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The role of the esthetician in the treatment of lipedema.

The role of the esthetician in the treatment of lipedema
The role of the beautician in the treatment of lipedema

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ABSTRACT: Lipedema is a chronic and progressive condition characterized by the abnormal and painful accumulation of fat in the subcutaneous tissue, mainly affecting the lower and upper limbs, sparing the hands and feet. The etiology of the disease is not yet fully understood, but there is a relationship with genetic, hormonal, and inflammatory factors, predominantly affecting women. Even with a significant physical and emotional impact, lipedema is still frequently confused with obesity or other edematous disorders, which hinders its recognition and proper treatment. This study aimed to analyze the role of the esthetician in the multidisciplinary team focused on the management of lipedema, exploring non-invasive techniques such as manual lymphatic drainage, pressotherapy, and electrotherapy, which help improve symptoms and the quality of life of patients. The research was developed through a narrative literature review with systematic elements, of an exploratory-descriptive and qualitative nature, using national and international databases. This study aimed to understand the role of the esthetician as an essential professional in the care strategies for patients with lipedema, as well as the importance of support from multiple health areas to promote safe and evidence-based interventions. The project demonstrated the relevance of the esthetician's role and how the support of a multidisciplinary health team can improve the well-being of women with lipedema.

Keywords: Lipedema. Esthetician. Non-invasive treatments. Lymphatic drainage. Multidisciplinary team.

ABSTRACT: Lipedema is a chronic and progressive condition characterized by the abnormal and painful accumulation of fat in the subcutaneous tissue, mainly affecting the lower and upper limbs, sparing the hands and feet. The etiology of the disease is not yet fully understood, but it is linked to genetic, hormonal, and inflammatory factors and predominantly affects women. Despite its significant physical and emotional impact, lipedema is still commonly confused with obesity or other edematous disorders, which hinders its recognition and proper treatment. This study aimed to analyze the role of the esthetician within the multidisciplinary team focused on managing lipedema, and to explore non-invasive techniques such as manual lymphatic drainage, pressotherapy, and electrotherapy that help improve patients' symptoms and quality of life. The research was developed through a narrative literature review with systematic elements, of an exploratory-descriptive nature and qualitative approach, using national and international databases. This study aimed to understand the role of the esthetician as an essential professional in care strategies for patients with lipedema
and the importance of support from multiple health disciplines in promoting safe, evidence-based interventions. The project demonstrated the relevance of aesthetics and how, as a support area within a multidisciplinary health team, it can improve the well-being of women with lipedema.
Keywords: Lipedema.Esthetician. Non-invasive treatments. Lymphatic drainage. Multidisciplinary team.

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1. INTRODUCTION

Lipedema is a chronic, progressive lipodystrophy that is not yet fully understood.
characterized by the abnormal and painful accumulation of subcutaneous adipose tissue. The deposition of
Fat occurs symmetrically, mainly in the lower and upper limbs.
preserving the extremities. This condition affects almost exclusively women, especially
during periods of hormonal changes, such as puberty, pregnancy, and menopause. In addition to
Lipedema, an accumulation of fat, is associated with intense pain, a feeling of heaviness, and increased...
capillary fragility, factors that affect the physical and emotional well-being of patients (KRUPPA et
al., 2020; LANGENDOEN et al., 2021; WRIGHT et al., 2023b).

Despite its clinical relevance, lipedema is still largely underdiagnosed and
often confused with obesity or lymphedema, resulting in a lack of treatment.
adequate and worsening of symptoms (BERTSCH et al., 2020; RATHOD et al., 2026). This lack of
Recognition also limits patients' access to multidisciplinary therapies capable of...
to promote comfort, pain relief and improved quality of life (HERBST, 2025). In this way,
Understanding and expanding therapeutic strategies is fundamental to improving the well-being of
patients with this chronic condition.

In the context of aesthetics and cosmetics, the beautician stands out as a qualified professional for...
to act in a complementary way in the treatment of lipedema, applying non-invasive techniques, such as
Manual lymphatic drainage, pressotherapy, and electrotherapy. These approaches stimulate circulation.
Lymphatic drainage reduces edema and provides symptomatic relief, promoting physical and emotional balance
and contributing to strengthening patients' self-esteem (BRAÑA; CASTILLO, 2023; GUIMARÃES; MONTEIRO;
ALVES, 2021a,b).

This study aimed to analyze and systematize scientific evidence on the performance of
Aesthetician in the treatment of lipedema, considering their integration into multidisciplinary teams.
health and the application of evidence-based aesthetic techniques. The research was conducted by
through a literature review, with a systematic approach, of a qualitative nature and character
exploratory-descriptive.

Aesthetic procedures can contribute to improving clinical and psychosocial outcomes.
patients; thus, the present study is highly relevant for highlighting the role of aesthetics as
health support area, reinforcing its scientific and humanized importance in the treatment of
Lipedema.

