## **Expert Endorses Low-Dose Lidocaine for Lipo**

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LAS VEGAS — When it comes to lidocaine concentration in tumescent local anesthesia for liposuction, how low can you go?

The recommended dose in the medical literature ranges from 500 to 1,500 mg per 1,000 mL of saline, but in Dr. Loek Habbema's clinical experience in Bussum, the Netherlands, the lower the concentration of lidocaine, the better.

In fact, no more than 500 mg of lidocaine per 1,000 mL of saline is required in patients who undergo liposuction using tumescent local anesthesia, Dr. Habbema said at the annual meeting of the International Society for Dermatologic Surgery.

"A specific complication related to tumescent local anesthesia is lidocaine toxicity," he said. "For this reason, it's important to use a lidocaine concentration as

## Liposuction for Breast Reduction Proves Effective

LAS VEGAS — Breast reduction by liposuction using tumescent local anesthesia is a safe and effective procedure, results from a study of 131 patients showed.

The patients ranged in age from 16 to 77 years and their average age was 45 years, Dr. Loek Habbema reported at the annual meeting of the International Society for Dermatologic Surgery.

Breast volume was measured preoperatively and postoperatively in two ways: the amount of fat removed as a percent of breast volume and the percent reduction measured as a difference between breast volumes.

Each patient lost an average of 51% total breast volume, said Dr. Habbema, a dermatologist who practices in Bussum, the Netherlands. The minimum volume lost was 20%, while the maximum volume was 87%. He said that the average loss of fat was 1,040 mL in both breasts combined.

"In women under the age of 30, the percent of breast volume reduction is variable due to the variability of fat content in the breast, but in older women, a reduction of 40% or more is typically reached," Dr. Habbema said.

The average lifting of breast tissue that occurred after the procedure was 2.8 cm. The minimum lift was 0.8 cm and the maximum lift was 7.0 cm, he said.

Complications from the procedure included three cases of erythema, two cases of blistering, two cases of hematoma, one case of contact dermatitis, and one case of retracted nipple.

"This is a great opportunity to help patients, a better way than normally used in breast reduction by excision," Dr. Habbema said of the procedure.

Dr. Habbema had no conflicts to disclose relevant to his presentation.

—Doug Brunk

low as possible that still creates adequate anesthesia."

Between 1996 and 2008, Dr. Habbema performed liposuction using tumescent local anesthesia on 3,000 patients. Initially, the concentration of lidocaine was taken from guidelines published in the medical literature, but over time the concentration was reduced to find the minimum concentration required for complete anesthesia.

No intravenous or intramuscular pain management or sedation was used. Lo-

razepam 1 mg or clonidine 0.05 mg was administered as needed.

In 1996, the majority of his patients received 1,000 mg of lidocaine per 1,000 mL of saline, but by 2008, the majority received 400-500 mg per 1,000 mL of saline. He now uses 400 mg per 1,000 mL of saline for all body areas except the abdomen and breast, which require 500 mg per 1,000 mL of saline, he said.

"No more than 500 mg per 1,000 mL saline is ever necessary," he noted. "That cre-

ates adequate anesthesia in all body areas."

In cases where a patient may feel some discomfort during liposuction, "it's no problem to add some tumescent solution during the procedure," Dr. Habbema noted. "Experience has lowered the need for this touch-up during the procedures, thanks to the learning curve for creating optimal tumescence. The more you do it, the less you will need during the procedure."

Dr. Habbema had no conflicts of interest to disclose relevant to his presentation.

