

# Where LPG Endermologie® can fit in conservative lymphoedema & lipoedema care

## A BRIEF OVERVIEW FOR REFERRAL PARTNERS



At Peninsula Endermologie, medical Endermologie is used as an adjunct alongside diagnosis, compression, exercise, skin care and specialist review. Support is also provided for pre- and post-operative care pathways (where appropriate and cleared by the treating team), including lipoedema reduction surgery and surgeries involving lymph node removal (e.g. mastectomy with sentinel lymph node biopsy (SLNB) and axillary lymph node dissection (ALND)).

### Clinical intent at Peninsula Endermologie

- Conservative support to help clients maintain symptom stability between reviews, alongside established compression and self-management.
- Support comfort and tissue mobility (e.g. heaviness, tightness, localised induration) within agreed parameters and contraindications.
- Coordinate with the treating lymphoedema therapist/clinic and defer to their plan for diagnosis, compression and monitoring.

### Conservative care components (*Delphi consensus context*)

- In lipoedema, Delphi consensus statements support conservative management including lifestyle/nutritional optimisation, compression therapy, exercise, and (where indicated) elements of complex/complete decongestive therapy (CDT).<sup>1</sup>
- CDT components referenced include compression, manual lymphatic drainage (MLD), decongestive exercise, skin care, and empowerment/self-management (tailored; not all components are required for every patient).<sup>1</sup>

### Endermologie evidence snapshot (*What the literature suggests*)

- ELOCS phase II randomised trial evaluated standardised Endermologie protocols used with intensive decongestive treatment; authors noted compression bandaging remained the key factor for volumetric reduction and that Endermologie may be of interest in maintenance of early lymphoedema.<sup>2</sup>
- A randomised study comparing Endermologie vs manual lymphatic drainage (each with compression bandaging) reported symptom and tissue changes across groups, supporting further investigation of protocol timing and follow-up.<sup>3</sup>
- For lipoedema, direct evidence for Endermologie is limited; however anecdotal observations in clinical practice describe variable improvements in symptom experience, including perceived limb heaviness, localised oedema-related discomfort, tissue texture (including areas of fibrosis), and skin feel. These observations are individual, not universal, and are reported within the context of broader conservative care.



## When referral for continuing Endermologie may be reasonable to consider

- After diagnosis is established and a compression plan is in place (or actively being built for tolerance/compliance).
- When symptoms fluctuate despite compression and a gentle, non-invasive option is wanted between reviews.
- As a time-limited trial (e.g. ~10 sessions) with agreed outcomes and stop rules.
- Early to mid-stage presentations where the client is motivated to limit progression and improve long-term self-management.

## Scope and safeguards

- At Peninsula Endermologie, I do not change compression prescriptions; I encourage adherence to the Lymphoedema Therapists prescribed plan and refer back promptly if swelling, skin changes or symptoms worsen.
- Settings are individualised and conservative, with no painful forcing of tissues.
- If useful, I can report tolerance plus simple outcomes (symptom ratings; clinical tissue notes; optional photographs over time, where consented).

## Contraindications / Caution

- Acute infection/cellulitis; known or suspected deep vein thrombosis (DVT); decompensated cardiac failure.
- Avoid direct treatment over varicose veins or fragile skin; significant neuropathy may require modification or avoidance.
- Caution/individual risk assessment for clients on anticoagulants (“blood thinners”), post-organ transplantation, renal failure, or systemic inflammatory conditions.
- Unstable presentation = rapid/unexplained change in swelling, new significant pain, fever/redness, or any clinical red flags requiring medical review.

## About the practitioner

Niamh Hislop is a former Registered General Nurse and accredited LPG® Medical Endermologie specialist with a background spanning clinical nursing, healthcare communications, and wellness entrepreneurship. In 2016, she founded Peninsula Endermologie on Victoria’s Mornington Peninsula, a specialist clinic focused exclusively on evidence-based Endermologie care.

Niamh works with the Cellu M6 Medical ALLIANCE system, supporting clients across aesthetic, lymphatic and therapeutic pathways, with particular interest in lipoedema, lymphatic compromise, post-surgical recovery, and connective tissue conditions. Her approach prioritises safety, clinical reasoning, and long-term self-management, and she regularly contributes to professional education within the Endermologie community.

### References:

1. Kruppa P, et al. Lipedema World Alliance Delphi Consensus-Based Position Paper on the Definition and Management of Lipedema. Nature Communications. Epub ahead of print. PMID: 41519859.
2. Malloizel-Delaunay J, et al. New strategy for breast cancer-related lymphedema treatment by endermologie (ELOCS) phase II randomized controlled trial. Clinical Breast Cancer. 2024. (PMID: 38853038).
3. Moseley A, Carati C, Piller N. Comparison of the effectiveness of manual lymphatic drainage and LPG® technique combined with compression bandaging in secondary arm lymphoedema. J Lymphoedema. 2007;2(1):23–29.
4. Donahue PMC, et al. Physical Therapy in Women with Early Stage Lipedema: multimodal manual therapy, compression, exercise and education interventions. Biomedicines. 2022. (PMCID: PMC9422785).