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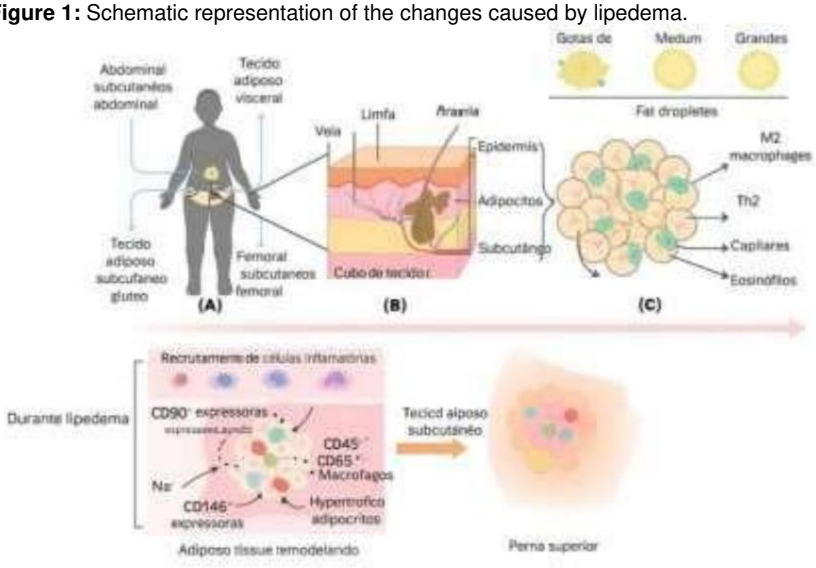
2. THEORETICAL FRAMEWORK

2.1 Clinical signs and symptoms of lipedema.

A characteristic symptom of lipedema is the presence of pain and increased sensitivity to touch.
In addition to the absence of increased volume in the feet, which aids in the differential diagnosis in relation to to lymphedema or obesity (RATHOD et al., 2026). Lipedemic fat is firmer.
and nodular on physical examination and characterized by specific histopathological changes (HERBST, 2021). This disproportionate distribution is often associated with a feeling of heaviness in the legs and difficulty walking, compromising the patient's daily activities (BARROS et al., 2023). Figure 1 shows the main symptoms of lipedema.

Figure 1: Schematic representation of the changes caused by lipedema.



Caption: (A) Typical distribution of subcutaneous adipose tissue in the abdominal, gluteal, and femoral regions; (B) Structure of the skin and subcutaneous tissue in cross-section, highlighting the epidermis, dermis, and adipose layer; (C) Organization of adipocytes and immune cells (macrophages, lymphocytes, and eosinophils) in healthy tissue, with varying sizes of lipid droplets; (D) During lipedema, recruitment of inflammatory cells occurs (CD45ÿ, CD68+ macrophages).

, CD163ÿ and precursor cells CD90 and CD146), In addition to adipocyte hypertrophy and adipose tissue remodeling, which leads to sodium (Naÿ) accumulation and chronic inflammation. (E) Representation of the affected upper leg subcutaneous adipose tissue, with inflammation and cellular expansion characteristic of the condition.

Source: from the author. Adapted from studies on the physiopathology of lipedema (WRIGHT et al., 2023a; CIFARELLI, 2025; BRAÑA; CASTILLO, 2023).

Spontaneous pain or pain upon palpation is one of the main clinical markers of lipedema, usually reported by patients, who describe the symptoms as constant or intermittent pain, with a burning, tingling, or hypersensitivity sensation that tends to intensify towards the end of day or after long periods of standing (FORNER-CORDERO et al., 2022). This symptomatology is

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related to chronic inflammation of adipose tissue and capillary fragility, which generate edema.
Interstitial fluid and increased tissue pressure. This leads to limitations in the ability to perform physical activity.
physical factors, which can promote a sedentary lifestyle and the progression of the disease (KAMAMOTO et al., 2025).
Another relevant clinical sign is the tendency to spontaneous bruising, resulting from fragility.
vascular and increased capillary permeability of lipedemic tissue (KRUPPA et al., 2026).
According to Wright et al. (2023a, p. 47), recurrent ecchymoses without trauma are one of the elements
The most important differences between lipedema and simple obesity. These hematomas, associated
Pain and edema indicate compromised microcirculation and require therapeutic approaches.
that improve venous and lymphatic return (WRIGHT et al., 2023b; BUSO et al., 2022).
Body disproportion also reflects one of the most noticeable clinical findings of lipedema.
in which a marked increase in volume is observed in the thighs, hips, knees and arms, with
Relative preservation of the trunk and feet (HERBST, 2025). This contrast between body parts
It causes a significant aesthetic impact and repercussions on psychosocial issues, especially in
advanced stages of the disease (BARROS et al., 2023). Many patients report difficulties in
Finding suitable clothes, low self-esteem, and feelings of social isolation are factors that can contribute to anxiety
and depression (BRAÑA; CASTILLO, 2023).
Symptoms of lipedema include emotional distress, chronic pain, and body deformity, in addition to...
physical signs, such as increased limb volume, that impair routine activities
of the patient, such as walking long distances, climbing stairs, or standing for periods of time.
prolonged (HERBST, 2021).
Chronic pain and body image dissatisfaction significantly reduce quality of life.
life, potentially leading to depressive and anxiety disorders (HERBST, 2025). Recent studies reinforce this.
that clinical assessment should go beyond physical examination, incorporating questionnaires that cover the
Patient difficulties, such as pain intensity, functionality, and emotional well-being,
in order to guide treatment in a targeted, comprehensive and multidisciplinary way (WRIGHT et al.,
2023a,b; CHILD et al., 2022; FIFE et al., 2020).

