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# Reduction of Lipoplasty Risks and Mortality: An ASAPS Survey FREE

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*Aesthetic Surgery Journal*, Volume 21, Issue 2, 1 March 2001, Pages 120–125,  
<https://doi.org/10.1067/maj.2001.115166>

**Published:** 01 March 2001    **Article history** ▼

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## Abstract

**Background:** Previously published articles presenting rates for lipoplasty morbidity and mortality have reported on procedures performed before mid 1998.

**Objective:** The present survey reports on morbidity and mortality for lipoplasty procedures performed by members of the American Society for Aesthetic Plastic Surgery (ASAPS) from September 1, 1998, through August 31, 2000. It assesses whether ASAPS-member surgeons have modified their lipoplasty practices in accordance with the 1998 recommendations of the Lipoplasty Task Force.

**Methods:** In September 2000, ASAPS sent out a 4-page questionnaire to 1432 Active Members, all of whom were board-certified plastic surgeons. The survey included questions about complications and fatal outcomes associated with lipoplasty procedures, performance of combination procedures, patient selection, changes in lipoplasty and anesthesia techniques, and surgical facility accreditation. Completed surveys were anonymous and were mailed by respondents directly to an independent research firm for collation. Further data analysis was conducted by an independent statistician.

**Results:** A total of 754 questionnaires were returned, for a response rate of 53%. ASAPS members reported on 94,159 lipoplasty procedures. In all, 66% of the procedures were lipoplasty only, 20% were lipoplasty without abdominoplasty but with one or more additional procedures, and 14% were lipoplasty with abdominoplasty, with or without any other procedures. The most frequently reported postoperative event was nausea/vomiting (1.02%,

or 1 per 98 procedures). The most frequently reported major complication was skin slough (0.0903%, or 1 per 1107 procedures). In all, there were 245 major complications, for a rate of 0.2602%. Death associated with lipoplasty performed as an isolated procedure was rare; the mortality rate was 0.0021%, or 1 per 47,415 procedures. Stated positively, the estimated non-mortality probability is 99.98%. When lipoplasty was performed with other procedures, excluding abdominoplasty, the rate was 0.0137%, or 1 per 7314 procedures. When lipoplasty was combined with abdominoplasty, with or without other procedures, the rate was 0.0305%, or 1 per 3281 procedures—a rate 14 times greater than that for lipoplasty only. Nearly 33% of respondents said that they had modified their approach to lipoplasty and/or their approach to patient selection within the last 24 months in accordance with published recommendations of the Lipoplasty Task Force.

**Conclusions:** The ASAPPS survey documents the current safety of lipoplasty when it is performed as an isolated procedure by properly trained surgical specialists adhering to recommended standards of clinical practice. Further studies are needed to examine the factors that increase the risk in combined procedures as well as the effectiveness of prophylactic measures in avoiding complications.

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Online ISSN 1527-330X

Print ISSN 1090-820X

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