



Tanya Barton -> #913741 New Patient Consultation: Lipedema
Patient #: 4211 • DOB: 0000-00-00

Patient: Tanya Barton	Type: New Patient Consult Notes
Document #: 913741	Document By: Daisy B
Subject: New Patient Consultation: Lipedema	Document Date: 06/12/2020

New Patient Consultation- Lipedema Friday, June 12th, 2020

Name: Tanya Barton

Age: **Height:** 5'3" **Weight:** 230 **BMI:** 40.83 **HW:** **LW:**

Medical History: Chronic Venous Insufficiency, vein damage from previous post-injury DVT, varicose veins (feet), yet-to-be-diagnosed foot problem, right knee patellofemoral pain syndrome, congenital hip dysplasia, fibromyalgia, basilar migraines, major depressive disorder, generalized anxiety disorder, Hashimoto's Thyroiditis, hypothyroidism, PCOS, spinal stenosis, previous spine injuries at C3-5 and T5-7, sacroilitis, spinal stenosis, osteoarthritis, Wilson's Disease, peripheral neuropathy, low B12 and iron deficiency anemia from generalized malabsorption issue, small bowel obstruction,

Surgical History: Tonsils/Adnoids 1978, C-Sections...1988, 1991, 1993, 1996, cystectomy to remove large demoid and left ovary 1990, uterus only hysterectomy 2010, vertical sleeve gastrectomy 2016, small bowel obstruction 2016

Medications: Armour Thyroid, Fioricet PRN, Lasix, Potassium, Meloxicam, Methocarbamol, Baclofen

Social History: 0 Packs per day. If quit, when 1989. Recreational Drugs: Never

Allergies: Codeine, sulpha, tetracycline, Demerol, Aleve/naproxen sodium

Women: Period: 11 Gravita: 5 Para: 4 Menopause: haven't started Last Mammogram:

Chief Complaint:

History of Present Illness:

History of Dercums or Ehlers-Danlos syndrome:

Areas of Concern:

When and where swelling started:

Are affected areas painful to touch:

Average daily pain (1-10):

Pain Level on a bad day (1-10):

Is mobility Limited:

History of Large bruising after slight bumps:

Swelling by end of the day:

Pain resulting from contact with clothing:

Clothing size: Upper Body Lower Body

Joint Problems:

Please elaborate as much as possible or needed

How did hear or learn about Lipedema?	An Instagram friend started posting about it and I burst into tears the first time I learned about it. I have piles and piles of the sandy pearls on my thighs.
When did you first notice you might have Lipedema?	Honestly, I was probably 10 or 11 years old the first time I noticed my legs were "weird."
When would you say you noticed your legs were larger than the rest of your body or people of the same age?	My whole life. I do not have a memory of my body that doesn't involve my legs. My ballet teacher when I was six years old even told me to quit because my body and legs were too big to be a dancer. SIX YEARS OLD!!!!
When did the pain start? If any	I've been in pain most of my life.
Which areas are most painful?	Legs, arms, hips
On a scale from 1-10 (10 is the worst), what's your level on a daily basis?	Pre-pandemic...1-4 Post-pandemic...OY I've gone past my personal 10 several times.
Have You Been Diagnosed with Lipedema? Stage?	no
If so, by whom?	n/a
Have You Been Diagnosed with Lymphedema? Stage?	no
If so, by whom?	n/a
How is your overall health?	Despite my long list of medical conditions, better than average. I am EXTREMELY proactive about my health.
Please list any diets, exercises or medications that have helped you and how they affected you	As a teen I could use a bandana as a belt, box squat 220 pounds, and flirted with running 7-minute miles, but because my legs were huge I ended up giving myself an eating disorder trying to lose them. With each of my pregnancies I would gain weight but at hospital discharge I never even lost the weight of the baby. Through the years I would learn that any IV fluids end up retained and I struggle to lose that edema even with water pills. I've done everything from Cabbage Soup Diet to having weight loss surgery. With weight loss surgery I lost 15 inches off my chest but less than 3 off my thighs and forearms. Having weight loss surgery did change the composition of the fat on my legs and arms but I can see those areas "grow" with edema from day-to-day. Now that I know what lipedema is that all makes total sense.

