Lipolysis-Report 2004©

Lipolysis - new frontiers in aesthetic medicine
Data and facts on a new form of aesthetic treatment

Introduction:
The NETWORK-Lipolysis, which was founded in September 2003, is an association of physicians with a range of specialties who approach injection lipolysis with an open, but not uncritical mind. In light of the frequently polemical discussion in Germany and Austria, and now also in the UK, concerning the risks and the lack of effectiveness of the therapy, the “NETWORK-Lipolysis“ www.network-lipodissolve.com has requested its members to conduct standardised observation of the patients in the course of the therapy and to submit the data obtained to the Research Board of “NETWORK-Lipolysis“. The Research Board consists of physicians with extensive experience in lipolysis, who have established various internal research groups within the Network with the aim of further optimising the therapy.

After careful scientific study of phosphatidylcholin, the substance used in injection lipolysis, by the first NETWORK members, it can be confirmed that no risk to the patients is to be anticipated. The physicians in the NETWORK have hitherto adopted various routes for verifying this claim. First, the NETWORK-Lipolysis cooperates with a number of universities and supports scientific studies. This process is currently in the application phase before the competent Ethics Commission. And second, 350 physicians in 21 countries are currently collecting the data on 5000 patients whose therapy is completed and evaluating this data according to a uniform method.

Results:
Initial interim conclusions can now be drawn from the Lipolysis Report 2004. This encompasses the data from altogether 470 patients. The patients were treated in 1061 therapy sessions. (Table 1)
This initial statistical data does not yet allow any final and conclusive assessment, nor can it take the place of long-term observation, as the statistical basis is too small. It can, however, provide some important indications regarding 2 questions which are of concern to patients and the treating physicians alike:

Are there any side-effects which are so severe as to rule out use of the therapy?
How good are the results obtained with the therapy?

Of the patients, 88.7% were women and the remainder men.
The patients will continue to be invited for control examinations for the next 2 years after therapy in order to allow assessment of any long-term effects of the therapy.

Side effects:
As far as the short-term side effects are concerned, it is possible to state as follows: All the documented side effects correspond to the symptoms stated in our patient information, such as redness, swelling, itching, haematoma and pain in the treated regions. There were no other previously unknown side effects.

(Table 2: Side effects in days)
The fears of some colleagues that the therapy could result in the formation of permanent nodosities and necrosis have not come true. Also the fear that the therapy could trigger cancer was assessed by the Research Board right from the start as scaremongering by journalists, and has no foundation in scientific fact.

Within the work of the Network, a single case of necrosis has been documented and was investigated by our Research Board. This one instance was found to be a clear case of medical malpractice, since the necrosis occurred because the substance was injected into tissue which was already cicatrised from previous liposuction treatment, and the patient concerned also suffered from multiple circulatory disturbances.

Our Research Board is also investigating the possible occurrence of allergic reaction. In thousands of treatments, no documented case of allergic shock has yet been established, despite the fact that through the addition of vitamins of the B complex this side effect is theoretically possible, as is indeed the case with any kind of therapy. Nevertheless, the Research Board has established a work group to deal with this eventuality and to prepare all members of the NETWORK for the action to be taken in the event of anaphylaxis. All doctors should be prepared for such emergencies - even if they only occur very rarely in practice.

Conclusion 1:
In aesthetic medicine - and especially in the surgical field - there are therapies which present a much greater risk for the patients. As examples of this, I would merely refer to the figures available on the number of serious incidents following liposuction and the frequently unsatisfactory aesthetic results of
that therapy. The NETWORK-Lipolysis has several work groups devoted to achieving improvements in terms of the local side effects such as pain, swelling, redness etc.

Results of lipolysis:
Here, we were first of all interested to determine the satisfaction of the patients: As Table 3 shows, the level of patient satisfaction is very high.

Table 3
This is all the more surprising as lipolysis therapy, unlike surgical procedures, does not produce any immediate effect, but only after 2-3 treatments over a period of up to 6 months. Many patients have in fact confirmed that they find this slower rate of change as positive because they are not confronted with the psychological effects of an abrupt change in their physical appearance. This subjective opinion can also be confirmed by objective data. Table 4 shows the reduction as measured by the physician, whereby it must be acknowledged that the extent of the reduction may differ from region to region. In addition, difficulties exist in measuring the reduction in the facial area as, except for photo documentation, no objective and easy-to-use measuring methods are available for this part of the body.
Table 4

Conclusion 2:
The therapy is viewed as highly positive by the vast majority of patients. A reduction is achieved in 93% of all cases, whereby with growing experience of the treating physicians, the non-responder rate decreases still further. A work group of the Network has been set up to investigate the reasons for non-response; this has already succeeded in producing further improvements in the results.

Summary:
Injection lipolysis can produce a sometimes huge improvement in body sculpture. According to our present state of knowledge, it is a safe and gentle method, for both patient and physician, for eliminating smaller accumulations of fat at problem zones. It is no substitute for surgical intervention in the case of more extensive body areas, and is also no therapy for weight reduction. Injection lipolysis should always only be performed by physicians who have undergone training in its proper application.

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