

Detective Work Suggested Before Liposuction

BY BETSY BATES

SANTA MONICA, CALIF. — Pre-existing medical or psychiatric conditions are not necessarily contraindications to liposuction, but they must be carefully evaluated in the preoperative period, Dr. Roberta D. Sengelmann said.

"This is an elective procedure that should be done only on healthy patients in an office setting," she emphasized. In

general, patients should meet American Surgical Association Class I (normal, healthy) or II (mild systemic disease without functional compromise) criteria.

"Sometimes patients downplay their medical conditions because they want this operation," she said at a cosmetic dermatology seminar sponsored by Skin Disease Education Foundation (SDEF). "I would really be cautious if someone doesn't tell you the truth."

Dr. Sengelmann's previously low threshold for requesting medical clearance has become even lower in recent years, she said.

"I do this on every patient, even my young patients who have never had a physical exam because they've never had a medical problem," she said.

She asks for a letter from a primary care physician who has seen the patient in the previous 2 years to clear a patient

for liposuction, but also conducts her own thorough physical examination and obtains a personal and family history.

Some conditions deserve special consideration, said Dr. Sengelmann, a dermatologist in private practice in Santa Barbara, Calif., and St. Louis.

► **Hypercoagulable state/bleeding disorders.** Anticipate potential complications in any patient with a history of clotting or bleeding conditions, including thrombophlebitis, deep vein thrombosis, high-dose estrogen therapy, tobacco use, protein C or S deficiency, frequent miscarriages, or any personal or family his-



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tory of recurrent epistaxis or heavy bleeding with menses or tooth extractions.

"Don't rely on blood work alone," she said. Laboratory results will not detect a family history of hemophilia A or B, von Willebrand disease, or other important hereditary conditions.

► **Impaired liver function.** A history of chemotherapy, chronic alcohol or illegal drug use, hepatitis, cytomegalovirus, or HIV may be a tip-off to impaired liver function, said Dr. Sengelmann.

"I am very cautious about treating these patients, and [if I do] I usually cut their dose of anesthesia in half," she explained.

Patients with HIV pose a special risk, not only to themselves due to an increased potential for infection and possible impaired liver function due to anti-retroviral medications, but also to the medical staff due to biohazards.

► **Previous surgery.** A lengthy history of cosmetic procedures, particularly if the patient was unhappy with results, looms large as a warning flag, said Dr. Sengelmann.

Previous scars, including hypertrophic scars or keloids, may be a problem, as may be previous abdominal surgery complicated by hernia, dehiscence, or infection (which may suggest an incomplete rectus muscle). Adhesions may make liposuction difficult.

► **Psychiatric history.** "Be really careful of those with psychiatric conditions, especially if they've been hospitalized within the last year," she said.

Much information can be gleaned in the initial consultation by getting to know the patient and discussing the reasons they are considering liposuction at this time, she said.

Patients with well-controlled depression may be liposuction candidates, but only on an individualized basis in consultation with their psychiatrist or internist, said Dr. Sengelmann, who reported no conflicts of interest.

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