Liposuction helped shrink my agonising swollen leg: How lipo is relieving a chronic lymph problem affecting thousands

by ANGELA BROOKS • AUG. 21, 2012

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'My leg was so big, it was hard to bend it,' said Roisin Gallen

By the time Roisin Gallen received treatment for chronic lymphoedema, her left leg was twice its normal size.

The divorced mother of two, normally a size 12, had to wear size 18 trousers nipped in at the waist.

‘It was like having elephantiasis,’ says the 45-year-old who lives near Belfast.

‘My life was terribly restricted.

'My leg was so big, it was hard to bend it.

'It was like walking with a large, inflatable pillow strapped round it.’

Roisin’s lymphoedema was set in train by treatment for cervical cancer in 2001.

This included having a hysterectomy, where lymph nodes in her groin were removed to stem the

spread of disease, followed by radiotherapy.

Up to 250,000 people in the UK suffer from lymphoedema and key triggers for the devastating and often disfiguring condition are surgery and radiotherapy where lymph nodes are removed or damaged, particularly in breast, prostate and gynaecological cancers.

Lymphoedema is a swelling in a limb as a result of damage to the lymphatic system, the body's waste disposal system.

The lymphatic system plays an important role in the immune system, removing bacteria and waste from the tissues through a fine network of vessels carrying a fluid known as lymph.

This travels to the lymph nodes, where it is cleansed.

If the system is compromised — as can happen as a result of both cancer surgery (where the nodes are removed) or radiotherapy (which can create scar tissue that blocks the lymphatic channels) — unfiltered lymph fluid becomes trapped and forms pools, causing swelling.

This can begin anywhere from a day to 30 years after surgery — it's not clear what sets off a delayed response.

Six months after the operation, and for the first time in more than a decade, Roisin's legs are the same size, and she's back in size 12 clothes

As well as swelling, this trapped fluid puts patients at high risk of potentially life-threatening infection such as cellulitis, an infection of the tissues.

Something as innocuous as a graze can kick this off, as toxins can build up in the body.

Roisin's GP initially mistook the swelling in her ankle a few weeks after her cancer treatment for simple fluid retention — an all-too-common occurrence.

Her condition was diagnosed five months later by a physiotherapist and she was given a compression garment to prevent fluid build-up as well as specialist lymphatic drainage massage to ease the fluid out.

This stopped when the physio went on maternity leave.

Like many patients, Roisin was to learn that treatment for the condition can often be patchy.

For the next two years she was on a waiting list for treatment, with her condition worsening.

She then contracted cellulitis, which fortunately responded to treatment but she was warned to go straight to hospital if it happened again.

By 2009, Roisin's condition was so bad she was referred to a vascular surgeon, who pronounced her condition 'too far gone'.

'He said there was nothing he could do for me,' recalls Roisin.

'By this time, I was in constant pain and couldn't bend my leg at the knee.'

She could only walk by leaning on her right leg and swinging the left leg forward.

'I couldn't shave my legs in case I got a skin nick and infection — you have to be careful not to get a

mosquito bite for that reason.

'My feeling was that I'd honestly rather lose my leg than stay like that.'

Then, by fluke, she heard about specialist lymphoedema liposuction being carried out by plastic surgeon Alex Munnoch at Ninewells Hospital in Dundee.

Although the treatment is approved by the National Institute for Health and Clinical Excellence (NICE) for chronic lymphoedema, there are very few surgeons practising it, and getting treatment paid for by local health trusts can prove very difficult.

Roisin underwent the treatment in March this year.

By then the watery fluid in her leg had become a hard mass — almost, she says, 'like putty left out to dry'.

An arm or leg with chronic lymphoedema won't just be puffy with excess fluid, explains Mr Munnoch.

'It will be puffy from fluid and excess fat because the lymphatic fluid is rich in proteins and stimulating hormones which activate the production of fat.'

The surgery involved creating 14 holes in Roisin's leg using the specialised, extra-fine tubes necessary for lymphoedema liposuction.

The hardened protein and fat was then removed in the same way as with liposuction.

Six months later, and for the first time in more than a decade, Roisin's legs are the same size and she's delighted to be back in size 12 clothes.

The drawback of lymphoedema liposuction is that it does not cure the underlying disease, so she will have to wear the very tight compression garment day and night for life to prevent fluid build up in the future.

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‘People ask me whether it bothers me that I have to wear the garment — and it’s tight and hot in the summer,’ she says.

‘But I would honestly wear six of them at once if I had to rather than go back to how I was before my liposuction.’

Until now, the underlying causes of lymphoedema have been regarded as irreversible.

But now two remarkable pioneering surgical techniques that put a potential cure within sight have just started to become available in Britain.

In a healthy person, the lymphatic fluid drains into blood vessels after being filtered by the lymph nodes.

New imaging techniques are revolutionising lymph bypass surgery.

This involves pinpointing healthy lymphatic channels and re-routing them by stitching them into the blood vessels, bypassing blocked lymphatics.

But with some lymph vessels no more than 0.2mm wide, this is technically challenging microsurgery, explains Kelvin Ramsay, a plastic and reconstructive surgeon at the Royal Marsden Hospital, London.

First, dye is injected into the patient’s hand and it’s then taken up into the lymphatic system.

Surgeons turn out the lights and use a near-infrared camera, which lights up the microscopic lymphatic channels.

This shows clearly which channels are blocked so that only clear channels are grafted on to blood vessels.

There's also lymph node 'transfers'.

These aim to kick-start the lymphatic system by harvesting lymph nodes with their own blood supply from elsewhere in the patient's body and plugging them into the armpits of breast cancer patients who have lymph nodes cleared or damaged by their cancer treatment.

As soon as the transferred lymph nodes are connected in the armpit, they start releasing substances that encourage the growth of new lymphatic vessels as well as the old pathway to open, says Anne Dancey, a plastic and reconstructive surgeon at the Queen Elizabeth Hospital in Birmingham who has already performed 25 lymph node transfers.

The hospital is now starting a clinical trial comparing lymph node transfer to standard treatment with specialist massage and compression garments.

As with the lymph bypass, before the transfer, dye is used to flag up the blockages.

'My patients have been able to get rid of their compression garment and that is life-changing for them,' says Ms Dancey.

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