

PATIENT INFORMATION LEAFLET - LIPOMA REMOVAL

Cosmetic Surgery of the Royal Liver Building

WHAT IS A LIPOMA

A lipoma is a benign (non-cancerous) lump made of fat cells. They are usually soft, slow growing and harmless. Some people choose to have them removed because they cause discomfort, grow larger, are unsightly, or because the diagnosis needs to be confirmed.

WHAT DOES SURGERY INVOLVE

The surgeon makes a small cut in the skin over the lump, carefully removes the fatty tissue, and closes the wound with stitches. A dressing will be placed over the wound. The operation is usually carried out under local anaesthetic, meaning the area is numbed but you remain awake.

WHY MIGHT REMOVAL BE ADVISED

- To relieve pain or irritation
- To remove a lump that is increasing in size
- To help clothing or equipment fit more comfortably
- For cosmetic reasons
- To obtain a sample for laboratory testing (histology) to confirm the diagnosis

ALTERNATIVES TO SURGERY

- Doing nothing and monitoring the lump
- Scans such as ultrasound or MRI to assess it
- Needle sampling to check cells (less accurate than full removal)
- Liposuction (sometimes used but carries higher recurrence and less reliable diagnosis)

BENEFITS OF SURGERY

- Removal of the lump
- Relief from discomfort
- A tissue sample for confirmation of the diagnosis
- Lower chance of regrowth at the same site compared to liposuction or needle aspiration

RISKS AND POSSIBLE COMPLICATIONS

All operations carry some risks. For lipoma removal these include:

- Bleeding or bruising
- Infection
- Scarring (some scars may become raised, red, or wide especially on the chest or shoulders)
- Fluid collection under the skin (seroma)
- Numbness or tingling near the scar (may be temporary or permanent)
- Pain or tenderness (usually improves but can persist)
- Dent or tethering of the skin if the lump was deep or large
- Rarely, damage to a small nerve or blood vessel in the area
- Recurrence of the lipoma
- A different diagnosis on histology (rare but possible)

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ANAESTHETIC RISKS

The local anaesthetic may cause temporary stinging, palpitations, or lightheadedness. Serious reactions are very rare.

AFTER THE PROCEDURE

- You will go home the same day with a dressing in place.
- Keep the area clean and dry until advised otherwise.
- Stitches are usually removed in 7-14 days unless dissolvable ones are used.
- Most people return to light activities the next day, but you should avoid strenuous activity until the wound has healed.
- You may need to limit movement in the affected area if it causes strain on the wound.
- Painkillers such as paracetamol or ibuprofen can be used if needed (unless told otherwise).

WHEN TO SEEK URGENT HELP

- Sudden or severe pain not controlled with pain relief
- Fresh bleeding soaking the dressing
- Spreading redness, heat, swelling or pus from the wound
- Fever, chills, or feeling generally unwell
- New numbness or weakness in the area
- Chest pain, difficulty breathing, or fainting

HISTOLOGY

The tissue removed will be sent to a laboratory for examination. Results will usually be available within 2-3 weeks. We will contact you with your result and share it with your GP.

FOLLOW UP

You will have a wound check and stitch removal appointment if required. Additional follow-up will be arranged if the histology result requires further discussion.

IMPORTANT REMINDERS

- Do not drive if you are in pain or have limited movement after the operation.
- If you were given sedation (not usual for this procedure), do not drive, operate machinery, or sign legal documents for 24 hours.
- Make sure you have someone to support you at home if needed, particularly for the first night.