

Lipedema management



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Q What would be the optimal protocol for the management of lipedema?

The therapy for lipedema has to focus on the real complaints of the patients, which are:

- pain in the fat tissue of the legs
- psychological burdens such as depression, eating or anxiety disorders or chronic stress syndrome
- obesity and weight gain
- lack of self confidence because of our current beauty ideal which prefers thin legs

For this reason the International Consensus Document suggests this therapeutic concept.

- 1 Physio- and movement therapy
- 2 Compression therapy
- 3 Psychosocial support
- 4 Weight management (including bariatric surgery for severely obese patients with lipedema)
- 5 Self-management
- 6 Liposuction, under certain circumstances.

https://theila.net/fileadmin/user_upload/ILA/JWC_Consensus_Lipoedema.pdf

Q How effective are compression garments in the reduction and maintenance of lipedema if a buildup of lymphatic fluid is in fact not the cause/issue?

This is correct, there is no lymphatic insufficiency in patients with pure lipedema. But compression has an anti-inflammatory impact on the fat tissue of the legs (same as movement therapy) and therefore can reduce the complaints of the patients.

We know this from data from phlebology and from sports medicine.

Q Does MLD have a role for lipedema patients to stimulate the parasympathetic nervous system, thereby helping with pain control?

This is a hypothesis, but indeed, we do not have any scientific evidence to support this statement.

Q Why do many lipedema patients not tolerate compression?

In my experience (and in the experience of my colleagues at the Foeldi Clinic) the opposite is true. Patients with lipedema love their compression stockings. Some are willing to make the 8-hour drive to receive well-fitted compression stockings at the Foeldi Clinic.

Q If you do not want to use the term lipedema, how would you describe this disease?

You are correct, there is no edema in lipedema, so the term is misleading. I would suggest “lipalgia syndrome”, because there is pain—and many other issues that our patients are suffering from. Currently an international renaming process has started.

Q So then what is lipedema—what is the cause of the pain? Is it majority mental based? What is the self-management?

The two major criteria, according to the International Consensus Document are disproportional fat tissue in the legs (sometimes in the arms) plus complaints like pain in this fat tissue.

Regarding the cause: there is a mild (and harmless) inflammation in this fat tissue, which causes a mild pain. But psychosocial issues like depression, chronic stress and others can increase this pain because of increased pain perception. We know this phenomenon very well from other diseases. Self-management means providing patients with the skills to transfer and maintain their therapeutic results and maximize function.

Q For a lipedema client, what compression do you recommend?

Usually, I prescribe flat knit material and mostly two-piece garments, like Capri and knee stockings. Class 2 is perfect for lipedema patients, and never more if it is pure lipedema (meaning lipedema without any lymphedema). **EP**

