



A Patient's guide to

Lipomatous Tumours of Soft Tissues



University College London Hospitals **NHS**
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Lipomatous tumours are common. They can occur in males and females, at any age and can occur almost anywhere within the body. Patients with these types of tumours in the extremities of the body (limbs, neck and trunk) are referred to the London Sarcoma Service. Most of these tumours are easily diagnosed and are treated successfully by removing them with an operation or depending in the circumstances can be monitored in the clinic. There are a number of different types of Lipomatous Tumours.

Simple Lipoma

A simple lipoma is a fatty lump and can be small (2cm) or large (20cm). When the pathologist looks down the microscope they can say that they are 'benign'; this means they are NOT cancerous. It is very rare for a lipoma to regrow once the surgeon has removed it, and it should not become life-threatening.

Atypical Lipomatous Tumour

An atypical lipomatous tumour is a fatty lump but when the pathologist looks at it down the microscope the cells look 'atypical' compared to the simple lipoma. The vast majority of atypical lipomatous tumours do not regrow after the surgeon has removed them, but the chance of this is greater if the tumour is very large. However, in most cases, even if it comes back, it can still be cured by removal. Sometimes it can take as long as 10 years or more for it to regrow. Like a simple lipoma, atypical lipomatous tumours are not considered life threatening. Although the risk of regrowth is low and there is a very small chance (less than 2%) of the tumour behaving aggressively or spreading to other parts of the body, it is sometimes classified as cancer. There is however, a lot of disagreement between doctors as to how these tumours should be classified.

Treatment and after care

Lipomatous tumours are treated successfully by surgical removal. After your operation you will be reviewed in the out-patient department; this may be by a doctor or a specialist nurse. Once the wound has healed you will be discharged from our care.

You may require physiotherapy as an out-patient depending on the size and location of the tumour that was removed. We will try and arrange this in the hospital or clinic closest to your home.

Self Care

It is possible but unlikely that lipomas and atypical lipomatous tumours regrow. Nevertheless, in order to notice early if your tumour is regrowing, it is important that you become familiar with how the area from where your tumour was removed feels after the operation. Therefore it is important that you regularly feel this part of your body for any changes. If you become aware of a change, you should notify your GP at the earliest opportunity and ask to be referred back to the Royal National Orthopaedic Hospital.

Self assessment means that you do not need to revisit the hospital for long-term follow up. However, we are here if you need us in the future.

Re-referral

If you or your General Practitioner have any concern that a lump has returned in the area where you have had a previous lipomatous tumour you should contact your GP urgently and ask to be referred back to The Sarcoma Unit at The Royal National Orthopaedic Hospital, Stanmore, HA7 4LP. Telephone 0208 909 5584/5600.

Your notes

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Your notes

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If you have any comments about this leaflet or would like it translated into another language/large print, please contact your clinical nurse specialist.

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In association with the UCL Institute of Orthopaedics and Musculoskeletal Science.

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15-86 © RNOH

Date of last review: May 2015

Date of next review: May 2017

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