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move the lymphatic fluid out of the swollen, wounded area.

Padding is needed underneath the bandage to fill in crevices and to equalize pressure over the area to be treated, he added.

Adding smart compression does not detract from the principles of basic wound care. "It was the missing link," Dr. MacDonald said. Healing is restricted when debris in a wound can't drain via the lymphatic system. Smart compression is "like sending your patient home with their own massage therapist 24 hours a day," he said.

Smart compression with short stretch

bandages also can be used to treat lymphedema in patients with metastatic lesions, as well as wounds in obese patients or patients with cellulitis or diabetes.

"There has never been a study to show that using compression will shorten the life of someone with metastatic disease," said Dr. MacDonald.

Smart compression should be used to treat lymphedema in obese patients with wounds below the knee, which is the site of most wounds in these patients. "You can't do anything about their weight, but if you use continuous sustained compression, you will stop that drainage and heal the wounds," he explained. ■

## Liposuction Is Effective for Some Breast Reduction

LAS VEGAS — Liposuction can be an effective alternative to breast reduction surgery in select patients, according to a presentation at an international symposium on cosmetic and laser surgery.

Traditional breast reduction can require significant postoperative recovery and cause unnatural-looking breast lift, Dr. Cameron Rokhsar said. In addition, many patients are left with an inverted T scar. In contrast, liposuction with local anesthesia does not lift the breast and often leaves only small scars, said Dr. Rokhsar, a dermatologist in private practice in New York City.

Liposuction is a common cosmetic procedure in the United States. "The procedure has evolved from one under general anesthesia with massive blood loss to an outpatient procedure with minimal blood loss," Dr. Rokhsar said.

The fat removal technique became "extremely safe" with the advent of the tumescent technique, he added. For example, a survey of 66 physician members of the American Society of Dermatologic Surgery found that there were no deaths among 15,336 patients they treated with tumescent liposuction (*Dermatol. Surg.* 1995;21:459-62).

After baseline mammography, Dr. Rokhsar measures breast size through water displacement and makes radial markings. Cannulas are introduced through two tiny holes to remove the fat from the breast. The process can suction up to 50%-70% of breast fat. In an unpublished study of 30 of Dr. Rokhsar's patients, this procedure reduced breast size by an average of one cup size. A follow-up mammography is performed at 6 months as a new baseline reference.

"The patient can sit up afterward—it is a very simple procedure," said Dr. Rokhsar, who is also on the dermatology faculty at Albert Einstein College of Medicine in New York.

Liposuction is contraindicated for a breast composed primarily of glandular tissue versus fat, Dr. Rokhsar said.

Patients with nipple ptosis, a family history of breast cancer, or patients looking for significant breast lift are generally not candidates for breast liposuction, he added.

—Damian McNamara

## VERBATIM

*'I don't believe in the "Jiffy-Lube" approach to PDT. You don't bring the patient in, put on the ALA [for 10 minutes], treat them, and send them out the door. It just doesn't work.'*

Dr. E. Victor Ross, on why he prefers topical therapy as first-line treatment for acne, p. 64.

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