Lipoedema management with compression therapy

Lipoedema is often misunderstood and misdiagnosed, significantly affecting patients' quality of life. Better evidence, education and practical guidance are needed to improve its identification and management. This article supports clinicians with evidence-informed approaches to compression therapy as a non-invasive treatment for patients with lipoedema.

Teresa Hill
Clinical Nurse Specialist (Lymphoedema), Long Term Conditions, Enfield Health Adult Community Services, Royal Free London NHS Foundation Trust

Key words
- Compression
- Lipoedema
- Lymphoedema
- Patient's quality of life
- Solidea® 3D wave-knit micro-massage fabric technology

Lipoedema is a progressive and incurable disorder that predominantly affects females and is associated with oestrogen and other hormonal changes (National Library of Medicine [NLM], 2023). Although its cause remains unknown, lipoedema is characterised by swelling and increased adipose tissue deposits in the lower limbs and/or upper extremities, not typically affecting the feet, hands and abdomen. The condition can impair mobility, mental health and overall quality of life (Mortada et al, 2025). Reported prevalence varies widely, from approximately 1 in 72,000 people to up to 18% of adults in European countries and the United States, with rare reports in male patients (NLM, 2023; Mortada et al, 2025).

Currently, robust evidence and appropriate education for healthcare professionals (HCPs) on lipoedema pathogenesis, prevalence and treatment remain limited (Mortada et al, 2025). Its clinical presentation and definitive diagnosis are complex, contributing to under-reporting and misdiagnosis as lymphoedema or obesity. Alongside strong patient advocacy, optimal lipoedema diagnosis and management require further research and improved HCP education (Kruppa et al, 2026).

Patient burden

The impact of lipoedema on patients is profound and complex, affecting all aspects of life. This can often include challenges such as:

- **Chronic, debilitating pain,** which is often misunderstood and under-recognised. This pain may occur spontaneously or be triggered by physical touch or impact, such as palpation; even minor trauma may lead to easy bruising
- **Loss of mobility and independence** due to increasing joint pain and fatigue
- **Disproportionate body shape,** potentially having an impact on the patient's mental health, self-image and self-confidence
- **Symptom onset associated with major biological life events,** including puberty, pregnancy and menopause (Czerwińska et al, 2021; Paula and Oliveira, 2024)
- **Social isolation**
- **Eating disorders**
- **Psychological impact,** including loss of confidence, sense of failure and inadequacy, distress due to delayed diagnosis and lack of support/access to care
- **Financial impact,** including loss of income and increasing costs associated with purchase of compression garments, pain management and care needs as the disease progresses
- **Difficulty in accessing appropriate products and treatments** (e.g. evidence-based compression products).

This multifaceted disease burden significantly disrupts patients' lives. In a recent survey of 108 participants with confirmed lipoedema, >90% reported spending between 1 and 20 hours per week managing their condition; the same study found that HCPs identified lack of training and knowledge of lipoedema symptoms as the greatest barrier to diagnosis (Fetzer and Hill, 2025).

In a patient survey conducted between 2019 and 2022, the average age of diagnosis among the 521 participants was 48 years, with most patients seeking medical attention 17 years after first noticing lipoedema symptoms (Lipedema Foundation, 2022). Over 45% of all patients with lipoedema wait for >10 years for diagnosis (Fetzer and Hill, 2025).

Despite the substantial burden of lipoedema on patients, the condition is still under-researched and there is a need for timely, evidence-informed diagnosis and management (Fetzer and Hill, 2025). HCPs require clearer guidance and better training to recognise lipoedema symptoms, make appropriate referrals and distinguish the condition from coexisting or clinically similar disorders, such as obesity and lymphoedema (Mortada et al, 2025).

