



Brisbane Liver and Gallbladder Surgery
Suite 207, Ramsay Specialist Centre
Newdegate Street, Greenslopes QLD 4120
Phone: 3847 3000 Fax: 3847 3002
Email: admin@brisliver.com.au Web Site: www.brisliver.com.au

REMOVAL OF A LIPOMA

*THIS INFORMATION REFLECTS THE PERSONAL PRACTICE OF DR KELLEE SLATER ONLY
AND DOES NOT SUBSTITUTE FOR DISCUSSION WITH YOUR SURGEON.*

© Dr Kellee Slater 2012

YOUR ADMISSION DETAILS:

Your admission date is: _____

Date of your operation: _____

Fasting time from: _____

Day Surgery Patient Stay

Overnight Patient Stay

Greenslopes Private Hospital Admissions (Phone 1800 777 101) will contact you
the day before you are due to enter the hospital to confirm the details.

WHAT IS A LIPOMA?

A lipoma is a non-cancerous lump of fat that forms a nodule under the skin. They are extremely common and there may be more than one. They tend to grow larger over time. They may occur anywhere on the body but are most common on the back or arms. They are soft, mobile lumps and are usually painless.

Lipomas of the skin are not thought to ever become cancerous. There is a rare type of cancer of the fat (liposarcoma), but it is not known to arise from a benign lipoma. It is important that the correct diagnosis is made prior to surgery.

Lipomas are common in all ages, but tend to occur in the 40 – 60 year old age group.

WHAT ARE THE SYMPTOMS OF A LIPOMA?

Generally lipomas are completely painless. Occasionally, due to their position on the back, they may be uncomfortable. For many people they are cosmetically unappealing.

WHAT ARE THE TREATMENT OPTIONS FOR A LIPOMA?

Lipomas are harmless, requiring no treatment if they are not causing any bother. They may surgically removed if desired or causing symptoms.

HOW IS A LIPOMA REMOVED?

A cut is made over the lump and it is removed. The skin is then sutured closed.

WHAT TYPE OF ANAESTHETIC WILL I HAVE?

The type of anaesthetic used depends on the patient, the position of the lipoma and its size. Very small lipomas are easily removed with an injection of local anaesthetic to numb the skin. Large lipomas especially on the back are best removed under general anaesthesia (fully asleep).

WHEN WILL I BE DISCHARGED FROM HOSPITAL?

It is quite common to have a lipoma removed as day surgery. This means you will be able to leave after a recovery period and after having something to eat. If you have had a general anaesthetic, you cannot drive, operate machinery or sign legal documents for 24 hours.

WHAT ARE THE COMPLICATIONS OF LIPOMA SURGERY?

Specific Risks:

- **Fluid collection under the wound:** this is extremely common after lipoma surgery. When the lump is removed, there is a space left behind. This fills up with clear fluid. Sometimes this fluid will run out of the wound and you will need to wear a pad for a few days. Almost all patients would expect this to happen for a very lipoma larger than 10cm. Sometimes a small drain is left in the wound for a period of time to collect this fluid.
- **Infection:** wound infection is moderately common after lipoma surgery - (5%) of cases. If it occurs, it will require treatment with antibiotics.
- **Bleeding:** occasionally there is bleeding under the skin that runs out of the wound. It may require a return to the operating theatre in the first few days after surgery. It is also quite common for there to be some bruising around the wound. This will get better.
- **Recurrence of the lipoma:** occasionally, a small piece of the tumour may be left behind and the lipoma will come back.
- **Nerve damage:** as with any operation on the body, a nerve may be cut resulting in numbness under the wound.
- **Scarring:** it is very common for wounds on the back to stretch over time because of the large amount of movement of the skin of this region. Certain people form 'keloid' scars – where too much scar forms. This can be unattractive and is not preventable.

General Risks:

- Death: approximately 1/50,000 risk for all patients having a general anaesthetic.
- Blood vessel problems: heart attack, stroke. This is very rare.
- Infections: wound, pneumonia, urine, IV line related.
- Clots in the legs that may travel to the lungs and be fatal.

WHAT TO EXPECT IMMEDIATELY AFTER SURGERY

Pain Relief

Every effort will be made to minimize your discomfort after the operation. Your nurses will be monitoring your level of pain control frequently.

If the wound is on your arm or leg – try and elevate that part when you are sitting in the first week after surgery. This reduces swelling and pain. Putting your foot and arm up on a pillow is a good idea.

Local anaesthetic will be used in the wound and lasts for about 12 hours and after that you will feel some mild discomfort.

There are two major types of pain relievers after lipoma surgery.

1. Panadol, Panamax, Paracetamol

You will be amazed the power of regular paracetamol. It will cut down the need for the very strong pain pills.

They do not cause constipation.

Do not take more than 8 tablets a day or serious liver damage may occur.

2. NSAIDs (Indocid, Brufen, Mobic)

Another excellent pain reliever. They do not cause constipation.

Must be used very cautiously in the elderly and those with kidney problems because it might cause kidney failure.

They may cause stomach ulcers. If you experience any pain in the upper abdomen you must stop this medication immediately and seek advice.

It is uncommon to need anything stronger than these medications after you go home. Try and avoid codeine or narcotic containing products – like Panadeine, Panadeine Forte or Endone as they cause constipation and may put strain on your hernia repair.

