



Paul E Banwell FRCS(Plast)
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LIPOMA REMOVAL

A lipoma is a subcutaneous, benign fatty lump usually surrounded by an enclosing capsule. Whilst lipomata (plural of lipoma) can occur almost anywhere in the body, they are most commonly found on the upper arms, upper thighs, neck and trunk. The growth itself is not usually painful but they can grow and become unsightly or become traumatised; occasionally they can become painful indicating they are of mixed tissue type (eg. Fat and blood vessels – angioliipoma). The exact cause of lipoma formation is not known, but there may be a genetic component and some people may present with multiple lumps under their skin.

Lipoma removal

In many cases, lipomas may be so small that they do not require treatment. Because of their benign nature, there is no danger in an untreated lipoma. However, once a lipoma begins to get larger, it can become an unsightly burden as well as become uncomfortable. Further, there is always a very small but finite risk that benign lipomas may change to a cancerous growth over time. One of the first indications of this is a sudden, rapid increase in size. The only way to definitively diagnose this is to remove the lump and have a pathologist look at it under the microscope.

Indications for removal

Indications for removal include the following:

- Tenderness or pain
- Infection or inflammation
- Increase in size

There are several forms of treatment for lipomas. One such treatment is steroid injection, which may shrink the growth but is rarely used in the UK. Another treatment is liposuction. As the growth is filled with fatty tissue, liposuction can effectively remove the growth's filling but this is usually only considered in large diffuse lipomata rather than small, discrete lipomata. However, liposuction will not remove the capsule itself leading to a fairly high risk of the lipoma returning over time (recurrence).

The most effective and quickest treatment is direct surgical excision of the growth. In most cases, lipomata are fairly superficial, allowing for removal under local anaesthetic. Once this is injected, an incision is made in the skin overlying the lump and the lipoma is removed. Discrete lesions may often be removed using the 'squeeze' technique.

However, where a lipoma is found to be deeper in the body, it will require more involved surgery under general anaesthesia, and will be performed in main theatre.

Is a lipoma harmless?

A lipoma is a harmless (benign) subcutaneous growth. These fatty lumps usually grow very slowly and are symptom free but sometimes they may become uncomfortable or painful.

Are any special investigations required?

Usually the diagnosis is made on clinical grounds alone but sometimes if the subcutaneous lump is large, very firm, grows suddenly or is in a difficult anatomical location, Mr Banwell would elect to perform an ultrasound scan or an MRI scan.

How long is the surgery?

For small lipomas surgery may be very quick (half an hour or so) but larger (and deeper) lesions may take longer to remove.

Will I be in pain?

Mr Banwell will always use local infiltration of anaesthetic to minimize discomfort but taking regular brufen and paracetamol after the procedure is also recommended.

Is this performed under a local anaesthetic?

Removal is usually performed under local anaesthetic but this can be supplemented with sedation if required. For larger lesions Mr Banwell might suggest having the lipoma removed under a general anaesthetic (with you being asleep).

What are the complications?

Complications can occur with any surgical procedure and these include scarring, adverse scarring, suture problems, sensory changes bleeding, infection and seroma formation. →



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Is the recovery short?

Recovery is minimal and returning to activities of daily living is usually rapid. For larger lesions Mr Banwell may advise taking a few days off to recuperate.

What are the costs?

There is a fee for the surgeon and one for the hospital or clinic (pathology fees may also be required). If an anaesthetic is required then an anaesthetic fee is added.

Important Notice

Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed. repositioning tissues.