs, and may be combined with abdominoplasty or body lifting (belt lipectomy or circumferential torsoplasty). Incisions are made on the inner thighs, and may be confined to the groin creases in some cases, though many patients require extensions of the incisions down the thigh to remove the excess properly. When combined with body lifting, incisions also include a lower abdominal incision and a possible extension of the abdominal scar all the way around the back. Standard medial thigh lifting may be performed on an outpatient basis, usually under general anesthesia. Delayed healing, seromas, numbness in the thighs and scars are common issues with this operation, but the resultant improvement in body contour is often rather dramatic. Concealment of scars may be difficult in shorts, skirts or bathing suits. Early ambulation after surgery is important to reduce risks of blood clot formation. Drains are often in place for 10-14 days, although some patients require longer periods of drainage due to proximity of the thigh lymphatic vessels to the treatment area. The postoperative garments can also help significantly reduce the fluid accumulation.

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 115636PAT000000680 Female 10/19/1965 (858) 213-1101 MM0000000671

Panniculectomy: Panniculectomy is a procedure involving removal of the excess apron of skin and fat below the belly button. In contrast to abdominoplasty, it usually does not involve undermining of the skin well above the belly button. In addition, muscle plication of the abdominal wall may not be performed in panniculectomy. Panniculectomy may be required medically in patients with severe recurrent infections or rashes in the crease below the pannus. Delayed healing and fluid collections are not uncommon. Risks also include, but are not limited to, infection, bleeding, deep venous thrombosis (blood clots), scarring, persistent excess tissue, cosmetic dissatisfaction, and other risks.

Power-Assisted Liposuction: Power-assistance involves the use of a power source to oscillate the suction cannula device to reduce manual effort for the surgeon. In other respects, it is similar to standard liposuction.

Lipodystrophy Option Other: Lipedema Reduction Surgery with Lymphatic Sparing Liposuction (LSL) and Manual Lipedema Extraction (MLE)

LRS surgical stage options:

Anterior thighs - 15879-50-22

Anterior legs - 15879-50-22

Abdomen - 15877-22

Arms - 15878-50-22

Buttock Shelf/Hips 15877-22

Posterior Thighs - 15879-50-22

Posterior Legs - 15879-50-22

Panniculectomy - 15839

Arm lift - 15836-50-22

Thigh lift - 15832-50-22

After counseling, we decided on the following plan: Power-Assisted Liposuction and Lipodystrophy Option Other and LRS surgical stages:

1:Arms - 15878-50-22

1:Buttock Shelf/Hips 15877-22

1:Posterior Thighs - 15879-50-22

1:Posterior Legs - 15879-50-22

2:Anterior thighs - 15879-50-22

2:Anterior legs - 15879-50-22

2:Abdomen - 15877-22

2:Panniculectomy - 15839

3:Arm lift - 15836-50-22

3: Knee lift: 15833

4:Thigh lift - 15832-50-22

I discussed the following miscellaneous information with the patient:

Nicotine Abstinence: I counseled regarding the risks of nicotine exposure, including delayed healing, infection, perioperative cardiovascular events and possible need for extended wound care or return to surgery.







Imaging Studies: Imaging studies including CT scans or MRI's may be appropriate to help determine the extent of deformity or to rule out hernias, and to help guide treatment.

Follow up PRN for: Preoperative Appointment, Discussion of Procedure, Additional Consultation, Preoperative Marking

Staff:

Jaime Schwartz (Primary Provider) (Bill Under)

Evyn Escobar (scribe)

Other Photos		
		
Consult Photos _1	Consult Photos _2	Consult Photos _3
		
Consult Photos _4	Consult Photos _5	Consult Photos _6

I, Evyn Escobar am scribing for, and in the presence of Jaime Schwartz.

Electronically Signed By: Evyn Escobar, 08/08/2023 11:34 AM PDT

I, Jaime Schwartz, personally performed the services described in the documentation as scribed by Evyn Escobar in my presence, and confirm it is both accurate and complete.