2.2 Skin Structure and Changes Related to Lipedema

The skin is the largest organ in the human body, representing about 16% of body weight and exerting...
Essential functions include protection, thermoregulation, sensitivity, and vitamin D synthesis.
(KANITAKIS, 2021). Its structural complexity allows it to act as a physical barrier and
immunological, in addition to playing a fundamental role in the homeostasis of body fluids.
(MARKS et al., 2019). To understand the changes in lipedema, it is necessary to know the

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Histological organization of healthy skin and that observed in pathological conditions. Table 1

It compares the main differences and characteristics between healthy skin with localized fat and...

Lipedema.

Table 1 - Comparison between healthy skin, localized fat, and lipedema

Features	Healthy skin	Localized fat	Lipedema
Skin structure	Balanced layers, MEC intact without remodeled fibrosis	enlarged adipocytes,	Fibrosis, thickened ECM and
Adipocytes	Normal and stable size.	Isolated hypertrophy	Hyperplasia + hypertrophy
Vascularization	Normal, functional. Light local compression. Fragility.		capillary, increased permeability
Lymphatic drainage	Efficient	Slightly reduced. Compromised, but may progress.	for lipolymphedema
Inflammatory process	Absent	Absent or minimal low-grade chronic inflammation	
Pain / **sensitivity:** None		There is no	Pain, heaviness, hypersensitivity
Edema	Absent	Light, occasional	Persistent, worsens throughout the day.
Balanced **fat distribution**		Located	Symmetrical
Clinical impact	Healthy and functional skin.	Aesthetic.	Functional and progressive

Source: from the author. Adapted from Langendoen et al.,2021; Shaw; Martin,2021 and Herbst,2021.

3. MATERIALS AND METHODS

The detailed roadmap of the search and selection strategy and the inclusion criteria were considered.

According to publications that addressed lipedema or related conditions involving

lymphatic and edematous, such as lymphedema and postoperative edema; they described compatible techniques

within the scope of practice of an esthetician, such as lymphatic drainage, pressotherapy, and electrotherapy;

They presented clinical or symptomatic results related to pain, edema, and quality of life; and

They included the participation of the beautician in multidisciplinary teams.

The exclusion criteria included studies whose publications did not allow access to the text.

complete, the absence of relevant clinical data, or duplication in different databases of

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data. After identifying the articles, a screening was carried out based on titles and abstracts,
followed by a complete reading of the eligible studies. The works that met the criteria of
Inclusion criteria were then used in the final sample analyzed, regarding methodological aspects.
Objectives, techniques used, and main results.
The data analysis was performed in a descriptive and interpretive manner, and is presented in the following sections.
results and discussion are presented as descriptive texts about the findings in the literature and with the organization
The information was presented in comparative tables, which allowed for the identification of patterns, gaps, and evidence.
Relevant scientific studies on the aesthetic treatment of lipedema were compared.
using artificial intelligence tools (Microsoft Copilot) to compile the analyzed data.
and generate the tables presented. This work used digital tools to support writing.
academic as support for textual organization and methodological tools, while maintaining the
The authors are responsible for the final content; these tools were used only as...
support for textual structuring and systematization of ideas, without replacing critical analysis of
authors nor the scientific sources used in the study (MICROSOFT COPILOT:
(https://www.microsoft.com/copilot). This analysis served as the basis for the elaboration of the results and
from the theoretical discussion of the project, providing a basis for future proposals for aesthetic protocols and...
multi-professional integration.
The study aimed to contribute to the scientific and social strengthening of the esthetician profession.
as a healthcare professional, highlighting its importance in humanized care and rehabilitation.
aesthetics and in supporting the quality of life of patients with lipedema.

3. RESULTS AND DISCUSSION

3.1 Diagnosis of lipedema

The diagnosis of lipedema is primarily clinical, based on a detailed medical history and...
A careful physical examination of the patient's condition. The main clinical criteria include increased
Symmetrical and disproportionate subcutaneous fat, presence of pain or tenderness to the touch,
A tendency to bruise easily and resistance to localized fat loss, even with diet and exercise.
(AMATO et al., 2024). Early recognition of these signs is essential to differentiate the
Lipedema can be detected from other conditions, preventing years of inadequate treatment and disease progression.
(FORNER-CORDERO et al., 2022). Therefore, the clinical evaluation must be thorough and include
Inspection and palpation of the limbs, paying attention to the presence of pain and the nodular texture of the tissue.
adipose tissue and intermittent edema, especially at the end of the day. Preservation of the feet, which

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They generally do not present with edema or increased fat; this is a typical finding and helps to distinguish Lipedema is a type of lymphedema in which edema extends to the foot region (LANGENDOEN et al., 2021).

The physical examination should assess the pattern of fat distribution, which is generally more concentrated in the... thighs, hips, and knees, with the trunk relatively spared (KRUPPA et al., 2026). Furthermore, The patients' family history should be evaluated, and a positive family history reinforces the hypothesis. diagnostic, since more than 60% of patients report first-degree relatives affected (HERBST, (2021). These clinical elements, when analyzed together, allow for high diagnostic accuracy. of lipedema (BUSO et al., 2022).

