

National Institute for Health and Care Excellence
IP409/2 – Liposuction for chronic lymphoedema
IPAC date: June 2017

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 Patient		<p>Myself and my mother suffer from primary lymphoedema. My mother was not diagnosed until very late and is now very disabled by the immense swelling in her legs. It prevents her from walking very far, is very painful and she gets frequent cellulitis and phlebitis requiring hospital stays. The one doctor she has recently been able to see about this was very dismissive and could not offer any help at all, leaving her to continue to be a prisoner to her home and the immense and quite frankly monstrous swelling in her legs. This is not a cosmetic or vanity issue, this is an overall health and mobility issue. My mother's mental and physical health would both benefit if she was more able to move about and to leave her home unaided.</p> <p>I myself was diagnosed because I pestered my doctors repeatedly about the swelling in my ankles. I did this out of sheer fear of ending up in this same state. I am still not getting the treatment I need and am constantly being lost in the system and still have not been sorted with the correct</p>	<p>Please respond to all comments</p> <p>Thank you for your comment.</p> <p>The Committee very much welcomes hearing from patients and has considered your experience and views. This has contributed to their understanding of how debilitating lymphoedema is.</p> <p>The IP programme issues guidance on procedures after having reviewed the best existing evidence on its safety and efficacy. Liposuction for chronic lymphoedema was considered safe and efficacious by the committee, which may facilitate, but does not mandate implementation in the NHS.</p>

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			<p>compression - losing valuable time to prevent further progression. The studies in the documents seem quite favourable but frankly when you are in this kind of state, anything is worth a shot. The dismissal of it being 'cosmetic' is a shot in the heart, it is anything but.</p> <p>Treatment of PRIMARY lymphoedema needs serious upgrading and awareness within the NHS. Doctors do not know where to send us, many services for lymphoedema are for cancer patients only as if we simply do not exist.</p>	
2	Consultee 2 Patient		<p>As a 62 year woman of excellent health, apart from lipodema, I am absolutely distraught that my mobility is slowly being eroded due to the fact that liposuction is not available for my condition on the NHS. I have already had to have reconstructive surgery on one of my feet and anticipate the other foot will also need this in the near future. I am also extremely concerned that this will develop into lymphodema without significant surgical intervention.</p> <p>Please consider this when debating the need for liposuction being available on the NHS.</p>	<p>Thank you for your comment.</p> <p>The Committee very much welcomes hearing from patients and has considered your experience and views. This has contributed to their understanding of the impact of the condition.</p> <p>The IP programme issues guidance on procedures after having reviewed the best existing evidence on its safety and efficacy.</p> <p>The Committee has considered liposuction for chronic lymphoedema to be safe and efficacious and this may facilitate but does not mandate implementation in the NHS.</p>

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
3	Consultee 3 Patient		Hello I have Lipoedema and want to know why the NHS hasnt approved this for funding. This is a serious chronic painful condition that disabilitates so many. I feel that we are being prejudiced against. People just see you as obese and we know how the NHS feels about that, but what is not understood by the medical profession is that they often tell people they are obese when they have lipoedema through no fault of there own. This then leads the person to battling with pyscological demons because for so long they have been told its there fault. Please dont prejudice against us treat us fairly with the treatment we deserve.	Please respond to all comments Thank you for your comment. The Committee very much welcomes hearing from patients and has considered your experience and views. The IP programme issues guidance on procedures after having reviewed the best existing evidence on its safety and efficacy. The committee has considered liposuction for chronic lymphoedema to be safe and efficacious and this may facilitate but does not mandate implementation in the NHS. Implementation is the responsibility of those who commission and pay for the procedure.
4	Consultee 4 Patient		Hi, I [REDACTED] live with lymphedema following cancer treatment. I'd like to be involved in any way I can in the NICE consultation for lipo for serious lymphedema. Could you tell me what options are available? I'm interested both personally and professionally and have done research into this area. Many thanks.	Thank you for your comment. The Committee very much welcomes hearing from patients and has considered your comments. The IP programme issues guidance on procedures after having reviewed the best existing evidence on its safety and efficacy. Information on the background and alternative treatments of chronic lymphoedema are available in the documents on the website. NICE IP guidance is advisory to the NHS and does not mandate that the service is provided by the NHS.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
5	Consultee 5 NHS Clinician		<p>Liposuction for lymphedema is carried out in many plastic surgical units. These units have developed Multidisciplinary teams. These units routinely carry out Axillary and groin node dissections for skin cancer, breast cancer (with breast surgeons) and are referred cases of primary and secondary lymphedema. Many units offer liposuction with regular compression therapy and more recently Lymph node transfer, lymphatico-venous anastomosis for the more intractable cases. We agree that liposuction is an established treatment (we think most of us closely follow the Brorson technique- this is not dissimilar to standard limb liposuction techniques) and should be offered as part of a multidisciplinary team provided results are audited. The potential risks and complications following liposuction include bruising and swelling, abnormal scarring (stretched, thin and hypertrophic/keloid), asymmetry, loose skin, indentations, lumpiness, discolouration, spider naevi, cellulite, DVT, PE, fat embolus, skin necrosis, numbness, compartment syndrome and delayed healing.</p> <p>There has been to my knowledge one case of Compartment syndrome resulting in an above knee amputation (this is not confirmed)</p> <p>The audit Criteria we would recommend areâ€¢ The Lymphoedema Quality of Life Tool (LYMQOL-Leg) (Keeley et al. 2010)</p> <p>â€¢ Lower Extremity Functional Scale (LEFS) (Binkley et al.)</p>	<p>Please respond to all comments</p> <p>Thank you for your comment.</p> <p>The committee recommended in section 1.2 that "patient selection should only be done by a multidisciplinary team as part of a lymphoedema service.</p> <p>The committee has recommended standard arrangements for liposuction for chronic lymphoedema. This implies the procedure is efficacious and can safely be used in the NHS. NICE encourages individual clinicians to audit their outcomes and to report these locally in their hospital, but because the procedure was given standard arrangements NICE does not produce a specific audit tool.</p>

