

# Choice Aesthetics

## Lipoma Removal Patient Information Leaflet



This leaflet provides further information for patients considering removal of their lipoma and goes through what the procedure involves, the potential risks and long-term consequences.

### **What is a lipoma?**

Lipomas are soft, fatty lumps that grow under the skin. They are benign, non-cancerous, slow growing swellings that are usually less than 5cms in size and are not usually painful or symptomatic. They can occur in any part of the body where there are fat cells.

Lipomas do not usually cause any problems but you may be concerned that it is unsightly and feel self-conscious of your swelling, especially if it is in a visible area.

Any lipomas greater than 5 cm in size or are painful or have grown quickly require assessment with an ultrasound or MRI scan (Magnetic Resonance Imaging) to exclude any cancerous change and to determine their anatomical location prior to removal.

## How is a lipoma removed?

Most lipomas are located under the skin layer and can be removed under local anaesthetic as a simple day case procedure. The outline of the swelling is marked on the skin, local anaesthetic is injected to numb the area and the overlying skin is cleaned with an anti-septic solution.

The skin incision is orientated to lie in the natural skin lines so that the resulting scar blends in and is less noticeable. Once the incision is made in the overlying skin, the tissues are dissected down until the lipoma is identified. The lipoma is separated from the surrounding normal fatty tissues and removed. The wound is then cauterised to stop any bleeding and closed usually with absorbable sutures.

Although there may be a small dressing following your minor surgery, you should be able to go home soon after the procedure and return to work the next day.

## What are the risks of lipoma removal?

Regardless of how minor a surgical procedure is, there is a potential for complications. It is important that you understand these before proceeding with surgery. Miss Tadiparthi will ensure that you understand the risks before proceeding with any surgery. The main risks of lipoma removal include:

### **Permanent scarring**

A permanent, straight-line scar which is approximately the same length or slightly longer than the lipoma remains after surgery.

### **Bleeding**

There may be some slight oozing of fluid and blood from the wound but this usually stops with pressure over the wound. Rarely, following large lipoma removal, there may be accumulation of blood within the wound, called a 'haematoma'. The haematoma would need to be evacuated in theatre, any bleeding points would need to be stopped and wound washed out and reclosed.

### **Infection**

Simple infections are uncommon but can be treated with antibiotics in the majority of cases. Rarely, a deeper infection may develop which may need drainage and washout in theatre.

### **Poor / delayed healing**

The wound may take longer to heal and this is seen more commonly in smokers, diabetic or have other medical conditions.

### **Bruising, swelling, pain and altered sensation**

This usually improves over a few weeks.

### **Poor scarring**

The quality of the scarring varies with each individual's own healing ability. Scars usually heal well but some patients are especially prone to poor scarring. The scars may be red, painful, lumpy and itchy which is called, 'hypertrophic' or 'keloid' scarring. Further treatment may be needed with regular steroid injections or silicone dressings if hypertrophic or keloid scarring develops which are at extra cost to patients.

### **Recurrence**

All of the lipoma visible to the naked eye is removed during surgery. However, if any of the abnormal fat cells remain at a microscopic level, the lipoma can reoccur. Some lipomas can be spread out and it can be particularly difficult to define the margin of the lipoma and completely remove. Therefore, such lipomas are more likely to recur.

### **Stitch extrusion**

Deep sutures that hold the wound may occasionally work themselves outside the wound. These sutures can be simply be removed later on in clinic.

### **Allergic reaction**

You may develop an allergic reaction to either the skin cleaning solution used in theatre, dressings applied to the wounds, skin dressing tape or the stitches. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

### **Suspicious changes**

Most lipomas that are removed have usually been growing slowly over a few years and there is a very low chance of any cancerous change. Therefore, the removed lipoma does not necessarily need sending for analysis. Very rarely, if lipoma has any suspicious change upon removal, then the removed tissue can be sent for microscopic analysis. If there is any suspicious or cancerous change, your GP will be contacted with a copy of the report requesting urgent referral to a NHS specialist.

## What is the post-op care and recovery time following lipoma removal?

- You will be allowed home shortly after the surgery.
- The stitches used in the operation are usually absorbable. However, in some cases, skin stitches may be used and require removal at 7 days if the lipoma is on the face and at 10 to 14 days if located on other parts of the body.
- Although there will be a dressing over the wound, it should be possible for you to return to work the next day.
- To ensure good healing, we recommend that you eat a healthy diet and if you usually smoke, please avoid smoking for 6 weeks before and after surgery.
- Usually by 2 weeks, the wounds would have healed. The scars should be with massaged ideally twice daily with a simple aqueous moisturising cream (e.g. E45) or bio oil.
- The scar is sensitive to sunlight and can become darker and more pigmented if exposed to sunlight. Therefore, once the wound has healed (usually by 2 to 3 weeks) and there are no longer any dressings, sun protection cream (SPF 30 or more) should be applied to the scar when exposed to the sun.
- Swimming and heavy exercise should be avoided for approximately 4 weeks. Make-up should not be applied to the wound area for around 3 weeks or until the wound has fully healed. This is to minimise the risk of introducing bacteria to the wound and either inflaming the wound or causing infection.

## What follow up appointments will I have?

- At approximately 7 to 10 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds and remove the sutures.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months following surgery.