PROCEDURE

Liposuction

Liposuction removes fat through a thin suction tube to reshape specific areas of the body.

PURPOSE
Remove localized fat and reshape body contours

PROCEDURE TYPE
Therapeutic surgical fat removal through small skin openings

WHERE IT IS DONE
Operating theatre or accredited outpatient surgical facility

ANAESTHESIA
Local, deep sedation, or general, based on treatment extent

HOW LONG IT TAKES
One to several hours, based on areas treated

PREPARATION
Medication review, smoking cessation, and fasting if instructed

RECOVERY
Home same day; no driving after sedation or general anaesthesia

MAIN RISKS
Contour irregularity, infection, blood clots, fluid imbalance

RESULTS
Visible after swelling falls; final contour over several months

Overview

Liposuction is an operation that removes fat from selected areas of the body. Common treatment areas include the abdomen, hips, thighs, buttocks, upper arms, neck, and under the chin.

During the procedure, a surgeon passes a narrow tube called a cannula through small cuts in the skin. The cannula loosens fat, which is then removed using suction.

Liposuction is intended to change body contour rather than produce major weight loss. It does not remove the deeper fat around internal organs. It also does not reliably treat cellulite, stretch marks, or loose skin.

Why the procedure is performed

Liposuction may be offered when a localized area of fat has not changed as much as expected with weight loss or exercise. It may be performed on one area or several areas during the same operation.

It can also be used as part of another procedure, such as abdominal surgery, breast reconstruction, or fat transfer. With fat transfer, some removed fat is processed and injected elsewhere.

In selected cases, liposuction may be used to treat certain medical conditions, such as some types of abnormal fat distribution. The goals and techniques may differ from cosmetic liposuction.

Who should and should not have it

Liposuction is generally best suited to adults who are near a stable weight, have localized fat, and have skin that can tighten around the new contour. Good general health and realistic expectations are important.

It is not a substitute for treatment of obesity. If your main goal is significant weight loss, another approach is usually more appropriate.

The procedure may be avoided or delayed if you:

Loose skin may remain after fat is removed. If skin laxity is the main concern, liposuction alone may not provide the result you want.

- Are pregnant or have recently given birth
- Have an active skin infection near the treatment area
- Have uncontrolled heart, lung, or circulation problems
- Have a bleeding disorder or a high risk of blood clots
- Take medicines that cannot safely be paused for surgery
- Smoke or use nicotine in a way that raises healing risks
- Have major weight changes planned or expected

How to prepare

Your treating facility's own instructions take priority because preparation depends on the

areas being treated, the amount of fat expected to be removed, and the planned anaesthesia.

Give the surgical team a complete list of your medicines, vitamins, supplements, allergies, and previous reactions to anaesthesia. Tell them about bleeding problems, blood clots, heart or lung conditions, and possible pregnancy.

You may be asked to stop smoking or using nicotine before and after surgery. Some medicines and supplements can increase bleeding, but do not stop a prescribed medicine unless the treating team tells you to.

If sedation or general anaesthesia is planned, you will receive instructions about when to stop eating and drinking. Arrange for a responsible adult to take you home. Depending on the extent of surgery, someone may also need to stay with you during the first night.

Wear loose clothing and prepare your home with any prescribed compression garment, dressings, and pain medicine.

What happens during the procedure

Before surgery, the surgeon may mark the treatment areas while you are standing. Photographs may be taken for your medical record.

The type of anaesthesia depends on the size and number of areas being treated. Small areas may be treated with local anaesthesia, which numbs the area while you remain awake. Larger procedures may use deep sedation or general anaesthesia.

Small cuts are made near the treatment area. Fluid containing salt water, medicine to reduce bleeding, and often local anaesthetic may be injected into the fat. This is called the tumescent technique.

The surgeon moves a cannula beneath the skin to loosen fat and suction it out. Some procedures use ultrasound, vibration, or laser energy to help break up fat.

The cuts may be closed with stitches or left partly open so fluid can drain. Dressings and a compression garment are usually applied.

Recovery and what to expect afterward

Pain: Soreness, swelling, bruising, and a tight or burning feeling are common at first. Pain should gradually improve. Temporary numbness or changes in skin sensation can occur.