Eating

It is usual to return to a normal diet within a day of general anaesthetic. There are no restrictions.

It is very common to feel slightly nauseated for 12 hours following surgery.

AFTER DISCHARGE

Your Incision

You can expect to have a waterproof dressing over your incision for the first five days. You will be discharged with this dressing on. You will be able to shower with this dressing. It is quite common to have a small amount of leakage from the wounds to collect under the dressing. Occasionally this build up of fluid will leak from under the dressing. Wash the area if this occurs and try to leave the dressing on.

You can peel the dressing off 5 days after the surgery. The wounds should be healed by this time. You may get the wounds wet after 5 days. It is common for the wounds to be bruised.

There will not be any stitches to remove and the deep stitches will dissolve over the next 6 weeks. It is very common for an end of the stitch to poke out of the wound. If it bothers you, you may snip it off with a pair of scissors. Otherwise it will fall off about 6 weeks after the operation.

Your incision may be slightly red along the cut. This is normal. Over the next few months your incision will fade and become less prominent.

You may gently wash dried material around your incision and let water run over it. Pat dry it with a towel. Do not rub soap or moisturizer into your incision for at least 4 weeks or until it is fully healed. After this, you may rub vitamin E cream along the wound.

It is normal to have a **hard ridge of tissue under the wound**. All patients get this and it disappears after about three months. It is normal to have a patch of numbness under the wound.

Activity

Do not drive, operate machinery or sign legal documents within 24 hours of an anaesthetic.

You may perform all other normal GENTLE activities.

Specific limitations will relate to the site of your wound.

You may gently swim after 2 weeks or when the wound is fully healed.

Heavy exercise may be started after 6 weeks - but use common sense and go slowly at first.

You may resume sexual activity when you feel ready.

WHAT PREPARATIONS DO I NEED TO MAKE BEFORE MY SURGERY?

Hospital

The hospital will call you the day before your operation to confirm your admission time. It will also let you know about any hospital excess you may have to pay.

Fasting

You must have nothing to eat or drink for six hours prior to surgery. (You may take small sips of water up until 2 hours before the operation and you may take your medications with a sip of water). Do not chew gum or smoke cigarettes on the day of your operation.

Medications

- If you are on blood thinners such as aspirin, warfarin, Plavix, Iscover, Clopidogrel, Pradaxa, dabigatran, Xarelto or anti-inflammatory drugs (Brufen, Mobic, Voltaren, etc), they can cause bleeding during surgery. We will advise you about what to do

with these drugs prior to surgery. You must let us know about these drugs and the decision to stop them is based on each individual patient's needs.

- Diabetic medications: we will give you advice on whether to take your diabetic medications on the morning of surgery or not. Some diabetics will be admitted the night before the operation.
- If you are taking any alternative medications e.g. St John's Wort, fish oil or garlic, you should stop these tablets one week before surgery as they may cause bleeding.
- You may continue to take a multivitamin.
- Continue to take all other medications, even on the morning of surgery with a small sip of water.

Other things to know

- You must bring all relevant x-rays to the hospital with you.
- If you smoke, it is in your best interests to stop completely as soon as you can. See your GP for alternatives or call Quitline (131848) if you wish to seek advice.
- You should also abstain from drinking alcohol 24 hours before and after any surgery.
- Bring all your current medications to the hospital.
- Bring comfortable pyjamas, personal toiletries, small change for newspapers etc.
- Do not bring large amounts of cash or valuables.

WHAT WILL THIS SURGERY COST?

I largely work as a 'no-gap' doctor. This means that the surgeon fee for your operation will be sent to your health fund and there will be no 'gap' or extra amount of money to pay. There are always exceptions and decisions regarding this are made on a case-by-case basis.

If you do not have private health insurance or if you have overseas insurance, you will be given a quotation for surgery, anaesthetic and hospital fees and must pay in full *prior* to the operation.

Outpatient consultations are not covered by the health funds and there will be a charge for these meetings. You will get a proportion of this money back from Medicare. There is no fee to be paid for normal care after the operation.

There may be other out-of-pocket fees from your anaesthetist and any other specialists who are asked to look after you. You should ask them ahead of time any out-of-pocket costs. Ask us who will be performing your anaesthetic and you can make enquiries with them about any out-of-pocket expenses.

There may be extra costs for x-ray, pharmacy and pathology. You have a right to gain 'informed financial consent'. Fees from other practitioners are beyond our control and you should ask for the costs from each person who is asked to look after you. Patients have a choice when it comes to paying for their health care and you have a right to shop around.

ABOUT YOUR SURGEON

Dr Kellee Slater MBBS (Hons) FRACS

- 2006 – Present Staff Surgeon
Hepatopancreatic-Biliary-Liver Transplant
Princess Alexandra Hospital and
Greenslopes Private Hospital
Brisbane, Queensland
- 2004 – 2006 Hepatobiliary and Liver Transplant Fellowship
Princess Alexandra Hospital
Brisbane, Queensland
- 2002 – 2004 Liver and Kidney Transplant Fellowship
University of Colorado Hospital
Denver, Colorado, United States of America
- 2002 Fellow of the Royal Australian College of Surgeons (FRACS)
General Surgery
- 1989 – 1994 MBBS (Honours)
University of Queensland