

From Lipedema to Lipalgia Syndrome

What's Changing—and What Isn't. Important Information for Patients, Physicians, and Therapists.

The decision

From this point forward, we will refer to the condition traditionally known as lipedema as **lipalgia syndrome**—derived from the Greek *lipos*, meaning fat, and *algos*, meaning pain. The term “lipedema” contains the word “edema,” which refers to an abnormal accumulation of fluid in the tissues. This terminology can easily create the impression that lipedema is a condition of fluid accumulation in the legs and, therefore, requires decongestive treatment. This assumption is incorrect.

The German S2k guideline states in Chapter 4:

“Lipedema is primarily neither an edema-related condition nor a clinical picture involving venous or lymphatic dysfunction.”

The International Consensus reaches the same conclusion: “Lipoedema neither includes any relevant oedema nor impairs the lymphatic system.” The International Lipoedema Association, the first international professional society dedicated to this condition, lists the assumption of edema as a myth in its campaign against misinformation. Imaging, histology, molecular biology, and impedance measurement all independently reach the same conclusion: The lymphatic vessels are intact.

What does this mean for you as a patient?

- **You have the same condition as before.** Only the name has changed—your symptoms are real, the condition is recognized, and appropriate treatment remains important.
- **In Germany, the ICD code remains E88.28.** In the future, our physician letters will state “Lipalgia syndrome (formerly lipedema), E88.28.”
- **Your compression therapy remains unchanged** and continues to be a cornerstone of your treatment. In cases of edema, compression helps reduce swelling—but with lipalgia syndrome, there is no edema to reduce. Here, it provides pain relief and support.
- **Eligibility for rehabilitation, inpatient treatment, and assistive devices** is neither expanded nor restricted by the name change.
- **Your pain is real.** For the first time, the new name acknowledges one of the condition's most important symptoms: pain.

Why we do not perform Manual Lymphatic Drainage (MLD)?

Where there is no edema, there is no need for decongestion. That is why, since 2021, lipalgia syndrome has no longer been treated with manual lymphatic drainage at the Földiklinik.

We do not dispute that many women find lymphatic drainage soothing. Any pleasant touch can provide short-term pain relief—this is a well-known neurophysiological effect and has nothing to do with decongestion. However, this relief is not long-lasting. Exercise while wearing compression garments has a longer-lasting effect, because it alters the pain threshold.

Important: If there is additional edema from another cause—such as obesity-related, primary, or secondary lymphedema—this is, of course, treated in accordance with the guidelines. We treat what is present.

What we focus on instead

Compression for pain reduction · **exercise in compression** as an anti-inflammatory and pain-threshold-modifying element · **psychosocial therapy**, because every chronic pain condition has both a physical and a psychological aspect · **weight management**—now also including medication with GLP-1 receptor agonists—and, where indicated, **bariatric surgery**, because accompanying obesity significantly influences the course of the condition.

Note: Exercise while wearing compression garments, psychosocial therapy, and the treatment of obesity—including bariatric surgery—are fully supported by the S2k guideline with unanimous consensus.

For physicians and therapists

1. **Diagnostically**, the two main criteria remain unchanged: disproportionate accumulation of adipose tissue in the extremities **plus relevant pain** in this tissue. “Relevant” means: described by the patient as impairing, not merely pressure pain triggered by palpation. In the absence of relevant pain, the term **“lipohypertrophy”** continues to apply, which does not necessarily indicate a disease.
2. **Leg swelling and a tendency to develop hematomas** are no longer considered diagnostic criteria.
3. **Stages** are no longer used in accordance with the S2k guideline on lipedema; the extent of adipose tissue accumulation does not correlate with pain intensity.
4. **The term “lipolymphedema” is no longer used.** Lipalgia syndrome and lymphedema are two distinctly different conditions; they may occur in the same person but are caused by different factors and do not result from one another.
5. We do **not prescribe MLD** in cases of confirmed, isolated lipalgia syndrome. In cases of lymphedema resulting from other causes, of course, we do.

This renaming is not a unilateral decision. In Wales, the condition has been classified as *lipalgia syndrome* since 2023. Klose Training in the United States, one of the largest and most respected training institutions for lymphedema therapists, will follow suit and adopt the term in its curricula. As early as 2018, Hirsch and colleagues noted in *Phlebologie* that the term “lipedema” was misleading and should be reconsidered. The 2020 International Consensus explicitly proposed the term *lipalgia syndrome*. In addition, in 2023 the German Society of Phlebology and Lymphology and the Union Internationale de Phlébologie launched a joint initiative for a formal renaming process.

We will be happy to provide you with the supporting literature and relevant sections of the guidelines upon request.

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