Letters to the Editor



Safe Total Corporal Contouring with Large-Volume Liposuction for the Obese Patient

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The authors are to be commended for sharing their experience with 296 patients over a 5-year period. We are especially appreciative of the frank discussion on complications and disappointments.

In addition, we note that every single one of their patients lost weight during several months of followup evaluation after liposuction. This is remarkable. There is no weight loss program known to man that is so effective. As in the cases reported by Sharon Giesse [3], it is particularly poignant to note that liposuction is a weight loss procedure capable of managing the disease of obesity in a fast, effective, and safe manner [1,2]. Even the gastric bypass and banding method has a substantial number of failures and a 5% mortality rate.

Missing from this excellent series is a measure of blood glucose and/or serum insulin. Everyone knows that obesity is associated with an altered metabolism, which includes type 2 diabetes. Whether the hypoglycemia occurs as a result of insufficient or partially ineffective insulin, an immune response to insulin, or hyperactive adipose tissue that soaks up the available insulin, the reduction of fat, by gastric bypass [1–4], serious dieting, or liposuction, reduces insulin needs substantially.

The superb work by Sharon Giesse and others has clearly shown that large liposuction can alter the postoperative metabolism in most patients [3,4]. Had the authors simply assessed the hemoglobin A1c level preoperatively in 296 patients, then again after 3 or 4 months, they could have answered the question once and for all. Therefore, the readers are encouraged. In addition to the other parameters they study, the authors need to record the hemoglobin A1C, which is an average of blood glucose for the 3 months before and after large liposuction.

References

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