



## **LIPEDEMA LADY MARY BRADY**

**Transcript of Lipedema Lady Video Episode 16**



**LIPDEMA LADY**

**MARY BRADY**

## **Hope for Lipedema with New Surgical Treatments**

I knew that my lifestyle wasn't equal to what I looked like. No matter what I did – I actually restricted my food intake by getting a lap band. I was always very, very active. I have a very active job, I was always into sports, I worked out. I hired a personal trainer. I was eighty pounds heavier than I am now. I was at my top weight. I hired a personal trainer and I worked out with him six days a week. He saw what I did and he was perplexed. He saw what I ate. And then after working with him 5-6am, I would go and do a thirteen hour shift from 7am-8pm. And in the whole year I did that, I lost six pounds. So I knew there was something wrong.

So I researched and I researched and I almost became obsessed with it. I was on the computer one day and I just put in the toolbar: painful legs, column-like legs, legs that hurt, legs that are hardened, and I found lipedema and I was shocked. I was absolutely shocked. And then I was educating my family about it and they were very skeptical. They just thought I was getting obsessed with something. But then they saw the photos I was finding and what I looked like and they knew my lifestyle also and they said, "You're onto something."

**DR. SMITH:** So I think Dr. Dayan and I both wanted just to hear from you what's been going on, what's happened so far, what's bothering you, and what you want us to look at.

**MARY:** OK. So obviously I have lipedema. I've had it since puberty, since I was about twelve, between twelve and thirteen. I had huge lumps that developed in my hips.

**DR. SMITH:** Are you having pain in your legs at all? Or you said in your feet, I think?

**I think the surgery is a direction I would like to follow because up until now, there has been no treatment and no cure. And this is a huge breakthrough because when I, as a nurse, see older people that have not been officially diagnosed with lipedema but I believe they do have lipedema, I see that they have very, very limited mobility...and I would love to avoid that in my future and be able to maintain my mobility as well as I can.**

**MARY:** I do. Well I have a heel spur in my left heel so once I get up and moving, I'm very active. I work out, I walk a lot. And if I do four miles, I'm fine during those four miles, but then when I get home, I'll get up and if I have to go to answer the phone, I have to hop. It's so sensitive where if I'm sitting on my couch and my sixteen-pound dog walks across my legs, it hurts. Or if somebody touches my leg and they're not even putting that much pressure. I go through the roof if I get a blood pressure taken. It's sensitive. I'm kind of used to the pain because I'm in pain every day of my life.

**DR. SMITH:** And have you had any swelling in your feet or ankles or anything?

**MARY:** The foot is always fine. The swelling goes from my hip all the way down to here but it's always a normal foot.

**DR. SMITH:** Well, you know it's very interesting. This swelling in the lower extremity is often misdiagnosed. Fluid down here is not necessarily caused by what we would call lymphedema. You can have certainly swelling, pitting edema from venous hypertension, from venous insufficiency. You may have a little venous insufficiency but you don't have what we would consider venous stasis changes in your leg or the fluid swelling which often goes into the foot. Lipedema does seem to be what you have but without a component of lymphedema which can occur.

We do know that in lipedema and even after surgical procedures, there can be sub-clinical abnormalities in lymphatic clearance which could make you more prone and

there could be localized areas. And it may not be that you have lymphedema here, but as Dr. Dayan pointed out, you may have some from the prior surgeries in this region and/or here and just an area that may be less prone to clearance. Minor abrasions and things can allow bacteria to get in there.

We would be interested in doing a SPY evaluation at some point to look and might consider some other things but we'll probably discuss that.

**MARY:** The SPY evaluation, is that what you call it? That would determine whether I have any lymph node involvement? Or lymphatic?

**DR. SMITH:** Lymphatic. It's a very sensitive test for lymphatic disruption. It gives us a good sense of how lymph is moving through the extremities and to the extent that we can see it in the superficial lymphatics. Sometimes it can get deeper. When the lymphatics get deeper, it's harder to see. But if you have obvious abnormalities in the sub-dermal lymphatics, we can see that usually fairly clearly.

**MARY:** OK.

**DR. SMITH:** Every patient is different and with lipedema the diagnosis is not always as defined. And I think yours is a little clearer so I think what we would like to learn from you in the process is something that could be helpful for all patients with lipedema. That's why the work-up would be helpful.

**“ For the first time ever, I’m able to tell them that now there is hope, and there is hope because of surgical treatments and modalities, and there are surgeons like Dr. Smith and Dr. Dayan and people like Catherine Seo who have done so much research and support groups and German doctors. So now there is hope where up until now there has been no treatment and no cure. ”**



**MARY:** My hopes for the next step in treatment of lipedema is to eventually get liposuction. Before I get liposuction, water-assisted liposuction or tumescent liposuction, whichever suits my lipedema, I would have to get a SPY test which would indicate whether I have lipo-lymphedema or not. And if it's just plain lipedema, I believe I can go ahead and get tumescent liposuction or water-assisted, and hopefully the size will go down of my legs. I will be able to maintain my mobility and free myself of pain.

I think the surgery is a direction I would like to follow because up until now, there has been no treatment and no cure. And this is a huge breakthrough because when I, as a nurse, see older people that have not been officially diagnosed with lipedema but I believe they do have lipedema, I see that they have very, very limited mobility. They have skin breakdown. A lot of them are bed-bound and chair-bound and I would love to avoid that in my future and be able to maintain my mobility as well as I can.

Five years ago when I began to do research on lipedema, there weren't many articles and the articles seemed to be the same ones all over again and at the end of each article that I read, there was a paragraph that said, "Unfortunately, there is no treatment and there is no cure." And I had no hope.

For the first time ever, I'm able to tell them that now there is hope, and there is hope because of surgical treatments and modalities, and there are surgeons like Dr. Smith and Dr. Dayan and people like Catherine Seo who have done so much research and support groups and German doctors. So now there is hope where up until now there has been no treatment and no cure.

## About Mary Brady

Mary Brady is a nurse. Since this interview, she has had two successful WAL liposuction surgeries. She's been happy to share with the Lipedema Community her journey and celebrated her marriage to Sal in August 2015.

## About Mark L. Smith, MD, FACS

Dr. Mark L. Smith is Chief of Plastic Surgery at Mount Sinai Beth Israel Medical Center, Director of the Friedman Center for Lymphedema Research & Treatment and Co-Director of the Lipedema Project. His expertise includes cancer, lymphatic surgery, and lymph sparing liposuction for lipedema. He is trained in both microsurgery and craniofacial surgery.

## About Joseph Dayan, MD

Dr. Joseph Dayan is a board certified plastic surgeon specializing in microsurgical cancer reconstruction and specialized lymphatic surgery. He practices at Memorial Sloan Kettering in New York City.

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AMA citation

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