Electronically Signed By: Jaime Schwartz, 08/08/2023 11:34 AM PDT

Visit Note - August 30, 2023

PMS ID: Sex: DOB: Phone: MRN:
115636PAT000000680 Female 10/19/1965 (858) 213-1101 MM0000000671**Medical History**

Anxiety
 Depressive disorder
 History of orthopedic surgery:
 left knee 2 times
 right rotator cuff
 Lipedema
 Victim of sexual abuse
 Victim of verbal abuse

Surgical History

Surgical biopsy of skin: possible
 skin cancer

Plastic Surgery History**Plastic Surgery History**

Augmentation mammoplasty
 Circumferential lipectomy: Dr.
 Amron

Family History of Breast Cancer

Do you have a family history of
 breast cancer?: No
 None

Family History of Malignant Hyperthermia and Anesthesia Sensitivity

Do you have a family history of
 malignant hyperthermia or
 severe reactions to anesthesia?:
 No
 None

Herbal Medications and Supplements

Do you take any herbal
 medications or supplements?:
 Yes
 Vitamin B: B12
 Other: Trace Minerals - B12
 Active Iodine Drops

Family History of Melanoma

Do you have a family history of
 Melanoma?: No

Social History

Sexually active with one partner

Patient feels safe at home

EtOH none

Chief Complaint: Lipedema

HPI: This is a 57 year old female who is being seen for a chief complaint of Lipedema. Patient is seeking a plan of care for Lipedema. She was diagnosed by Dr. Iker and reports symptoms started when she was going through puberty.

Please choose any of the following connective tissue conditions or associated conditions that you have:

Lipedema

Who initially diagnosed you with your condition? Dr. Iker

How did you hear or learn about Dr. Herbst? Dr. Iker

When did your condition start or when do you think it started? a. Puberty

Have you ever noticed your legs were larger than the rest of your body or larger than people of your same age? At what age? 13

Is your tissue painful? Yes

If yes, at what age and/or after what event did the pain start? 13

Which areas of the body are you experiencing pain? a. Upper arms b. Lower arms c. Breasts f. Lower back g. Front of thighs h. Back of thighs i. Inner thighs j. Front of calves k. Back of calves l. Inner calves m. Ankles

Are there areas of your body that are tender to the touch? If yes, where? a. Upper arms g. Front of thighs h. Back of thighs i. Inner thighs j. Front of calves k. Back of calves

l. Inner calves m. Ankles

On a comparative pain scale of 1-10 (10 being the most painful), what pain level are you experiencing on a daily basis? 7 / 10

What pain level do you experience on a bad day? 10 / 10

What pain level do you experience on a good day? 5 / 10

Do you experience swelling? Yes

If yes, where on the body do you experience swelling? a. Upper arms b. Lower arms g. Front of thighs h. Back of thighs i. Inner thighs j. Front of calves k. Back of calves m. Ankles

Do you swell more standing for long periods of time? Yes

How long (minutes) can you stand without swelling, pain or other issues? d. 11-20 minutes

Do you swell sitting for long periods of time? Yes

How long can you sit without swelling, pain or other issues? d. 11-20 minutes

Do you swell or does your swelling worsen in the heat? Yes

Do you elevate your legs to make them feel better? Yes

Does any swelling you have resolve with elevation or sleeping overnight? Yes

Are there any areas of your body that you don't lose fat tissue from by diet or exercise? (choose all that apply) a. Upper arms d. Abdomen f. Lower back i. Front of thighs j. Back of thighs k. Inner thighs l. Front of calves m. Back of calves n. Inner calves o. Ankles

Have you been able to lose weight on an eating plan? Yes

What eating plans have you tried that improved your symptoms, including swelling and pain? Ketogenic Anti-inflammatory Low carbohydrate

What activities are you unable to perform? Yoga, walking long periods, bending down/kneeling

What exercise do you do? Walking

Do you experience extreme fatigue defined as a lingering tiredness that is constant and limiting; in other words, unexplained, persistent, and relapsing exhaustion. Yes

Do you have brain fog? Yes

Choose all parts of your body where you have heavy tissue: Upper arms Abdomen Lower back Front of thighs Back of thighs Inner thighs Front of calves Back of calves Inner calves Ankles

Do you wear compression garments? Yes

How long have you worn compression? > one year

What are the benefits of wearing your compression garments? Reduction in swelling Reduction in pain