Pathophysiology

The underlying pathogenesis of lipoedema remains unknown. However, it is thought to

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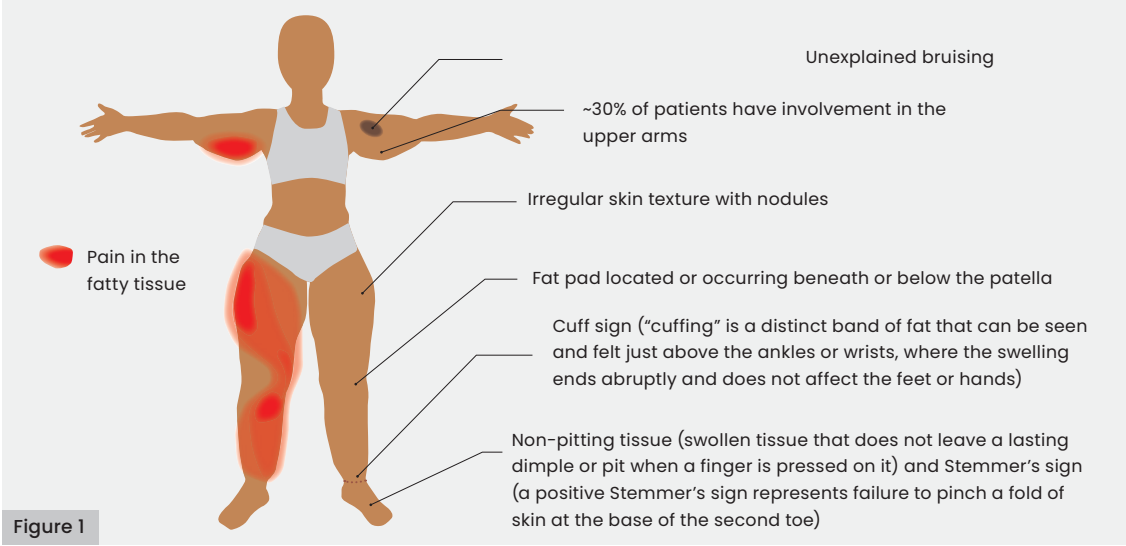


Figure 1. Clinical signs and symptoms of lipoedema.

involve dysfunction in oestrogen and other hormonal pathways (Katzer et al, 2021). These pathways affect adipocyte differentiation, a biological process that creates mature adipose (i.e. fat) cells. Lipoedema may also contribute to secondary lymphoedema due to increased size of adipose tissue as well as through inflammatory dysfunction. This increased adipose tissue size exerts mechanical pressure on the lymphatic system, leading to lymphatic fluid accumulation, alongside the lipoedema itself (Mortada et al, 2025). Consequently, advanced lipoedema often coexists with lymphoedema. Accurate diagnosis is essential to enable prompt intervention, support symptom management and reduce disease progression (Poojari et al, 2022). However, Fetzer and Hill (2025) reported that approximately 74% of all HCPs included in their study never received formal lipoedema training. Therefore, there is a need to provide comprehensive HCP education on diagnosis and management of lipoedema.

Diagnosis

Principally, lipoedema is identified through increased circumference of the extremities, with specific changes and signs in the skin (e.g. irregular skin texture, non-pitting tissue and an ankle cuff with relative sparing of the foot). **Figure 1** outlines the clinical signs and symptoms of lipoedema (NLM, 2023; Mortada et al, 2025). Increased extremity circumference can be easily confused with lymphoedema or obesity. It is important that HCPs also understand the key features that differentiate lipoedema from lymphoedema and obesity **[Table 1]**. A key distinguishing factor is often that, despite multiple weight loss attempts, patients with lipoedema experience only a modest decrease in lower extremity circumference (Mortada et al, 2025).

Classification

Lipoedema is generally classified by type (anatomical location) and then subclassified by stage/presentation (NLM, 2023). Lipoedema classification **[Tables 2 and 3]** can help HCPs understand disease progression, and improve monitoring and documentation, which are vital for individual patients and for data collection purposes. Ideally, there should be a focus on early intervention and recognising the distinctive early presentation of lipoedema.

Compression therapy

Lipoedema has no cure; management aims to relieve symptoms and slow progression through conservative or surgical approaches based on severity (NLM, 2023; Mortada et al, 2025). Non-invasive care includes compression therapy, exercise, diet, weight control and psychological support, with manual lymphatic drainage or kinesiology taping used to support lymphatic function (Fetzer and Hill, 2025; Mortada et al, 2025).

Early compression therapy can reduce heaviness, pain and oedema, helping prevent mobility and joint problems. Where lipoedema coexists with lymphoedema, compression may also improve pain and lymphatic function (Czerwińska et al, 2021; Kamamoto et al, 2025; Mortada et al, 2025).