Are you able to do vigorous activities? (running, lifting heavy objects)	I haven't been able to run since around 1990. My legs are like lead. I can lift weights, or did until the pandemic. I was maxing out at 280 pounds on the leg press and if I recovered carefully I could do so without much "body drama" aka pain, swelling, soreness, heaviness. But, it's taken me YEARS to learn how to recover carefully.
How long or distance?	
Are you able to do moderate activities? (push a vacuum, go bowling)	Not without pain.
How long or distance	
Are you able to climb stairs?	Sort of. How many? How steep? How swollen are my legs already?
How mobile are you?	Closer to an 80-year old than a 50-year old. For example, I went for a quick grocery shopping trip a few hours ago and managed just fine. But sitting here filling out these forms, I can literally feel my legs filling up with fluid because I still have my sneakers on. I have over 30 pairs of shoes so I have plenty of options to wear based on what sort of symptoms I'm having each day...and none of them are fashionable.
Does your physical health interfere with your normal social activities?	
Does your physical health interfere with your work?	YES. It always has. I have never been able to hold down a full-time job for more than a few months at a time. I have never had a "normal" adult life.
How much bodily pain does lipedema cause you? What areas are the worst?	
Do you wear compression? If so, what kind?	I wear knee highs 10-12 hours a day. I have several different compression levels but the stronger ones are so painful to wear.
Have you tried lymphatic massage or other modalities? What kind?	Until an Instagram friend started posting about lipedema I didn't know it was a thing.
Do you bruise easily?	yes
If you have had any surgical procedures please list them in order by date and outcomes? (Better or worse etc)	
Any other information you would like us to know to better care for you?	My weight loss surgeon ended up being a fraud. He committed insurance fraud by claiming to perform procedures that he did not. It wasn't until my small bowel

obstruction that we learned the truth about what he did to my body...thankfully it wasn't as bad as the "bonus" procedures he billed the insurance for but Dr. Schwartz will actually be my first specialist appointment in over four years--and that's coming from a chronic pain patient who's been on disability since 2011-- because the experience traumatized me so deeply. I'm terrified BUT I also KNOW I have lipedema and if there's any possible way of correcting it then I need to be brave.

EXAM:

GEN: NAD

HEENT: no periorbital xanthelasma

NECK: no increased JVP visible, normal carotid pulse amplitude, no bruits bilaterally

RESP: CTA BL, no r/w/r

CV: RRR, no m/r/g, PMI nondisplaced, no heave/thrill

GI: abd NT no masses/ HSM

EXT: peripheral pulses intact bilaterally, no C/C/E

NEURO: AO x 3

PSYCH: mood and affect NL

Non-Pitting edema present in bilateral pretibials

Non-Pitting edema present in bilateral Thighs

Non-Pitting edema present in the Upper Arms

Non-Pitting edema present in the Trunk

Stemmers Sign:

Negative in bilateral Feet

Negative in bilateral Hands

Symmetrical disproportionate excess fatty tissue:

- thighs with overhanging knees, inner thighs, and lateral thighs

-calves

-arms and forearms

-abdomen, flanks, hips and buttock shelf

-Bilateral ankle cuffs

-Bilateral Wrist Cuffs

Painful nodules present in:

-Thighs

-legs/calves

-hips

-buttock shelf/flanks

-arms

-forearms

-abdomen lower

Bruising:

- Thighs
- legs/calves
- hips
- buttock shelf/flanks
- arms
- forearms
- abdomen lower

Skin lobules or rounded extruded projection of skin and subcutaneous tissue are seen at the:

- inner knees
- inner thighs
- lateral thighs
- Arms

Chronic Skin Changes:

Skin temperature changes present - Relative Dermal Hypothermia

Telangiectases thighs, calves and ankle

((Present in Trunk - 1 Point

, Present in Bilateral Elbows - 2 Points

, Present in Bilateral Knees - 2 Points

, Present in Bilateral Thumbs - 2 Points

, Present in the Fingers - 2 Points

, Patient has a Beighton's Score of 9

Present in the Abdomen and Trunk

, Present on Bilateral Thighs

, Present on Bilateral Arms))

ASSESSMENT/PLAN:

Lipedema Stage 3 Bilateral Thighs and Legs

Lipedema Reduction Surgery Surgical Plan:

Stage I anterior thighs, knees, legs and ankles

Stage II posterior thighs, knees, legs and ankles with possible lymphatic sparing thigh lift

Lipedema is a congenital fatty enlargement (hyperplasia of the adipose tissue) of the legs almost exclusively seen in women by the third decade; a few cases have been reported in men. Lipedema affects approximately 10% of the female population. Lipedema was initially described by Allen and Hines in 1940; its etiology remains unknown and it remains under-diagnosed. Classically women with lipedema have disproportionate bodies with larger legs and hips than arms and waist. In 1951 Wold et al. analyzed 119 cases and provided the diagnostic criteria for lipedema:

- 1) Almost exclusive occurrence in women
- 2) Bilateral and symmetrical manifestation with minimal involvement of the feet
- 3) Minimal pitting edema; the Kaposi-Stemmer sign is negative
- 4) Pain, tenderness on pressure
- 5) Increased vascular fragility; easy bruising
- 6) Persistent enlargement after elevation of the extremities or weight loss
- 7) Arms are affected 30% of the time
- 8) Hypothermia of the skin
- 9) Swelling worsens with orthostasis in summer
- 10) Unaffected by caloric restriction

Differential Diagnosis considered includes congenital lymphedema with secondary fatty degeneration, lympholipedema, venous insufficiency, secondary venolipolymphedema, lipedema with secondary lymphedema, DVT with leg swelling, peripheral vascular disease, hypothyroidism, pituitary insufficiency, fibromyalgia, common obesity and peripheral neuropathy.