Improved shape of my legs Improved mobility

Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy? Yes

If you tried MLD, did it improve your symptoms? Yes

Have you tried the following manual therapy: Depp tissue therapy such as myofascial release, Roling

Swedish massage, Thai massage, etc.? Yes

If you tried deep tissue therapy, did it improve your symptoms? Yes

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Caffeine Use: A few times a month
 Exercise: A few times a week
 Occupation: Exec Assistant
 Personal Assistant
 Place of Residence: Condo
 Smoking status - Never smoker
 Driving status:
 Drives in the Daytime
 Drives at Night

Medications

Other: B12
 Trace Minerals
 Iodine Sublingual
 Claritin D

Allergies

Penicillins - Hives - Swelling
 codeine
 Sulfa (Sulfonamide Antibiotics) -
 Swelling - Hives

Do you have intermittent pneumatic compression (IPC) pump? Yes
 If you have an IPC pump how often do you use it? Twice a day
 Which of the following therapies have you tried and received benefits for your symptoms (Choose all that apply): None of the above
 Does your physical health interfere with your social activities? Yes
 What do you do for work? Personal assistant
 Does your physical health interfere with your work? Yes
 Do you bruise easily? Yes
 How often do you find bruises on your body? Daily
 Do you have spider veins? No
 Do you have varicose veins? No
 Do you have venous insufficiency? No
 Have you ever had a vein procedure such as injection detergent or radio frequency ablation or stripping to close one of your veins? No
 If your veins were ever treated, did your symptoms improve? No
 Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus? No
 Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue? Yes
 What areas of your body have nodules, lumps or grains? Front of thighs Back of thighs Inner thighs Front of calves Back of calves Inner calves
 Rate your overall health? Good
 What was your highest weight in pounds? 175
 What was your lowest weight in pounds? 103
 Have you participated in a supervised weight loss program such as a bariatric surgery program, a weight loss clinic, a supervised dietary program, a nutritionist supervised program, a personal trainer or other? Yes
 If you participated in a supervised weight loss program, did your affected tissue reduce or did your symptoms improve? Yes
 If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery? Yes
 Four years ago she had surgery with Dr Amron.
 She has lipedema.
 She is not sleeping and thinks her hormones are all out of whack. She did a physical and he said she was normal. But she ran her labs through another doctor and they said her hormones were abnormal and she has night sweats. She wants her thyroid and her hormones checked. She is not sleeping and she has a job. She is unable to focus and it is affecting her whole entire life.
 She saw a psychologist and she was not in network and she could not afford her anymore. January 1, 2023 she got out of a relationship she was in a for a very long time, she is finding it hard. She gets texts and calls 24/7 due to being a personal assistant. She does not feel functional today. She might fall asleep at 9PM then wakes at 11PM and 12AM.
 She is gaining weight. She is not hungry and when she eats she packs on weight.
 She has not tried medications for sleep. She has not slept well in years. She was attacked and raped in her 30s. It has been a long time for her to have had long-term sleep.
 She tried Ambien but it causes her to drive and she does not know she is driving.
 Her labs were 100% estrogen and no progesterone.
 She denies stretch marks on her body except she had some on her abdomen and you cannot see them.
 She denies acne.
 She gains weight on her body on her hips to her ankles.
 She is the itchiest person ever.
 She flushes when she has hot flashes. Her skin is cool but she is really red and she gets sweaty.
 No flushing from alcohol.
 No itching from the sun.
 She has allergies to everything. Peanuts, shellfish, dogs and cats, penicillin and sulpha, and she gets hives.
 She has an epipen.
 She does not have any spider veins.

Vitals:

Karen Herbst (Primary Provider) (Bill Under)

(310) 747-5908 Fax
 (310) 882-5454 Work

Total Lipedema Care - Arizona
 6365 E Tanque Verde Road
 Suite 200
 Tucson, AZ 85715-3830

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Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/07/23 09:17	Herbst, Karen						66.0 in*		0	0
	FiO2									
Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/07/23 09:17	Herbst, Karen							160.0 lbs*	0	0
	FiO2									

* Patient Reported

Exam:

An examination was performed.