Imaging tests play a complementary role, helping to rule out diagnoses. Differential diagnosis and assessment of the extent of the involvement. In some cases, lymphoscintigraphy is It is indicated to rule out lipedema, although the test is not specific for this diagnosis. (KRUPPA et al., 2026). These methods do not replace clinical evaluation, but they provide data. important for therapeutic planning and monitoring of progress (CHILD et al., 2022).

One of the biggest challenges is differential diagnosis, since lipedema shares characteristics with obesity, lymphedema, and chronic venous insufficiency. According to HERBST (2021, p. 66), in Obesity, where fat is diffusely distributed, responds to diet and is not accompanied by pain or of marked capillary fragility. This observation reinforces the role of clinical criteria in differentiation. In lipedema, there is asymmetrical edema, a positive Stemmer sign, and involvement of the feet, characteristics absent in lipedema (LANGENDOEN et al., 2021). In venous insufficiency, Edema is more variable and generally associated with skin changes such as hyperpigmentation or ocher dermatitis, which helps in differentiation (BRAÑA; CASTILLO, 2023). Recognition Understanding these details is crucial to avoid confusion and ensure proper treatment.

Despite advances, significant diagnostic gaps remain. There are still no biomarkers. specific laboratory tests that confirm the presence of the disease (BUSO et al., 2022). The absence of Standardized protocols cause many patients to remain undiagnosed for years. often treated only as obese or with idiopathic edema (HERBST,2021).

In Braña and Castillo (2023, p. 102), the authors demonstrate that multiprofessional training and the The use of validated clinical criteria is an essential strategy for standardizing the identification of Lipedema and promote proper management. Other authors support this approach, as it favors... Comparability between studies and improved quality of care provided to patients (WRIGHT et al.,2023b; FORNERCORDERO et al., 2022).

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3.2 The role of the esthetician in the health and treatment of lipedema

An esthetician is a professional who works in a multidisciplinary way, with training in anatomy, physiology, histology, cosmetology and applied technologies, and is qualified to perform Non-invasive procedures aimed at promoting, preventing and maintaining aesthetics (GUIMARÃES; MONTEIRO; ALVES, 2021a).

3.2.1 Training and professional regulation of beauticians

In Brazil, the profession is regulated by Law No. 13.643/2018, which authorizes the esthetician (and the Aesthetic technician) to plan, organize, coordinate, execute, and evaluate aesthetic procedures. Facial and body treatments, using cosmetic equipment and products, with a view to promotion, prevention, recovery and aesthetic rehabilitation of the skin and human body (BRAZIL, 2018). National curriculum guidelines require solid knowledge and mastery of aesthetic technologies. which guarantees adequate scientific training. In practice, this translates into the ability to evaluate, recommend and adapt protocols based on evidence (GUIMARÃES; MONTEIRO; ALVES, 2021b). For chronic conditions such as lipedema, this training enables the esthetician to Recognize the limits of action, apply non-invasive resources, and work in coordination with the team. health (KRUPPA et al.,2026).

3.2.2 Role of the esthetician professional

The role of the esthetician is recognized in chronic conditions and circulatory disorders, such as... lymphedema, postoperative edema and lipedema (GUIMARÃES; MONTEIRO; ALVES, 2021a,b). In disorders with a lymphovenous component, the literature describes the benefits of therapies. Combined conservative techniques, such as manual lymphatic drainage (MLD), graduated compression and exercises. In a randomized clinical trial, WRIGHT et al. (2023a) demonstrated improvement in pain, circumference and bioimpedance in women with lipedema using a compression device Home pneumatic therapy, associated (or not) with compression stockings, supporting the role of Conservative interventions in symptomatic control. In the aesthetic-therapeutic context, DLM (Dynamic Lymphatic Drainage) It presents equivalent application parameters when the purpose is therapeutic or aesthetic. (TACANI; TACANI, 2008), reinforcing its applicability in clinical and aesthetic contexts for control of edema and pain. In addition to DLM, Almeida and Nascimento (2022a,b) describe the effectiveness of Pressotherapy, microcurrents, therapeutic ultrasound, and radiofrequency, which promote...

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They oxygenate tissue, modulate inflammatory processes, and stimulate matrix reorganization.
extracellular. These approaches do not replace medical therapy, but they offer benefits.
complementary techniques in the management of pain and edema (POOJARI et al., 2022). The indication, execution and
The monitoring of clinical responses to these techniques by the esthetician should not respect the scope of...
invasive of the profession and be integrated into medical and physiotherapy recommendations (KRUPPA et
al.,2026).