Compression improves limb shape, swelling and lymphatic flow but does not reduce adipose tissue. Combined with exercise, it may improve function and symptoms (Czerwińska et al, 2021). However, unsuitable, non-medical-grade garments, lifelong costs, discomfort and application difficulties can increase socioeconomic burdens and reduce treatment engagement. The following doses of compression therapy are recommended for patients with lipoedema:

- **Stage 1**: 10–21 mmHg via compression garments

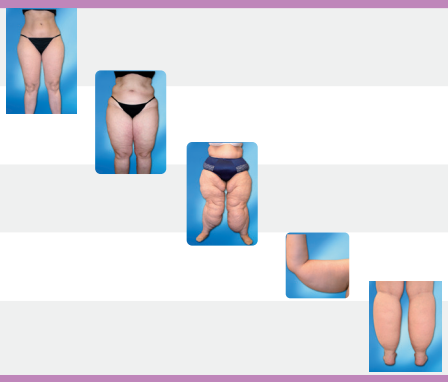
Table 1. Differential diagnosis of lipoedema (Wounds UK, 2017; Fetzer and Hill, 2025; NLM, 2025)

	Lipoedema	Lymphoedema	Obesity
Pathophysiology	Fat accumulation only in specific body areas	Lymphatic system dysfunction	Generalised fat accumulation
Affected areas	Legs, hips and buttocks (bilaterally and symmetrically)	Asymmetrical, may be unilateral or bilateral	Symmetrical and bilateral, any location on the body
Skin characteristics	Cool to touch; may have an orange peel appearance	Appears thickened and fibrous	Usually soft and intact
Presence in feet and hands	Does not usually affect hands or feet	Feet and hands can be affected	All body areas affected
Pain	Hypersensitivity or tenderness to touch or pressure	Not hypersensitive to touch or pressure	Not a defining feature
Effect of dieting	No weight loss or less weight loss noted over areas of lipoedema	Proportionate over trunk and lower limbs	Proportional weight loss
Stemmer's sign	May be negative in early disease	Usually positive	Negative
Bruising	Occurs without cause or due to minor trauma	Not usually	No
Sex	Predominantly female	Male or female	Male or female
Onset	Usually during puberty, or after pregnancy or menopause	Any age	Any age
Family history	Common	Usually only in primary lymphoedema*	Common

**Primary lymphoedema: 'An abnormality of the lymphatic system that has been present from birth' (NLM, 2025), although it may only become apparent when the body undergoes significant hormonal changes (e.g. puberty, pregnancy).*

Table 2. Classifications of lipoedema (Wounds UK, 2017; Lipoedema UK, 2026)

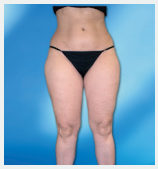
According to the anatomical areas affected	
Type	**Anatomical areas affected**
Type I	Pelvis, buttocks and hips (saddle bag phenomenon)
Type II	Buttocks to knees, with formation of folds of fat around the inner side of the knees
Type III	Buttocks to ankles
Type IV	Arms
Type V	Lower leg



According to the shape of the tissue enlargement	
Type	**Description**
Columnar	Enlargement of the lower limbs which become column-shaped or cylindrical
Lobar	Presence of large bulges or lobes of fat overlying enlarged lower extremities, hips or upper arms

Columnar lipoedema is more common than lobar lipoedema.

Table 3. Lipoedema staging (Wounds UK, 2017; Lipoedema UK, 2026)

Stage		Description
1		• Skin appears smooth • On palpation, the thickened subcutaneous tissue contains small nodules
2		• Skin has an irregular texture that resembles the skin of an orange ('peau d'orange') or a mattress • Subcutaneous nodules occur that vary from the size of walnut to that of an apple
3		• The indurations are larger and more prominent than in Stage 2 • Deformed lobular fat deposits form, especially around thighs and knees, and may cause considerable distortion of limb profile
4		• Lipoedema with secondary lymphoedema

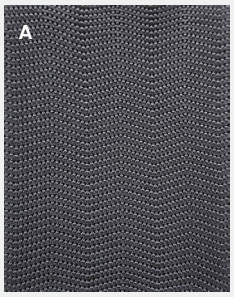






Figure 2. The Solidea technology. **A**, Solidea 3D wave-knit micro-massage fabric technology; **B–C**, Solidea Be You Tonic leggings developed with 3D wave-knit micro-massage fabric technology with and without Pro foot.