Comprehensive Lower Extremity

Appearance: **well developed and well groomed.**

Memory: Appropriate recent and remote memory with appropriate history provision

Judgment and Insight: Appropriate judgment, insight, interpersonal dynamics and expectations of encounter and goals of treatment

Orientation: Alert and oriented to person, place, time.

Mood: Mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances

Additional Exam Findings:**PHYSICAL EXAM FINDINGS FROM PHOTOS AND TELEMEDICINE INTERACTION**

Thighs: Mattress pattern; classic for lipedema

Labs/Imaging:

The Brief Environmental Exposure and Sensitivity Inventory (BREESI) is a 3-item screener for chemical intolerance with excellent predictive validity. 3/3 positive confirming chemical sensitivity.

The lower extremity functional scale (LEFS) is a measure of disability for the legs. Lower scores indicate more dysfunction.

Score = 14

Minimum score: 0 Maximum score: 80 The lower the score the greater the disability.

Is lipedema an independent cause of functional impairment (interference with activities of daily living) and will surgery for lipedema be expected to restore or improve the Functional Impairment? Yes

Five Questions for Hypermobility: 3/5

A positive answer for two or more questions has a sensitivity of 91%, a specificity of 75% for predicting hypermobile joints (BMC Musculoskelet Disord. 2020; 21: 174).

Tests

1. Telemedicine

Test: Consent for telemedicine visit obtained.

Additional comments: The patient gave permission for this telemedicine visit.

Dr. Herbst has a medical license or approval for this telemedicine visit in the patient's state.

I performed this visit using real-time telehealth tools, including a ModMed, RingCentral (or phone) connection between my location and the patient's location. Prior to initiating the services, I obtained the patient's informed verbal consent to perform this visit using the telehealth tools and answered all the questions the patient had about the telehealth interaction.

Originating Site: Total Lipedema Care, Tucson, AZ
Home Distant Site:

Physical exam, if recorded, is based on patient reported information or obtained through peripheral.

Impression/Plan:

1. Lipedema

(E65)

Associated with:

Consent for telemedicine visit obtained

2. Mast Cell Activation Syndrome (MCAS): Mast cells are immune cells that secrete pre-stored mediators (>1000), such as histamine, tryptase, histamine, heparin as well as numerous de novo synthesized chemokines and cytokines in response to allergic or non-immune triggers resulting in a range of signs and symptoms including cardiovascular, dermatological, gastrointestinal, neurological and respiratory problems. Prevalence of MCAS may be as high as 5-10% of the population. People with MCAS have a normal number of mast cells that have clonal somatic mutations that make them "hyperresponsive". MCAS is often found in patients with Ehlers-Danlos syndrome (EDS) and postural orthostatic tachycardia syndrome (POTS). It is also found in subset groups of patients with common variable immunodeficiency (CVID) and Lyme disease. Mast cells are versatile gatekeepers of pain. While the prevalence for SM has been calculated to vary between 0.3:100,000 (Germany), 9.59:100,000 (Denmark) and 13:100,000 (Netherlands), the prevalence for MCAS may be as high as 5–10% (Germany). [10] Hence, MCAS is a common disease. Both CNS-localized and peripheral nervous system-localized MCs are involved in the pathogenesis of neuroinflammation and in the development and maintenance of neuropathic pain. Symptoms include: Recurrent abdominal pain (including intestinal hyperpermeability), neuropathic pain, diarrhea, flushing, itching, nasal congestion, coughing, chest tightness, wheezing, lightheadedness (usually a combination of some of these symptoms is present). Co-morbidities including dysautonomia are linked to MCAS. The theory is that dysautonomia gives rise to MCAS by way of slow GI motility leading to leaky gut and then mast cell activation. Or MCAS in the gut causes inflammation of the afferent portion of the Vagus nerve which then feed back to the Vagus nucleus sending inappropriate efferent information out causing vagal dysautonomia. (the brain/gut vortex). Improvement in symptoms occur with the use of medications that block or treat elevations in mast cell mediators (cromolyn, ASA, non-sedating antihistamines, H2 blockers). a few mediators or their stable breakdown products (metabolites) have been found reliably elevated in episodes of MCAS and measurable in commercial laboratory tests. Testing: Increases in serum mast cell tryptase, histamine (rarely covered by Medicare), serum chromogranin A (must be off H2 blockers or proton pump inhibitors) and urine levels of N-methylhistamine, 2,3-dinor-11B -Prostaglandin F2? (11B-PGF2?), prostaglandin D2 and/or Leukotriene E4 (LTE4) are useful tests in diagnosis of MCAS. A mild non-pharmacological stimulation of mast cells prior to a blood draw can be via an applied venous occlusion of the upper arm for 10 minutes, using a blood pressure cuff inflated 10 mm Hg above diastolic pressure. Hypoxia and increased compartment pressure induced by the stasis of blood flow in the arm would be expected to increase activation of pathologically irritable MCs in this compartment, leading to release of mast cell mediators.