3.3 Aesthetic techniques in the treatment of lipedema

The main goal of cosmetic treatment for lipedema is to reduce symptoms and improve the appearance of skin.
Lymphatic drainage reduces pain and provides comfort to patients, acting as a...
An important complement to medical and surgical approaches. Although no aesthetic technique is
capable of curing the disease or eliminating pathological adipose tissue, scientific evidence indicates that
The esthetician's role is essential to improve functionality, mobility, and quality of life.
patients' lives (POOJARI et al., 2022).
The aesthetic intervention is primarily aimed at controlling edema and improving circulation.
lymphatic and venous access, reduction of tissue stiffness, and pain modulation. These techniques act on...
the lymphatic, vascular, and connective systems, contributing to the relief of interstitial pressure and to
improved cellular oxygenation and nutrition (FIJANY et al., 2024).
Among the most commonly used techniques, manual lymphatic drainage (MLD) stands out, recognized for...
its decongestant and analgesic effect; pressotherapy, which enhances venous return and
lymphatic system; and electrotherapy techniques, which include microgalvanic currents and ultrasound.
therapeutic, radiofrequency and photobiomodulation, with effects on cellular metabolism, the
tissue remodeling and regeneration (PEREIRA, 2019b; FORNER-CORDERO et al., 2022).
According to Pereira (2019b, p.83), the authors demonstrate that the association of physical therapies and
manual techniques enhance clinical effects and improve tissue response, provided they are followed.
the physiological limits of the organism.
In addition to these, adapted therapeutic and shaping massages help with flexibility and...
Body comfort, provided they are applied with caution. The choice of techniques should consider the stage.
of the disease, the patient's clinical profile and individual needs, ensuring treatment
safe and effective (FIJANY et al., 2024). The integration between manual, mechanical and
Electrotherapy has proven to be more effective in controlling symptoms and improving...
quality of life, provided it is carried out by qualified professionals with knowledge of
pathophysiology of lipedema (WRIGHT et al.,2023b; BUSO et al.,2022; CHILD et al., 2022).

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Table 2 presents the main aesthetic modalities used in clinical practice, with their...
Scientific basis, proven benefits, limitations, and specific patient care.
with lipedema.

Table 2 - Main aesthetic techniques used in the treatment of lipedema and their effects . **Objectives, Mechanisms, Benefits, Limitations/References, Main proven actions, Precautions.**

Drainage Lymphatic Manual (DLM)	Reduce edema, relieves pain, decreases lymphatic flow, reduces sensation and weight, and lowers interstitial pressure.	Stimulation of edema, pain, or fat mobility; lipedemic; indicated pre- and post- liposuction results	Improvement of	No reduces temporary; (2021); contraindications HERBSTs (2021)	KRUPPA et al. (2020); Langendon al. et Specific
Massages Therapeutic and Shaping devices Adapted	To improve for circulation, mobility, pain, and reducing stiffness of well being can cause (2023); tissue, relieve blood flow pain pain hematomas; (2019a); requires adaptation release myofascial	Mechanical stimulus, increase	Improvement of	Techniques	BRAÑA; CASTILLO and PEREIRA HERBST (2025)
Pressotherapy	Stimulate return venous and lymphatic	Intermittent pneumatic compression	Reduction of Does not operate in WWRIGH Edema, pain, and fat and circumference of the limbs (pathological; ,2023); care with pressure; contraindications	KRUPPA et al. ,2020; BRAÑA;	al. CASTILLO, 2023)
Ultrasound Therapeutic	Reduce edema, Micro BUSO et al. and fibrosis lipedema still increased permeability	Improvement of Evidence capillary	BORGES, fibrosis vibrations, mobility, edema specific to 2010;		2022;
	and rigidity tissue	and slight thermal effect		limited; avoid acute inflammation (BURGESS et al., 2019).	
Radiofrequency Enhancement	heating stimulates skin elasticity and remodels collagen and elastin tissue. the	Controlled	Improvement of skin texture, stiffness, and pathological pain; risk of burns if improperly applied. and	No reduces	PEREIRA, 2019a); HERBST ,2021; WRIGHT et al. ,2023.

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Microcurrents/ NMES	modulate pain, stimulation boosts venous return, improving metabolism.	Increased ATP	Reduces edema and pain; improves tissue oxygenation.	BURGESS et al.'s inadequate fit may cause discomfort; ANGENDE's contraindications specific ON et al. ,2021);	FORNER-CORDERO et al. ,2022.
Photobiomodulation (Laser/LED)	Reduce inflammation, improve circulation, metabolism and	Stimulus reduction, volume, pain, and increased ATP elasticity and Improved circulation	Mitochondrial improvement	Non-invasive, appropriate parameters et al., 2018; contraindications specific	PRADO et al., 202); LIM but requires BUSO et al. ,2022.

Source: from the author. Adapted from Herbst (2025); Kruppa et al. (2020); Langendeon et al. (2021); Cordero Forner et al. (2022); Wright et al. (2023a,b); Braña and Castillo (2023); Buso et al. (2022); Burgess et al. (2019).

3.4 Combined protocols in the treatment of lipedema

Based on other aesthetic conditions that share similar pathophysiological changes.

Regarding lipedema, it is believed that protocols combining manual lymphatic drainage and pressotherapy are effective.

Electrotherapy resources demonstrate greater clinical efficacy than isolated interventions, because

They allow them to act on different pathophysiological mechanisms of lipedema. The combination

It enhances circulation, reduces edema, provides analgesia, and reorganizes the matrix.

extracellular, providing greater comfort and functional improvement (FIJANY et al., 2024). Studies

Clinical evidence shows that patients undergoing integrated treatments experience a greater reduction in symptoms.

expressive of limb circumference and pain, when compared to those who only perform

a modality (WRIGHT; SCARFINO;

O'MALLEY, 2023; CZERWIÿSKA et al., 2024).

The synergy between the techniques allows addressing multiple aspects of lipedema: lymphatic drainage

Manual therapy stimulates lymphatic transport, while pressotherapy optimizes venous and lymphatic return.

electrotherapy (including therapeutic ultrasound, radiofrequency, microcurrents and

Photobiomodulation contributes to the reduction of fibrosis, improved skin elasticity, and modulation.

inflammatory and analgesic (PEREIRA, 2019a; BORGES, 2010; FORNER-CORDERO et al., 2022).