*Daylong Direct is the UK distributor for the Be You Tonic range.

- **Stages 2–3**: 20–40 mmHg via compression stocking (10–21 mmHg may also be used)
- **Lipoedema with secondary lymphoedema (Stage 4)**: Multi-layer compression bandaging (Herbst et al, 2017; Kamamoto et al, 2025).

Ease of compression garment application can promote patient engagement. Therefore, donning and doffing must be taken into consideration, particularly for patients with comorbidities. In secondary lymphoedema, compression should reflect the complexity of advanced disease and be tailored to disease stage, limb anatomy, oedema, symptoms, tolerance and patient's needs and preferences (Ricolfi et al, 2024).

Compression therapy with Solidea® 3D wave-knit micro-massage fabric technology

Solidea 3D wave-knit micro-massage fabric technology (Daylong*) provides an innovative compression option, consisting of a three-dimensional wave-knit fabric (Figure 2A–2C) that micro-massages the affected area, and the leggings deliver a graduated compression dose of 15–21 mmHg. This stimulates blood and lymph micro-circulation and improves skin elasticity (Ricolfi et al, 2024).

In a pilot study assessing effectiveness of conservative lipoedema management with micro-massage compression leggings, 29 women of reproductive age received Solidea Be You Tonic leggings, which incorporate the 3D wave-knit micro-massage fabric technology (Ricolfi et al, 2024). Over the four-week study period, the patients used the Solidea Be You Tonic leggings for three hours per day, including one hour of moderate physical activity and two hours of usual daily activities. The patients underwent a clinical diagnosis and ultrasound imaging at both the beginning and end of the study. At four weeks versus baseline, the following improved outcomes were noted:

- ✔ Reduced lower body and total body pain ($p<0.001$ for both)
- ✔ Reduced volume and circumference of affected limbs (7.10% average reduction in limb volume, $p<0.001$; a reduction in the circumference of the left foot and right foot when measured 8 cm from the base of the first toe; the p-values for the left and right feet were <0.001 and 0.013, respectively)
- ✔ Reduced adipose tissue inflammation as indicated by reduction in spontaneous pain and other characteristic lipoedema symptoms ($p<0.001$)
- ✔ Reduction in feeling of heaviness in limbs and tissue compactness..

The limitations of this study included the small sample size, lack of a control group and short study duration (Ricolfi et al, 2024). Patients with lipoedema have diverse needs, depending on the disease type and stage. Therefore, it is important to select the appropriate compression