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Recommendations for mast cell activation disease:

1.AVOID OPIOIDS AS THEY ACTIVATE MAST CELLS

2.Reduce stress to reduce activation of mast cells. When the brain is stressed, the hypothalamus secretes corticotropin-releasing hormone (CRH) that then activates the pituitary gland to produce adrenocorticotrophic hormone (ACTH) which finally activates the adrenal glands to produce cortisol, the stress hormone. While cortisol reduces inflammation, CRH directly stimulates mast cells as front line immune cells that fight off danger in the body, but can also wreak havoc on the body causing a multitude of signs and symptoms.

3.Follow a low histamine diet or at least an anti-inflammatory diet to reduce overall inflammation. This includes alcohol initially until you are feeling better; it may be better tolerated later or not tolerated at all. An elimination diet can help you to avoid food triggers of mast cells.

Look up Dr Afrin's Youtube presentation from the fat disorders resource society in 2022 on mast cell activation disease.

3. Check thyroid function tests

4. 1. Start gabapentin at 100 mg a night. If you wake up at 11PM or midnight then take a second capsule.

2. Report back to me after 1-3 days if it worked or not.

3. Consider 10:1 CBD:THC gummies. Make sure they are for sleep. Don't start yet until we check out the gabapentin.

4. Check labs: mast cell activation disease, hormones, metabolic disease, vitamins. Quest labs.

Follow up PRN

The patient has consented to a telehealth visit using a video streaming service.

Staff:

Karen Herbst (Primary Provider) (Bill Under)

Electronically Signed By: Karen Herbst, 08/30/2023 02:15 PM MST

PATIENT

Kemberli Anderson

DOB 10/19/1965
 AGE 54 yrs
 SEX Female
 PRN 17987

FACILITY

emily iker Practice

T (310) 829-7472
 F (310) 829-2286
 2021 Santa Monica Blvd.
 620E
 Santa Monica, CA 90404

ENCOUNTER

NOTE TYPE

SEEN BY

DATE

AGE AT DOS

Electronically signed by emily iker MD at
 07/28/2020 05:40 pm

SOAP Note

emily iker MD

07/27/2020

54 yrs

Chief complaint

54 yr old female complains of bilateral lower extremity pain, swelling and heaviness.

Diagnoses

Was diagnosis reconciliation completed?

Yes, reconciliation performed

Current	ACUITY	START	STOP
Lipedema	Chronic		
Congenital lymphedema	Chronic		
Leg pain	Chronic		
Swelling of bilateral legs	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

Yes, reconciliation performed

Active	SEVERITY/REACTIONS	ONSET
Codeine	Mild	-
Penicillins	Mild	-
Sulfa Drugs	Mild	-

Food Allergies

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications

Was medication reconciliation completed?

Yes, reconciliation performed

Active	SIG	START/STOP	ASSOCIATED DX
Aspirin 81 MG Oral Tablet Chewable		-	-
Historical	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Past medical history**MAJOR EVENTS**

swelling lower extremities with progression, pain,

ONGOING MEDICAL PROBLEMS

painful lower extremities, difficulty walking, sitting
 history of venous insufficiency with ablation, no improvement after ablation

Family health history**DIAGNOSIS****ONSET DATE**

No Family health history recorded

FAMILY HEALTH HISTORY (FREE TEXT)

No family health history (free text) available for this patient.