This integrated approach also promotes overall well-being and increases adherence to treatment.

improves the quality of life of patients (AMATO et al., 2024).

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Combined protocols may include, for example, sequential pressotherapy sessions for
Mechanical drainage, followed by therapeutic ultrasound for mobilization of interstitial fluids.
Radiofrequency application to stimulate collagen and reorganize the extracellular matrix.
concluding with photobiomodulation for analgesia and modulation of inflammation (PEREIRA, 2019b;
(LIM et al., 2018; PRADO et al., 2021). The literature indicates that this type of integrated strategy is
particularly useful in post-liposuction cases, as it promotes tissue recovery and control.
of edema (TORRES et al.,2023).
However, the planning of each protocol must be individualized, taking into account the stage.
The clinical aspects of the disease, the patient's tolerance, the presence of comorbidities, and the characteristics of the tissue are all factors.
(FORNER-CORDERO et al., 2022; BUSO et al., 2022). The joint action of doctors, beauticians
and physiotherapists are indispensable to ensure safety, adjust parameters and define the
Appropriate frequency of each resource.

3.4.1 Multidisciplinary approach in the treatment of lipedema

Clinical complexity demands the coordinated action of doctors, physiotherapists, nutritionists,
Psychologists, beauticians, and other health professionals for symptom control and prevention.
complications and improved quality of life (AMATO et al., 2024). The integration of these areas
It allows for more accurate diagnoses, individualized treatments, and comprehensive patient support.
(BUSO; FORNER-CORDERO, 2020).

3.4.2 Lipedema treatment teams

Table 3 shows how healthcare professionals act in the follow-up of patients with
Lipedema. Each professional has their contribution to make to improve the patient's clinical condition.
and each of them has specific functions, therapeutic objectives, and clinical intervention actions.
relevant to their profession. An integrated team is composed of professionals who work in
independently, but with a common goal during the treatment and follow-up of
patient, with the aim of improving the patient's clinical condition (HERBST 2021; KRUPPA et
al.,2020; and LANGENDOEN et al., 2021).

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Table 3 - Role of Professionals in the Multidisciplinary Approach to Lipedema

Main functions in Objectives		Interventions/Therapeutic Techniques for Lipedema	
Surgeon Vascular / Angiologist	Clinical diagnosis; exclusion of lymphedema and venous insufficiency; initial coordination of treatment.	Reduce edema; Clinical evaluation; Doppler ultrasound; Pain management; Prescribe compression stockings; Safe practices; Guidance on physical activity.	
Plastic Surgeon	Performing specific surgeries for volume reduction; improvement of lipedema; pain and mobility; pre- and post-operative follow-up. body contouring.		Tumescent liposuction adapted to the procedure; prescription of compression garments; referral for physiotherapy and aesthetics.
Physiotherapist	Edema control; pain management; improvement of mobility and lymphatic function.	Reduce stasis lymphatic congestion; promote venous return; improve oxygenation.	Manual lymphatic drainage (MLD); pressotherapy; therapeutic exercises; microcurrents; ultrasound; radiofrequency.
Nutritionist	Metabolic and inflammatory control;	Reduce inflammation;	Anti-inflammatory diets;
Psychologist	Hormonal balance; nutritional education. Emotional support; managing self-esteem; coping with chronic pain.	Improve energy; assist with adherence to treatment. Reducing anxiety and depression; improved self-perception the body.	Reducing simple carbohydrates; ongoing nutritional guidance. Psychotherapy; coping strategies; postoperative support.
Beautician	Application of non-invasive techniques; functional and aesthetic support; education in self-care.	Reduce DLM (Dilated edema; Muscle Soreness); improve circulation through massage; adapted therapies; ultrasound; relieve pain; improve the and the	pressotherapy; Radiofrequency; LED; home care; texture; elasticity.

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Integrated Team	Alignment of conduct; secure division of functions; joint monitoring.	Enhance combined protocols; results; prevent complications; maintain progressive follow-up; therapeutic continuity.

Source: from the author. Adapted from Herbst (2021), Kruppa et al. (2020) and Langendoen et al. (2021).

3.4.3 Integration of the beautician

The esthetician plays a prominent role in therapeutic support, acting in a complementary way.
to medical interventions. Their work includes manual lymphatic drainage, pressotherapy, and protocols.
electrotherapy and guidance on home care, always in accordance with medical recommendations (HERBST, 2021; BRAÑA; CASTILLO, 2023). These techniques help to
To reduce edema, improve circulation, and provide symptomatic relief, thus facilitating adherence.
to treatment and improving quality of life (KRUPPA et al., 2026). Furthermore, the esthetician
contributes to patient education, reinforcing the importance of using compression stockings,
Physical activity and the maintenance of ongoing care (LANGENDOEN et al., 2021).
The integration of the esthetician requires constant communication with doctors and physiotherapists to avoid
Overlapping techniques or contraindications, especially in post-surgical cases or in
patients with comorbidities (WRIGHT et al., 2023). This collaboration ensures that therapies
Aesthetic procedures should be safe, evidence-based, and tailored to the patient's clinical evolution.
(CIFARELLI, 2025).

