



# SCHWERPUNKTPRAXIS LIPÖDEM

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## Patient Information Sheet for women

In order to help you with your leg problems we require some information. Please take your time and answer the questions to the best of your current knowledge.

If you have any questions my assistants in our clinic will be glad to help you.

### What brings you to us?

- Leg problems
- Consultation about your leg blood vessels
- Cosmetic problems
- Other reasons

### Did your symptoms appear within the last two days?

- Yes
- No

### Or have the problems existed for a longer period of time?

- Yes, for \_\_\_\_\_ months
- Yes, for \_\_\_\_\_ years
- No

### Your leg complaints are as follows:

	None	Slight	Difficult	Bad	Very bad
Heavy legs					
Feeling of tightness					
Pain under pressure					
Itching					
Cramps at night					
Bluish discoloration of the skin on the legs					
Leg irritation in the night					
Pain					
Swelling					

**Do your leg complaints become worse?**

- In hot weather
- During menstruation
- During work in your occupation or in everyday activities
- After standing for a longer time
- While walking

**The first varicose veins appeared**

- Spontaneously
- After pregnancy
- After an operation
- After a leg injury with cast
- After use of hormonal pregnancy prevention or oestrogen therapy

**Were there complications in any of these cases?**

- Superficial vein inflammation (painful to the touch)
- Lung embolism, if so after an operation or spontaneously?
- Open leg
- Deep vein thrombosis
- If so after operation
- accident
- without visible cause

**Previous treatment for varicose veins**

- Compression therapy
- Medication/Salves
- sclerotherapy
- Laser
- Operation
- Other procedure

**Do close relatives have**

- Varicose veins
- Circulatory problems
- Blood clotting problems
- Thrombosis or Lung embolism
- Open Legs

**Do you currently have any serious illnesses?**

- High blood pressure
- Diabetes mellitus
- Rheumatic illnesses
- High Cholesterol
- Liver or kidney disease
- Other: \_\_\_\_\_

## General questions

	yes	no
Do you take hormones (e.g. birth control pills)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other signs of connective tissue weakness? (Hernias, haemorrhoids)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a tendency to formation of scar tissue?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take medication regularly and if so which ones?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies and if yes, which ones?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had wound inflammation with fever and/or chills?	<input type="checkbox"/>	<input type="checkbox"/>
Do small injuries bleed for longer periods?	<input type="checkbox"/>	<input type="checkbox"/>
Was there post-operative bleeding in previous operations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have unusually large bruises after slight bumps?	<input type="checkbox"/>	<input type="checkbox"/>

### What is your occupation?

(Important information to establish a connection between illness and occupation, if applicable)

\_\_\_\_\_

What percent of the day do you spend standing \_\_\_\_\_ sitting \_\_\_\_\_

Number of pregnancies \_\_\_\_\_, the first of which was \_\_\_\_\_ years ago

Do you smoke? No Yes, \_\_\_\_\_cigarettes daily

Weight: \_\_\_\_\_kg/lbs Height: \_\_\_\_\_ cm/ft+inches

**Is there any further information which appears important to you? (Bad illnesses, which do not seem to be related to the leg problems or larger operations)**

\_\_\_\_\_

Private telephone number \_\_\_\_\_

Surname, First Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

### One more question:

Who did you hear about us from?

- GP
- Other specialist
- One of our patients
- Friends, acquaintances
- General publicity
- Internet

Patients who are visiting us for vein treatment are now finished and can hand the signed questionnaire to the assistants in the clinic.

For those patients who have obese legs and who have stated that lipodem and lymphodeme are part of their medical history, please fill out the following pages of the questionnaire.

# Lipoedema Questionnaire for Patients

Lipoedema is a chronic oversupply of fatty tissue in the legs, while the upper torso remains thin. The arms are also often affected.

It is typical of this illness that both legs are symmetrically obese. If one leg is more affected than the other then it is possible that there is another illness involved.

## The most common symptoms are:

- Swelling in the second part of the day and especially on hot days.
- Pain resulting from contact with other materials such that the affected persons cannot tolerate their own clothing.
- Bruising caused by even the slightest bumps and unusually large hematomas

## As a result of the disharmony in the figure, there are often physical and psychological problems.

- I have had "fat legs" for \_\_\_\_\_ years.
- I carefully control my calorie intake.
- I regularly do sports.
- I am a smoker.
- I regularly take medication.
- I have taken the birth control pill for \_\_\_\_\_ years.
- I took birth control pills for \_\_\_\_\_ years and no longer do so.
- I noticed a change in your legs during or after pregnancy.
- I have or have had menstrual problems.
- I have fat legs.
- I have fat arms.

## What body areas are affected?

- Only the buttocks
- Outside of thighs
- Inside of thighs
- Swelling extends to the knee
- Swelling extends to the ankles
- The back of the foot is affected
- The toes also are affected
- Upper arms
- Lower arms
- Back of hands are also affected
- \_\_\_\_\_

## Therapies?

- Already completed or in process.
- Rehab or wellness therapy
- Manual lymph drainage without bandaging
- Manual lymph drainage with bandaging
- Compression treatment with compression stockings
- Special stocking for lymphodeme (seam on the back of the stocking)
- Normal compression stocking
- Doctor's recommendation for more athletic activity
- Doctor's consultation on diet (low calorie, low carbohydrate diet, etc.)
- Liposuction (See below)
- Other \_\_\_\_\_

**Liposuction has already been done once or more than once on**

- Arms
- Legs
- Buttocks

**Was the liposuction**

- Successful
  - I regularly do sports.
  - I have changed my diet.
- Unsuccessfully.
  - I regularly do sports.
  - I have changed my diet.

**Past illnesses or operations:**

- Abdominal surgery (e.g. gynaecological operations)
- Varicose vein operation
- Leg thrombosis deep in leg
- Inflammation of the skin
- Bypass of the large vein of the leg
- Injuries \_\_\_\_\_
- \_\_\_\_\_
- Other operations \_\_\_\_\_

**I have joint problems**

- Since my youth
- It runs in the family
- My knees are affected.
- Hips
- Ankles

**The joint problems appeared**

- Before the obese legs
- After the obese legs
- Some time after the obese leg problem

**Are there obese leg problems in the family?**

- On my mother's side
- On my father's side
- One of my sisters
- Aunts

**Quality of life**

How many years ago did you begin to notice a physical change without any change to your life style otherwise (e.g. unexplained weight increase)?

\_\_\_\_\_ years ago

**In which activities have experienced a change?**

- Sports
- Shopping
- In everyday life
- In leisure activities (swimming pool for example)
- Other \_\_\_\_\_

**What did you notice?**

- Clothing size change
- Elastic marks on your legs in the evening
- Reduction of working ability
- Change in mood

\_\_\_\_\_

Date

\_\_\_\_\_

Surname, First Name

Thank you very much for your time and effort. This will make it easier for me to understand the problems and recommend the appropriate treatment.