Table 4. Solidea Be You product selection guide* for lipoedema stages and types

Type/stage**	Typical patient profile	**Stage 1:** Skin appears smooth. On touch, the thickened subcutaneous tissue may contain small nodules and be painful. Easy bruising. Slimmer waist compared to hips and buttocks.	**Stage 2:** Skin has an irregular texture that resembles orange peel. Subcutaneous nodules that vary in size. Built-up fat tissues, especially in knees; ankle cuffing may start.	**Stage 3:** Deformed lobular fat deposits form, especially around thighs and knees; considerable distortion of limb profile. Swelling of the feet, with defined cuffing. Reduced mobility and increased pain.
Type 1 Hips, pelvis and buttocks only	Pear-shaped body. Disproportionate hips/buttocks. Legs generally symmetrical. Often no lower leg involvement.	**Be You Tonic or Capri** Good coverage of hips and buttocks. Capri may be suitable as only buttocks and hips impacted. Choose Tonic first if symmetrical presentation and patient prefers. BYT BYC	**Be You Tonic or Tonic Curvy** Good coverage of hips and buttocks. Capri may be suitable as only buttocks and hips impacted. Choose Tonic first if symmetrical presentation and Curvy if excess hip/waist weight. BYT BYTC BYC BYCC	**Be You Tonic Curvy or MTM** Be You Tonic Curvy, Capri Curvy or MTM more likely to be used.Consider MTM if standard sizing is inadequate. BYTC BYCC MTM
Type 2 Hips/buttocks to knees	Fat distribution from hips to knees. Medial knee fold common at stage 2+. May appear column-shaped.	**Be You Tonic or Capri** Choose Capri or Full legging for consistent compression from hips to knees. Choose Tonic if the presentation is symmetrical and the patient prefers it. BYT BYC	**Be You Tonic, Tonic Curvy or Capri** Choose Capri or Full legging for consistent compression from hips to knees. Choose Tonic if presentation is symmetrical. Curvy recommended if excess weight hip waist is present. BYT BYTC BYC BYCC	**Be You Tonic Curvy or MTM** Be You Tonic Curvy, Capri Curvy or MTM more likely to be used. Significant knee involvement likely. Consider MTM if standard sizing is not suitable or significant asymmetry present. BYTC BYCC MTM
Type 3 Buttocks/hips to ankles (most common)	Most common type. Columnar or lobar presentation. Full limb involvement. Ankle swelling very likely at stage 2+.	**Be You Tonic or Tonic Curvy with or without Pro** Full legging essential. Check ankle circumference — add Pro if ankle swelling present. Choose Tonic first if symmetrical presentation; choose Curvy if excess hip/waist weight present. BYT BYTP BYTC BYTCP	**Be You Tonic and Tonic Curvy with and without Pro** Full legging essential. Check ankle circumference — add Pro if ankle/foot swelling is present. Choose Tonic first if symmetrical presentation; choose Curvy if excess hip/waist weight present. BYT BYTP BYTC BYTCP	**Be You Tonic Curvy with or without Pro or MTM** Curvy + Pro strongly recommended — ankles very likely involved (full limb involvement). Choose MTM at advanced stages. BYTC BYTCP MTM
Type 4 Arms (± lower limbs)	Arms primarily affected. Lower limbs may also be involved. Complex presentation — specialist referral usually needed.	**Refer + Be You if leg involved** Arms require separate compression garment — refer to specialist. If lower limbs are also affected, offer appropriate Be You compression garment. Refer	**Refer + Be You Curvy if legs involved** Arms require separate compression garment — refer to specialist. If lower limbs are also affected, offer appropriate Be You compression garment. Refer	**Refer for arm compression + MTM** Complex presentation. Specialist referral strongly recommended. MTM likely for lower limbs at this stage. Refer MTM
Type 5 Knees to ankles only	Lower leg and ankle involvement only. Ankle swelling almost always present at stage 2+.	**Be You Tonic or Tonic Curvy with or without Pro** Add Pro if ankle swelling is present. Check ankle circumference first. Choose Tonic first if symmetrical presentation; choose Curvy if excess hip/waist weight present. BYT BYTC BYTP BYTCP	**Be You Tonic or Tonic Curvy with or without Pro** Add Pro if ankle/foot swelling present (likely at this stage). Choose Tonic first if symmetrical presentation; choose Curvy if excess hip/waist weight present. BYT BYTC BYTP BYTCP	**Be You Tonic Curvy with or without Pro or MTM** If significant lower leg involvement and swelling, MTM may be required. BYTC BYTCP MTM

**This guidance is advisory; other products in the range may be more suitable, depending on height, shape and weight distribution. Refer to the measurement charts that accompany the products listed above. Selection should consider anatomical coverage, foot involvement, measurements, fit and containment — not stage alone. Pro is a separate open-toe garment, not an add-on.*

***Complex presentations or secondary lymphoedema should prompt specialist assessment and consideration of higher-containment or MTM compression.*

Abbreviation: BYT, Be You Tonic; BYTC, Be You Tonic Curvy; BYTP, Be You Tonic Pro; BYTCP, Be You Tonic Curvy Pro; BYC, Be You Capri; BYCC, Be You Capri Curvy; MTM, made to measure

Case study: Solidea Be You Tonic Curvy compression legging

Patient presentation and history
A 69-year-old female presented with lipoedema and lymphoedema of the leg. The patient had been using hosiery (non-medical grade) for over six months and reported significant pain, which measured 8/10 on a numeric scale (0, no pain; 10, extremely painful).

Treatment
The patient received 15–21 mmHg compression therapy for six weeks via Solidea Be You Tonic Curvy compression legging (therapeutic class 1) and practiced self-care. The wear frequency reported by the patient was 'most of the time.'

Patient outcomes
After six weeks of treatment with the Solidea Be You Tonic Curvy compression leggings, the patient reported that her pain had decreased to 2/10, with fewer leg aches and less pain after exercise. Her overall well-being and engagement with compression therapy improved, and she reported wearing the leggings for longer than previously used hosiery. Leg heaviness and swelling were well-managed, with recorded improvements in mobility and range of motion. The patient was keen to continue compression therapy with the Solidea Be You Tonic Curvy compression leggings.