Synonyms of lipedema include lipalgia, adiposalgia/adipoalgia, adiposis dolorosa, lipomatosis dolorosa of the legs, lipohypertrophy dolorosa, painful column leg, painful lipedema syndrome; adiposis dolorosa is synonymous with Dercum's disease, also a painful fat disorder. The stage of disease refers to how the skin and tissue appear visually.

Stage 1 lipedema: The skin is smooth over nodular fat tissue.

Stage 2: The skin and tissue have indentations in a mattress pattern over nodular fat tissue that also has larger masses.

Stage 3: Mattress pattern and larger folds in the fat tissue that has small nodules and larger masses. Fibrosis can be present.

The types of Lipedema refer to the location of the fat: Criteria by Meier-Volarath 2007:

Type I: In the area of the buttocks and hips (saddle bag phenomenon)

Type II: Buttocks to knees, with formations of folds of fat around the inner side of the knee

Type III: Buttocks to ankles

Type IV: Arms

Type V: Lower legs

Lipedema likely occurs because of a microangiopathy (unhealthy leaky small vessels leading to easy bruising), dilation of subdermal capillaries which can be seen as telangiectasias and petechiae on the skin, dilation and leakage of lymphatic vessels in the subcutaneous fat - leaking lymphatics into subcutaneous fat increases growth of adipose tissue in mouse models. Diuretics such as Lasix concentrate proteins in the interstitium increasing the work load of the lymphatic system. Use diuretics judiciously. Corticosteroids should be avoided as they weaken blood vessels (and lymphatics) and cause a rebound increase in adipose growth once stopped. Higher estrogen levels open tight junctions and flood tissue with fluid that then needs to then be removed by dysfunctional lymphatics. Long chain and very long chain fatty acids are absorbed from the gut into the lacteals, part of the lymphatic system. Eating low fat, healthy fats (omega-3-fatty acids) and medium chain fatty acids that are absorbed directly into the blood stream decrease the need for lymphatic transport of fat and therefore lymphatic stress.

A. Lymphatic Sparing Liposuction: Lymphatic Sparing Liposuction (LSL) is one of the accepted methods of treatment for lipedema and I consider it the only proven method for removing lipedema fat. It is a specialized form of liposuction that is less aggressive which has a decreased risk of further worsening lipedema and possibly causing or worsening lymphedema. Other methods are effective at reducing the fluid in the fat itself including manual lymph drainage, compression garments and medications and supplements that bind to receptors on the lymphatics and induce lymphatic pumping. Liposuction works effectively for lipedema to reduce lipedema fat and pain (Cornely et al., 2006; Schmeller et al., 2006; Warren et al., 2007). According to Dr. Staffan Rapprich from Darmstadt Clinics in Germany, whose sole practice is focused on liposuction for lipedema, the liposuction is curative (Rapprich et al., 2011, 2012). I consider liposuction medically necessary to reduce pain, and to prevent damage to joints.

B. Manual Lipedema Extraction: As lipedema progresses in stages it becomes more fibrotic and nodular. The removal of the nodularity and release of the fibrosis is essential to allow normal functioning of localized vessels including lymphatics and veins. Many times these areas are not adequately treated with suctioning alone. A Manual Lipedema Extraction (MLE) technique is utilized as a less invasive way to treat this advanced disorder. This technique allows for treatment of excessively firm regions typically around joints such as the knee and ankles. However it is utilized in varying degrees throughout all affected areas.

C. Lymphatic Sparing Arm and Thigh Lifts: As lipedema is associated with a connective tissue disorder it is noted that not only are vessels leakier and joints less stable but the skin has less recoil. The goal of lipedema reduction surgery using a combination of lymphatic sparing liposuction and manual lipedema extraction removes a significant portion of the subcutis. This along with affected skin both from connective tissue disorder as well as lipedema and its sequelae can lead to a significant dead space. Dead space, even without lipedema, is an area that tends to accumulate extravascular fluid. Compression garments are prescribed to decrease the chance of this happening. However if there is a large amount of redundant skin this may not fit into compression garments and may cause more problems such as wounds if the skin folds are compressed. A lymphatic sparing arm or thigh lift decreases the risk of lipedema recurrence by A) leaving all dermal units including dermal lymphatics behind, B) auto tightening or compressing the extremity, C) allowing for better fit of compression garments.

Next Appt: \${AppointmentDateTime}

Jenna Cruise 2020-06-12 1:38 PM

\${Physician}