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Lipedema vs Obesity

Introduction

Many people with obesity are misdiagnosed with lipedema, a hereditary condition that primarily affects women and tends to have an onset during a time of hormonal change (puberty, pregnancy, peri-menopause / menopause). However, obesity and lipedema can co-exist (and commonly do). But the conditions behave differently.

Obesity is excess fat tissue a result of high caloric intake and insufficient burning (exercise) of those calories. This can lead to cholesterol build up in the arteries. Lipedema does not respond to exercise or diet changes. It also doesn't cause cholesterol build-up. If a person has both obesity and lipedema, exercise and nutrition changes will lead to weight loss. But the weight usually stabilizes at some point, and the base body shape (for example: large hips and thighs disproportionate to the rest of the body) remains.

The cause isn't fully known although some think it pertains to estrogen. Others think it may have a venous component.

In summary, while obesity involves generalized excess body fat, lipedema is a chronic disorder of adipose and connective tissue characterized by:

- Symmetrical enlargement of the legs and/or arms
- Painful or tender tissue
- Easy bruising
- Relative resistance of affected tissue to traditional weight-loss approaches
- Hands or feet are not involved unless / until lymphedema sets in
- Hyper-flexibility in some
- Usually, a parent or grandparent with a similar body shape

Types of Lipedema^{1,2}

There are different types of lipedema.

- Type 1 – belly, buttocks and hips (some people feel they have “saddlebags”)
- Type 2 – buttocks to knees (with fat around inner knees or just below knees)
- Type 3 – buttocks to ankles (fat between pelvis and ankles, commonly an “ankle cuff”)
- Type 4 – arms (fat between shoulders to wrist, commonly a “wrist cuff”)
- Type 5 – lower legs (fat is between knees and ankles)

Stages of Lipedema

Lipedema is often described in stages based on changes in the skin and underlying tissue. Progression varies from person to person, and not everyone may advance through all stages.

Stage 1

- Skin surface appears smooth.
- Fat tissue beneath the skin may feel soft with small nodules or "pea-like" texture.
- Legs and/or arms may appear enlarged but skin remains relatively normal.
- Pain, tenderness, heaviness, and easy bruising may already be present.

Stage 2

- Skin surface becomes uneven or dimpled.
- Larger nodules and fibrotic (firm) tissue develop beneath the skin.
- Tissue may feel more tender and heavy.

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- Swelling may increase throughout the day.

Stage 3

- Significant enlargement of affected limbs.
- Large folds or lobules of tissue may develop around the thighs, knees, hips, or arms.
- Mobility may become more difficult.
- Pain and heaviness often increase.

Stage 4 (Lipo-Lymphedema)

- Lipedema is accompanied by impairment of the lymphatic system.
- Persistent swelling develops due to fluid accumulation.
- Feet and/or hands may become involved.
- Specialized management of both lipedema and lymphedema is often required.

Descriptions adapted from established lipedema and lymphology literature, including Földi's Textbook of Lymphology.

Treatment

Conservative treatment involves CDT (complete decongestive therapy) which involves manual lymph drainage, compression, skin care and exercise. Compression levels may need to be adjusted due to intolerance of higher levels. Progress can be slow and results can be disappointing depending on co-existing comorbidities (i.e. other health issues). This step is often required by insurance before they'll approve surgery.

Surgery is the more radical approach but also yields the fastest and best long-term results. There are downsides (infection, recovery time, lumpy tissue, incorrect approach). Liposuction is the standard surgical approach (water-assisted, tumescent by a surgeon well-versed in lipedema and the lymphatic structures is important). This isn't a cure as the condition is genetic, and the tissue is expected to regrow over time.

Resources

- A. Documentary "The Disease They Call FAT" - <https://www.youtube.com/watch?v=U5DSCUxa720>
- B. Standard of Care (United States) by Dr. Karen Herbst: [Standard of care for lipedema in the United States - PMC](#)
- C. International Consensus: <https://www.gdlymph.eu/assets/pdf/JWC-Consensus-Lipoedema.pdf> (note there are opinion differences between doctors Tobias Bertsch and Karen Herbst: https://theila.net/wp-content/uploads/2024/09/Pathways_Lipedema_debate_Spring_2021_v2.pdf)
- D. Best Practices (United Kingdom): <https://lipoedema.co.uk/uk-best-practice-guidelines/>

References

- 1 <https://lipedema.net/lipedemastages/>
- 2 lipedema.org
- 3 In the United States, Dr. Karen Herbst is a forerunner in studying the disease.

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