Eating: You can usually drink and eat once you are awake and not feeling sick. Start with light food if anaesthesia has caused nausea. Follow any instructions about fluids and salt intake.

Activity: Gentle walking helps circulation, but strenuous exercise and heavy lifting usually need to wait. Wear your compression garment for the period recommended by your surgeon. Swelling may come and go for several weeks.

Driving: Do not drive on the day of surgery or while affected by sedation, anaesthesia, or strong pain medicine. Resume driving only when you can move comfortably, react quickly, and perform an emergency stop.

Work: Desk work may be possible within several days, while physical work may require longer. Recovery generally takes more time when several or larger areas are treated.

Risks and possible complications

Liposuction has risks even when performed for cosmetic reasons. Swelling, bruising, soreness, temporary numbness, and small scars are expected effects rather than unusual complications.

Possible complications include:

Removing larger amounts of fat or treating several areas can increase surgical and anaesthetic risk. Sometimes another operation is needed to correct an uneven result or manage a complication.

- Uneven contour, dents, rippling, or loose skin
- Persistent numbness or changes in sensation
- A collection of clear fluid called a seroma
- Bleeding, infection, or delayed wound healing
- Blood clots in the legs or lungs
- Fluid imbalance or strain on the heart and kidneys
- Injury to deeper tissues or, rarely, an internal organ
- Reactions to anaesthesia or local anaesthetic
- Burns from ultrasound- or laser-assisted equipment

Results and follow up

Some change may be visible soon after surgery, but swelling can hide the final contour. The treated area usually becomes more defined over the following weeks and months.

Fat cells removed by liposuction do not grow back. However, remaining fat cells can enlarge if

you gain weight. Pregnancy, ageing, and changes in skin elasticity can also alter the result.

You will have routine follow-up to check healing, remove any stitches if needed, and assess swelling and contour. Keep these appointments even if recovery seems straightforward.

Alternatives

You do not have to undergo liposuction. Alternatives depend on what you want to change.

- No procedure: Avoids surgical risk and cost, but the contour may remain unchanged.
- Nutrition and physical activity: Can reduce overall body fat and improve health, but cannot target one exact area.
- Medical or surgical weight management: More appropriate for significant weight loss, but it is not designed for precise body contouring.
- Non-surgical body contouring: Cooling, heat, or ultrasound treatments involve less recovery, but changes are usually more limited and may require several sessions.
- Skin-removal surgery: Procedures such as a tummy tuck can remove loose skin and tighten tissue, but involve longer scars and recovery.
- Fat-dissolving injections: Suitable only for certain small areas and may need repeated treatment; swelling and uneven results can occur.

When to call your healthcare team

Contact your surgical team promptly for increasing pain, spreading redness, pus, fever, persistent vomiting, heavy bleeding, a wound opening, or swelling that is suddenly worse on one side. These are not part of routine follow-up.

Seek emergency help for trouble breathing, chest pain, coughing up blood, fainting, confusion, or sudden painful swelling in one leg. Do not wait for a scheduled appointment if these occur.

For expected bruising, mild drainage, numbness, or questions about your compression garment, use the routine contact details provided by your facility.

Common questions

Will I be asleep?

You may be awake with local anaesthesia for a small area. Deep sedation or general

anaesthesia may be used for larger or multiple areas. Your team should explain the plan before you consent.

Can I drive home?

No. Arrange for an adult to take you home after sedation or general anaesthesia. You should not use a taxi or rideshare alone unless your facility specifically permits it.

How painful is liposuction?

Most people have soreness, bruising, and tightness rather than sharp pain. Discomfort is often strongest during the first few days and should then improve.

When will I know the final result?

You may notice a change early, but swelling makes immediate assessment unreliable. The final contour usually becomes clearer over several months.

Will the fat come back?

Removed fat cells do not return, but remaining cells can enlarge with weight gain. A stable weight helps preserve the result.

Will I have scars?

Liposuction requires small skin openings, so small scars are expected. They often fade over time but may remain visible.

Sources

- American Society of Plastic Surgeons: Liposuction
- US Food and Drug Administration: Liposuction
- Mayo Clinic: Liposuction
- NHS: Liposuction
- National Library of Medicine, StatPearls: Liposuction