3.4.4 Benefits of teamwork

Teamwork leads to superior clinical outcomes compared to interventions.
isolated. Studies show that patients followed by multidisciplinary teams present
greater pain reduction, slower disease progression, and significant improvement in functionality and
emotional well-being (BARROS et al., 2023). The integration of medical, physiotherapeutic, strategies
Nutritional and aesthetic treatments enhance the effects of each therapy, ensuring more effective control.
managing edema, maintaining mobility, and preventing complications (POOJARI et al., 2022).
Furthermore, the multidisciplinary approach strengthens health education, allowing that...
The patient understands the chronic nature of the disease and the importance of ongoing treatment.
(LANGENDOEN et al., 2021). This understanding improves adherence to therapies, reduces frustration and
This increases motivation for self-care (FORNER-CORDERO et al., 2021). Therefore, the

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Treatment ceases to be purely clinical and becomes a comprehensive rehabilitation strategy.

3.4.5 Examples of integrated protocols

Integrated protocols include, for example, the combination of manual lymphatic drainage, Pressotherapy, elastic compression, nutritional re-education, and psychological support, carried out in a coordinated manner (WRIGHT et al., 2023). In European studies, combined programs of Physical therapy, aesthetic treatments, and nutritional counseling have shown a significant reduction in pain. Improved mobility and greater patient satisfaction compared to isolated treatments (BRAÑA; CASTILLO, 2023). After liposuction, protocols that include lymphatic drainage, use Compression garments and psychological support show better results in recovery. functional and in quality of life (AMATO et al., 2024).

3.4.6 Psychosocial impact and quality of life

Lipedema affects not only the body, but also the mental health and quality of life of those affected. Patients present with chronic pain, altered body image, and difficulty losing weight. They lead to emotional suffering, anxiety, and depression, which are sometimes more debilitating than that the physical symptoms (HERBST, 2021; BARROS et al., 2023). Understanding this impact is fundamental to justifying the need for a multidisciplinary approach that includes support Psychological and aesthetic therapies focused on well-being.

3.4.7 Emotional aspects of lipedema.

Distorted body image and difficulty accepting the illness contribute to low self-esteem. Self-esteem and social isolation. Studies indicate that more than 60% of patients with lipedema They present symptoms of anxiety, and about 40% report depressive episodes throughout their lives. disease progression (BRAÑA; CASTILLO, 2023; LANGENDOEN et al., 2021). The sensation of The feeling of injustice, due to not being able to lose weight despite diets and exercise, increases frustration and... psychological suffering (BUSO; FORNER-CORDERO, 2020). These factors impact negatively impacts professional performance, romantic relationships, and participation in social activities (HERBST, 2021).

Chronic pain, another central symptom, intensifies the emotional burden. Women with lipedema report Constant fatigue and functional limitations, which hinder daily activities and reinforce...

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feelings of inadequacy (BARROS et al., 2023). This combination of pain and suffering
The psychological state creates a cycle of progressive worsening, in which stress and anxiety increase the...
perception of pain, perpetuating the condition (WRIGHT et al., 2023).

3.4.8 Contribution of aesthetics to well-being

Aesthetic techniques, even without a curative effect, offer indirect therapeutic benefits that...
contribute to emotional well-being. Procedures such as lymphatic drainage and massages
Relaxing and combined protocols provide a sense of self-care, improved self-esteem, and temporary symptom relief
(KRUPPA et al., 2020; BRAÑA; CASTILLO, 2023). These effects
They reinforce the importance of the beautician as a psychosocial support agent, creating an environment of
a welcoming environment that promotes adherence to medical treatment (HERBST, 2021).
Furthermore, aesthetics contributes to health education, motivating the patient to maintain healthy habits.
healthy and valuing small functional improvements (LANGENDOEN et al., 2021). This
Motivation is crucial for long-term success, as lipedema treatment depends on it.
consistency and multi-professional engagement (BUSO; FORNER-CORDERO, 2020). Thus, the
Aesthetics doesn't just work on the body, but also on emotional strengthening, helping the patient to...
dealing with the challenges of the disease.

3.5 Importance in the treatment of lipedema

Lipedema has its own classification in ICD-11 (code EF02.2 – Lipedema), with the definition
Standardized clinical guidelines and recommendations for differentiating lymphedema, which strengthens the
building clear care pathways and professional roles within the healthcare network (WORLD HEALTH ORGANIZATION,
2022). Recent reviews argue that care
A multidisciplinary, evidence-based approach is essential for superior outcomes, including therapies.
conservative, education and, in advanced cases, liposuction in experienced centers (Buso;
(Forner-Cordero, 2020). In this scenario, the esthetician contributes to the reduction of symptoms (pain, heaviness,
(edema), for adherence to self-care and for psychosocial well-being, when applying non-
Invasive procedures and monitoring of responses, promptly signaling the need for medical reassessment.
(WRIGHT et al., 2023; AMATO et al., 2024). Braña and Castillo (2023) reinforce that the presence of
Having an esthetician as part of a multidisciplinary team improves clinical outcomes, reduces symptoms, and preserves...
the quality of life of the patients.