Active Goals**DESCRIPTION****EFFECTIVE DATE**

No active goals recorded

Inactive Goals**DESCRIPTION****EFFECTIVE DATE**

No inactive goals recorded

Subjective

Constitutional: unable to lose weight from lower body, resisting to dietary changes and exercises

EYE: No blurring, no double vision

Ear /nose/ mouth /throat: no nasal congestion, no sore throat

Respiratory: no cough, no wheezing, no shortness of breath

GI: gas, bloating, after certain foods, constipation/diarrhea

GU: No dysuria, no hematuria

Musculoskeletal:

lower body not matching upper body, lower body much larger in proportion to her upper body, symmetrical enlargement lower legs,

Pain to touch

Difficulty with ambulation/standing for more than several minutes
Progression of swelling lower extremities, more in PM hours and after increased activity
Hematological: no anemia, easy bruising
Skin: no rash, no pruritus,
Endo: no dysuria, no polyuria
Neurologic: Alert, oriented x4, fatigue, foggy brain
Psychologically: no personality changes, no abnormal sleep

ROS: All systems Are otherwise negative

Constitutional: 35-year-old HR Director,
unable to lose weight from lower body, resisting to dietary changes and exercises
EYE: No blurring, no double vision
Ear /nose/ mouth /throat:; no nasal congestion, no sore throat
Respiratory: no cough, no wheezing, no shortness of breath
GI: IBS, gas, bloating after meals, Chronic constipation
GU: No dysuria, no hematuria
Musculoskeletal:
lower body not matching upper body, lower body much larger in proportion to her upper body, symmetrical enlargement lower
legs, recent progression of enlargement of upper arms
Pain to touch
Difficulty with ambulation/standing for prolonged period of time, progression of swelling in the lower body after flights and
increased humidity,
hypermobility of joints
Hematological: no anemia, easy bruising
Skin: no rash, no pruritus, easy bruising
Endo: no dysuria, no polyuria
Neurologic: Alert, oriented x4, fatigue, foggy brain
Psychologically: no personality changes, no abnormal sleep

ROS: All systems Are otherwise negative . .

Objective

Constitutional: gynoid type, symmetrical enlargement of proximal arms, on proportional to torso,
gross enlargement waist down with symmetrical distribution of lower extremities, feet spared
Eyes: conjunctivae normal, eyelids normal, PERRLA, anicteric
Ears, nose, throat: external ears and nose normal, hearing grossly normal,
Respiratory: breathing comfortably, lungs clear to auscultation and percussion.
Cardiovascular: normal heart sounds, no peripheral edema, heart rhythm regular.
J
Neck: Supple, normal thyroid, normal range of motion, no cervical lymph-adenopathy, normal fat
Lower back: moderate lordosis, small pad of fat above the gluteal cleft with nodules in the fat
Hands: Stemmer sign negative, no fat between MCP
proximal arms with increased volume, soft tissue consistency, nodularity to palpation and subcutaneous tissue
Abdomen: Increased fat below the umbilicus and above umbilicus with nodules
Buttock: grossly enlarged and with scattered nodules in the fat
Thighs: lateral hips with significant volume increase, Thicker fat with dimpling's/nodularity in subcutaneous tissue lateral thighs,
medial and posterior
Medial Knee: Increased nodular fat, tender bilateral
Anterior lower leg: Medial aspect with increased nodular fat, tender bilaterally
Posterior lower leg: increased volume of nodular fat bilaterally
Ankle around malleoli, Achilles tendon obliterated
Foot: not enlarged,
Stemmer sign negative
pain to touch/lower extremities
history of venous insufficiency with ablation

Hypermobility of joints, hands, knees
 poor sleeping health
 family history mother with lipedema
 Functional Assessment study: (LEFS) 48/80
 Heavy tissue areas: lateral hips, thighs, medial knees, ankles, easy bruising,
 foggy brain,
 Fatigue.