Table 5 summarises the patient's feedback, measured via a numeric scale (1, very poor; 2, poor; 3, fair; 4, good; 5, excellent).

Clinician feedback
At the end of the evaluation period, the feedback from the assessing clinician was recorded on an agreement scale (1, strongly disagree; 10, strongly agree). The assessing clinician gave the Solidea Be You Tonic compression garment a rating of 9–10 (strong agreement) across all applicable domains [Table 6]. The following improvements were reported:

- ✔ Compression level sufficient for the condition
- ✔ Ease of application and removal
- ✔ Benefit/effectiveness for the patient
- ✔ Ability of the patient to undertake self-care
- ✔ Patient's willingness to use the compression product again
- ✔ Overall satisfaction and improvement in the patient's condition
- ✔ Quality of life and engagement with therapy.

Table 5. Patient-reported outcomes with Solidea Be You Tonic Curvy compression leggings

Measure	Rating
Overall fit of the garment	Excellent
Ease of application	Good to Excellent
Mobility while using garment	Excellent
Durability and quality of the fabric	Excellent
Ability of garment to stay in place	Excellent
Comfort during wear	Excellent
Texture and feel	Excellent
Breathability of the fabric	Good
Moisture management (e.g. sweat absorption)	Good
Ease of removal	Good

Patient quote
"Leggings are so comfortable to wear, ease the heaviness and pain in my legs and swelling. Easy to put on and take off and can be worn easily with any type of clothing. I can also wear them when it's warm as they remain cool."

Table 6. Clinician-reported outcomes with Solidea Be You Tonic Curvy compression leggings

Measure	Rating
The garment was easy to apply	9
The garment was easy to remove	9
The garment was beneficial/effective for my patient	10
The patient was able to undertake self-care with this garment	10
I would use the product again	10
I was satisfied with the product	10
There was an improvement in the patient's condition	10
There was an improvement in the patient's quality of life	10
There was an improvement in the patient's engagement	10

The assessing clinician rated overall satisfaction with the garment as "very satisfied". No suggestions for improvement were reported.

garment from within the Solidea Be You Tonic range to tailor compression therapy to the needs and preferences of the individual.

Figure 2 shows examples of the Solidea Be You Tonic range. Table 4 outlines product selection tips for HCPs, as per lipoedema types and stages.

Supporting self-care

Lipoedema requires lifelong self-care through strong patient-HCP partnerships. As <40% of patients fully engage with compression therapy (Mortada et al, 2025), HCPs should explain correct application and the importance of daily, consistent use (e.g. via applicators).

HCPs should select comfortable products, provide application support and explain the risks of disengagement to encourage self-care.

Follow-up and referrals

HCPs should use standardised tools for follow-up reviews, including:

- Limb circumference and volume measurements
- Quality of life questionnaires
- Symptom severity surveys
- Functional scales (Czerwińska et al, 2021).

Where available, patients should be referred to lymphoedema services; vascular or plastic surgery services may also be considered (Wounds UK, 2017).

Conclusion

Lipoedema remains a complex and under-recognised condition requiring earlier diagnosis, better HCP education and improved access to appropriate conservative management. Compression therapy continues to play an important role, not only in managing oedema, but also in supporting painful tissues, improving comfort, encouraging mobility and helping patients remain active. However, many patients with lipoedema struggle to tolerate traditional compression garments, particularly due to heat, rigidity, discomfort or poor fit. Garments designed specifically around the needs of lipoedema patients may therefore improve wearability, confidence and long-term self-management.

Newer compression technologies, including three-dimensional wave and micro-massage fabrics, offer an additional option within the management of lipoedema. While further high-quality research is still needed, compression therapy with 3D wave-knit micro-massage fabric technology should be considered as part of an evolving, patient-centred approach to lipoedema care.

Patient and HCP perspective on Solidea-based compression therapy

Patient perspective:
"Really comfortable and the ridges almost gave it a massaging effect."

"When I used this compression hosiery, they made my legs feel lighter."

"These are the most amazing compression garments. I hope many other patients discover these. For patients with mobility issues, I feel these would work well. You get a fantastic level of compression and they are easy to put on too. I have worn them under trousers, skirts and dresses."

HCP perspective:
"First pair of compression the patient has been able to wear all day."

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