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3.6 Challenges and limitations in the treatment of lipedema

Despite technological advancements, it's important to recognize that no aesthetic technique is capable of...
eliminating lipedemic adipose tissue does not completely prevent the progression of the disease.
(HERBST, 2021). The results obtained with lymphatic drainage, pressotherapy, ultrasound,
Radiofrequency, microcurrents, or photobiomodulation are mostly temporary, requiring regular sessions and ongoing
maintenance to control symptoms (BRAÑA; CASTILLO, 2023;
(BUSO et al., 2022). Furthermore, the therapeutic response varies according to factors such as the stage of
disease, adherence to treatment, presence of fibrosis, lifestyle habits, and metabolic conditions.
associated (WRIGHT et al., 2023; TORRES et al., 2023).

Treating lipedema presents a significant clinical and therapeutic challenge, as there is still no cure.
nor universal protocols that guarantee complete stabilization of the disease. The absence of
Specific biomarkers and underreporting hinder early diagnosis, causing...
Many patients spend years being wrongly treated as obese or having lymphedema.
(HERBST, 2021; FORNER-CORDERO et al., 2022). This delay in recognition allows the
disease progression, leading to increased limb volume, chronic pain, and greater
risk of complications, such as venous insufficiency and lymphatic overload (KRUPPA et al., 2020;
LANGENDOEN et al., 2021). Thus, early identification and multidisciplinary intervention are
fundamental to minimizing progression and improving the quality of life of patients (AMATO
et al., 2024).

From a physiological point of view, the technologies act primarily to improve microcirculation.
in fluid drainage and tissue reorganization, without significantly reducing the volume of
lipedemic adipose tissue (PEREIRA, 2019a; BORGES, 2010; FORNER-CORDERO et al., 2022).

Therefore, supportive therapies should be considered, integrated with medical measures such as monitoring.
weight training, elastic compression, supervised physical activity and, when indicated, procedures
surgical (HERBST, 2021).

The contraindications for these techniques must be strictly observed. Skin infections
active, deep vein thrombosis, decompensated heart failure, vascular diseases
Severe conditions, untreated malignant lesions, and pregnancy in the application areas are conditions that prevent...
or limit the use of equipment such as pressotherapy, ultrasound, radiofrequency and electrical currents.
electrical (KRUPPA et al., 2020; PEREIRA, 2019b). In the case of photobiomodulation, it is necessary
Additional care should be taken in patients with photosensitivity, and when using photosensitizing medications.
or a history of skin cancer (LIM et al., 2018; PRADO et al., 2021).

Furthermore, another important challenge is the psychosocial impact of the disease, which interferes with adherence.

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to the treatment and in the perception of results. Chronic pain, functional limitation and dissatisfaction
Concerns about body image increase the risk of anxiety, depression, and social isolation (BARROS et al., 2023;
BRAÑA; CASTILLO, 2023). These factors can reduce motivation for physical activity.
Self-care, such as the regular use of compression stockings and the practice of physical exercise.
(HERBST, 2021). Therefore, the therapeutic approach should include psychological support and
Health education, enabling patients to understand the chronic nature of the disease and the
The importance of continuing treatment, even in the absence of a cure (CHILD et al., 2022).
Therefore, it is essential that all procedures be performed by professionals.
trained, with in-depth knowledge of lymphatic anatomy and the parameters of each
equipment. Prior medical evaluation is essential to ensure the safety and effectiveness of the equipment.
treatment, allowing for individualized adjustment of techniques and preventing complications.
(FORNERCORDERO et al., 2022; BUSO et al., 2022).
It is also important to note that the treatment of the disease requires public policies and guidelines.
international agreements that guarantee early diagnosis, access to conservative therapies, and coverage of
surgical procedures when indicated (KRUPPA et al., 2020; FORNER-CORDERO et
(al., 2022). The lack of consensus on clinical protocols hinders the formation of teams.
multidisciplinary teams and the training of health professionals (LANGENDOEN et al., 2021). In
Braña and Castillo (2023, p. 142) report that the integration between different areas of health
It is the most effective strategy to ensure sustainable results and reduce physical and emotional impact.
of lipedema.
Recent research reinforces the importance of integrated strategies involving physicians,
Physiotherapists, beauticians, nutritionists, and psychologists to offer comprehensive care and improve...
clinical outcomes (WRIGHT et al., 2023). The development of multicenter studies and the
The creation of national registries is a fundamental step towards expanding scientific knowledge and
to establish evidence-based treatments.

FINAL CONSIDERATIONS

Lipedema is a chronic disease that mainly affects women and is characterized by the accumulation of...
Abnormal fat accumulation, usually in the legs and arms, accompanied by pain, tenderness, and
A tendency to bruises. This study addressed the main challenges in diagnosis.
and in the treatment of the disease and how the beautician plays an important role in the care and
treatment of the signs and symptoms of the condition, acting in a complementary way to other professionals.
of health.

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Through techniques such as lymphatic drainage, manual therapies, and specific skin care,
A professional esthetician can contribute to improved circulation, reduction of edema, and relief.
of the discomfort and improvement in the quality of life of patients with lipedema. Furthermore, the present
Study highlights the importance of the professional in guiding the patient regarding ongoing care.
and healthy habits, as well as the need for multidisciplinary monitoring by professionals.
health.

In this way, the esthetician plays a fundamental role in therapeutic support and well-being.
patient, and their role, when integrated with other professionals such as doctors, physiotherapists and
Nutritionists enhance treatment results by promoting a more...

A complete and humane approach to the condition of lipedema.

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