



**LIPEDEMA LADY
MARLEEN COENEN
VAN DER WERF**

Transcript of Lipedema Lady Video Episode 15



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Encouraging Results from Lymph Sparing Liposuction

MARLEEN: It's not painful. It's pressure. A bit shaky, but okay. Pressure, and it's like somebody's knocking with a little hammer on my leg: "Tick, tick, tick."

I've tried several diets. From twelve, thirteen years old, I've always been yo-yoing with my weight to get it off. It never worked. I got, since I was a child, always blue marks on my legs, not knowing where they came from. If that's true for you and you have thick legs, go to a doctor. I went to a dermatologist and he told me I [have] lipedema.

DR. SCHIFT: They don't treat points for treating lipedema patients. There's the aesthetic problem. Patients want to have an aesthetic good result. This is one thing. Second thing is you have to remove a lot of volume. This is what I developed during many years, removing more volume. And we're talking about volumes up [to three or] five liters in one session, because for a lipedema patient, it doesn't bring anything to do to remove two liters. You can remove lots of volumes and you can remove quickly afterwards also lots of volumes, say about three weeks in between, but on a different place. This should not be too close to the area you have treated before. It should be a different area. You can do, for instance, five liters on the hips, and then three weeks later, you take three liters from the lower legs. It's a different area.

“When you're young and you have a life before you, why wouldn't you do this? Why live with lipedema? Why wait until you get pain and you can't walk, or something like that? I've seen my first knee. It's amazing.”

So you need aesthetic, you need large volume, and then comes the third thing. And that's the pain management. Pain management in your operation plan, during the operation, and post-operation. In the planning, what I ask now [of] the patients, and somebody started to do it, to make a drawing and say, "This is where I have the most pain," the lipedema patient. And now I ask the patient, "Make a drawing yourself, before I do the operation, where the most pain is." Then I calculate it, and within the operation plan, the parts where the most pain is, you don't do as much in one session. So you divide it. If you do that pain area in one session, it could be that you get problems during the operation. So no intravenous sedation. The patient is [conscious].

I like to do that because it gives me a safe feeling. If she talks to me, even if she complains and says, "No, it hurts, it's a little bit of pain there," then it still is a good sign because she reacts. And the pain itself is also a safety, because I know that if the patient says it's painful there, I should not be there with my cannula. Because that part has not [had] enough anesthesia, has not [had] enough tumescence so I've never done one liposuction on general anesthesia. Never done it in fifteen years.

MARLEEN: I hope most trousers will fit. Now nine of ten don't fit. I hope I ride horses. [I hope] the boots will fit again. They never fit. Walking gets a little easier. These things. I can play with my children all day.

When you're young and you have a life before you, why wouldn't you do this? Why live with lipedema? Why wait until you get pain and you can't walk, or something like that? I've seen my first knee. It's amazing.

About Marleen Coenen van der Werf

Marleen Coenen van der Werf is a lipedema patient living in the Netherlands who successful lymph sparing liposuction surgery in 2013 – 2014. Marleen experienced a reduction of pain and improvement in mobility and shape and size. She reports being very pleased with her procedures and the results.

About Reggy Schiff, MD

Dr. Reggy Schiff is a surgeon and dermatologist who practices in Borken, Germany serving lipedema patients from both Germany and the Netherlands. He specializes in lipedema treatment.

AMA citation

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