Assessment

CHRONIC SYMPTOMATIC STAGE I-II LIPEDEMA

1. lipedema legs and arms
2. Swelling
3. Difficulty Walking
4. Pain
5. exercise intolerance
6. Vascular disease

Lipedema is a congenital and symmetrical fatty enlargement of lower body involving buttock, hips and lower extremities. The feet are spared. In more advanced lipedema, upper extremities are involved as well. The onset of lipedema is detected in puberty with progression of symptoms during pregnancy and later after menopause. About 11% of female population suffers with Lipedema as shown in E. Foldi and M. Foldi in their studies. Lipedema was described by Allen and Hines in 1940, etiology is unknown.

Diagnostic criteria for Lipedema described by Wold et al in 1951 include:

1. Occurrence almost exclusive in women
2. Bilateral, symmetrical distribution of leg enlargement with sparing of feet
3. Minimal pitting edema, Stemmer neg.
4. Pain, tenderness, pressure in legs
5. Easy bruising, increased vascular fragility
6. Persistent enlargement of lower extremities not affected with leg elevation
7. Arms involvement in 30% of lipedema population
8. Increased swelling with orthostasis and heat
9. Unaffected by caloric restriction
10. Hypothermia of skin

Lipedema Staging:

- Stage 1, Enlargement of lower body with smooth skin
 Stage 2, Nodular subcutaneous tissue, fatty deposits in legs
 Stage 3. Bulky extension of skin and fat cause deformations in the thighs and knees
 Stage 4. Severe Lipedema with progression to Lipo-Lymphedema

The Types of Lipedema:

- Type I: In the area of buttock/hips
 Type II: Buttock to knees, folds of fat medial knees
 Type III: Buttocks and arms
 Type IV: Arms
 Type V: Legs

In Lipedema, there are increased macrophages in tissue, a microangiopathy -leading to increased bruising and causing pain. Lipedema is a congenital and symmetrical fatty enlargement of lower body involving buttock, hips and lower extremities. The feet are spared. In more advanced lipedema, upper extremities are involved as well. With a long standing untreated Lipedema leaking lymph vessels contribute to the swelling of the feet-developing Lipo-Lymphedema.

Standard care for Lipedema:

1. Diet: Eat low fat Omega-3 fatty acids, medium chain fatty acids
2. Exercise Program/Therapeutic exercises/ Swimming
3. MLD
4. Presso therapy/ IPC/ Bandaging/ Strapping
5. Selenium: decreases edema and tissue 600 microgram daily
6. Vasculera (diosmiplex) manages venous inflammation, accumulation of polymorphonuclear leukocytes, platelets and other thrombotic components as well as edema

Performed Today:

Manual lymph drainage to the involved area.

Therapeutic Exercise

IPC/ bandaging/ strapping the LE to stimulate lymph flow and reduce interstitial tissue congestion

Educate pt about LE and self MLD/ compression garment wear.

ultrasound study on upper extremities and lower extremities was carried on. Increased subcutaneous space with interrupted subcutaneous fascia was visualized in all areas tested compatible with lipedema stage I-II

Plan

Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 2-5cm

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

Increase strength to improve function

Understands treatment/home program

Other/ functional goals

Long Term Goals:

Decrease/stabilize girth

Independent self bandaging

Independent Home exercise program

Fit permanent compression garment

Independent don/off garment

Independent edema management.

. Treatment Plan:

Manual Lymphatic drainage

Wound Care

Measure/order/fit compression garments

Self-care training

Therapeutic exercise

Home exercise/management program

Short Term Goals:D

Decrease Girth > 5%

Teach skin care to reduce infection risk

Decrease fibrosis to improve tissue health

Improve ROM to improve function

9/11/2020

Encounter - Office Visit Date of service: 07/27/20 Patient: Kemberli Anderson DOB: 10/19/1965 PRN: 17987

Increase strength to improve function
Understands treatment/home program
Other/ functional goals

Long Term Goals:

Decrease/stabilize girth
Independent self bandaging
Independent Home exercise program
Fit permanent compression garment
Independent don/off garment
Independent edema management.

recommend a trial of conservative management for 3 months. If the symptoms persist a lymph sparing liposuction is medically indicated to remove diseased lipedema fat, improve mobility, reduced inflammatory lipedema and reduce the pain. This procedure should be done by well qualified surgeon knowledgeable in lipedema.

Medications attached to this encounter:

Aspirin 81 MG Oral Tablet Chewable

Care plan

return for follow-up and treatment as scheduled











