

LIPOMA (FATTY TUMOR)

△ GENERAL INFORMATION

A lipoma is an abnormal collection of fat cells that is almost always under the skin but can sometimes be deeper, such as in the muscle. The mass usually is smooth and in the shape of a sphere or egg (Fig. 1). Lipomas can occur anytime after puberty in both females and males and can be found virtually anywhere in the body. Mostly, however, they are seen in the front and back of the chest and abdomen and in the arms and legs. The masses can be pea-size or the size of a grapefruit or even larger.

COMMON SIGNS AND SYMPTOMS

- Usually, a soft, painless, movable mass under the skin is discovered by chance.
- If it is large, it may interfere with function, especially of the arm or leg.

DIAGNOSIS

- Usually, the diagnosis can be made by taking a detailed history and doing a thorough physical examination. By far, most masses as described above are simple lipomas. Sometimes, however, additional tests may be necessary.
- *Ultrasound*: Harmless sound waves (ultrasound) are aimed at the area of the lipoma. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. This is a painless and convenient way to examine such a mass and determine whether it is made of fat.
- *CT scan (computed tomography scan)*: A machine that is shaped like a huge doughnut is used to take special x-rays. You will lie on the table inside the hole in the “doughnut.” The x-rays are taken as very thin slices through the mass and surrounding tissue. This makes it possible to see inside the mass to estimate what it may be made of and whether it is benign or malignant. This technique is especially useful for examining deeper masses that cannot be felt well enough.
- *Biopsy*: If the mass is very large, stuck to the neighboring tissue, or more firm than the usual lipoma, the risk that it is a malignant lipoma (a *liposarcoma*) increases. If this is a concern, then just a small piece of it (a *biopsy*) needs to be taken for examination in the laboratory. The reason for taking a biopsy is that if the mass is malignant, the operation to remove it is entirely different from that for a benign lipoma. The biopsy can be performed in one of two ways as follows:
 - *Core needle biopsy*: The skin over the mass is swabbed with an antiseptic solution and injected with an anesthetic to make it numb. A special needle is placed through the skin and into the mass, and a core sample of the mass is obtained (about as thick as the lead in a pencil).
 - *Open biopsy*: The skin over the mass is swabbed with an antiseptic solution and surrounded with sterile towels. A thin, short needle is used to inject

an anesthetic in the skin over the mass to make the area numb. An incision is made through the numb skin down to the mass, and a biopsy is taken for examination in the pathology laboratory.

○ TREATMENT

- Most lipomas do not need to be removed if they can be observed.
 - An operation is advisable in the following circumstances:
 - The diagnosis of lipoma is not certain.
 - The lipoma is larger than 3 inches, because the chance of it being malignant increases when it is this size or larger.
 - The lipoma interferes with function.
 - The presumed lipoma is fixed to the surrounding tissue and so is not movable.
 - The lipoma is felt to be unsightly.
- After careful consideration of all factors, the recommendation is that your fatty tumor be removed.

PREOPERATIVE PREPARATION

- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation.

□ OPERATION

- You will lie on a comfortable table.
- The skin over the lipoma will be swabbed with antiseptic solution and surrounded with sterile towels.
- A thin, short needle will be used to inject an anesthetic in the skin over the mass to make the area numb.
- A cosmetic incision will be made, the lipoma removed, and the incision closed in a cosmetic fashion (Fig. 1).
- During the operation, you may feel some tugging but not pain.

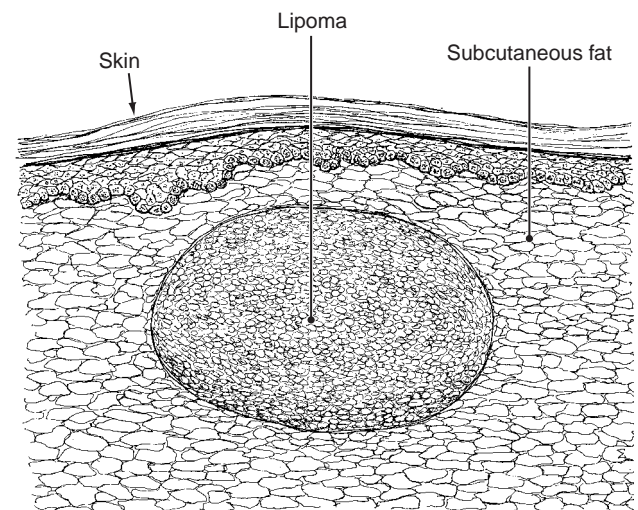


Figure 1. Once the lipoma is reached through the skin incision, it usually can be “shelled” out easily from the surrounding tissue, very much like removing the yolk in a hard-boiled egg.

POSTOPERATIVE CARE

- Your blood pressure, pulse, and breathing will be checked when they are stable. You then should be able to go home with a responsible adult.
- Arrangements will be made for any pain medicine and your follow-up office visit and suture removal.
- As with any operation, complications are always possible. Although they are uncommon with this type of operation, they can include bleeding, infection, and possibly others.

⊕ HOME CARE

- You may resume your usual activities.
- You may shower if you wish and with any dressings on or off.

- There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.
- After you dry yourself, replace any dressings with clean, dry ones.

📞 CALL OUR OFFICE IF

- The wound becomes red or swollen, or there is any drainage from it.
- The wound becomes increasingly painful.
- You develop a temperature higher than 100°F.
- You have any questions.