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			<p>â€¢ Hospital Anxiety and Depression Scale (HADS) (Bjelland et al.)</p> <p>â€¢ Derriford Appearance Scale (DAS) (Harris and Carr)</p>	
6	Consultee 6 NHS Clinician		<p>"J Plast Reconstr Aesthet Surg. 2016 Sep;69(9):1234-47. doi: 10.1016/j.bjps.2016.06.022. Epub 2016 Jul 1. Free vascularized lymph node transfer for treatment of lymphedema: A systematic evidence based review. Ozturk CN , Ozturk C , Glasgow M , Platek M , Ashary Z , Kuhn J , Aronoff N , Lohman R , Djohan R , Gurunluoglu R . Abstract Free vascularized lymph node transfer (VLNT) is a relatively novel technique for treatment of lymphedema. The purpose of this systematic review was to evaluate the current evidence on VLNT and to determine if there is objective data concerning improved outcomes. A literature search of PubMed, EMBASE and CENTRAL electronic databases was conducted to identify articles written in the English language on VLNT for treatment of lymphedema. Publications were selected according to inclusion criteria. Papers reporting adjunct</p>	<p>Thank you for your comment.</p> <p>The current guidance is for liposuction for chronic lymphoedema.</p> <p>The IP programme does not assess the efficacy and safety of comparator interventions.</p> <p>NICE encourages the notification of innovative procedures, relevant to the NHS, that require assessment by the IP team.</p> <p>IP notification form</p>

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			<p>techniques and those that did not describe outcomes were excluded. Data including patient demographics, surgical technique, complications and outcomes were extracted. A quality score was calculated for each article. Eighteen studies were included with an overall study population of 305 patients. Mean quality score of articles was 5.3 with levels of evidence range from II to IV. Among 182 patients who underwent limb circumference assessment, 165 (91%) showed postoperative improvement. Reduction of limb volume was noted in 98 of 114 (86%) patients. Ninety two patients underwent lymphoscintigraphy/lymphangiography and 55 (60%) demonstrated moderate or significant improvement of flow. Patient satisfaction was questioned in 105 patients and with exception of 7 patients, all reported a high satisfaction level with significant relief in symptoms and improved quality of life. Publications also reported a reduction in infectious episodes. VLNT appears to provide improvement in lymphedema. More studies with standardized methods for reporting outcomes and uniform patient selection are needed to evaluate this technique thoroughly.</p>	

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			Published by Elsevier Ltd. Lymph node transfer; Lymph node transplantation; Lymphedema; VLNT; Vascularized lymph"	
7	Consultee 7 Patient		I welcome any future studies, procedures on the treatment of Lymph health issues. I have suffered with Lymphoedema for 3 years now in both my legs and it's holding back my hip replacement surgery. Hence when the surgeon says he won't operate until my legs are clear and I can't mobilise sufficiently to help clear the leakage, I get stuck in a Catch 22 situation. Being stuck at home within 4 walls because I can't mobilise on my own to get out and about affects my mental health as well after a lifetime of being out in the community working for a living, I feel as if life is now passing me by.	Thank you for your comment. The Committee very much welcomes hearing from patients and has considered your experience, which has contributed to their understanding of the impact of this debilitating condition. The IP programme issues guidance on procedures after having reviewed the best existing evidence on its safety and efficacy. Liposuction for chronic lymphoedema has been considered safe and efficacious for use with standard arrangements. Although this might facilitate its adoption in the NHS it does not mandate it. Implementation is the responsibility of those who commission and pay for the procedure.
8	Two further comments were received during consultation and considered by the Committee. The committee concluded these comments did not relate to liposuction for chronic lymphoedema and did not contribute to the production of the guidance and were therefore removed.			

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."