

➔ ADDRESSING LIPOHYPERTROPHY DURING DIABETES CONSULTATIONS

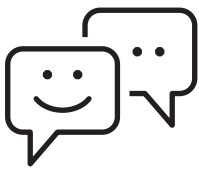


If your patient uses insulin therapy, **ALWAYS DISCUSS INJECTION SITES!**

Lipohypertrophy (lipos) are fatty lumps under the skin caused by repeated insulin injections in the same place.

Lipos can cause problems with insulin absorption resulting in high or unpredictable glucose levels.

Think lipo! It is always worth it!



Use open questions to get an accurate picture

Try to avoid asking “are your injection sites ok?” As injecting into lipos is not usually painful, people with lipos may well answer “yes”

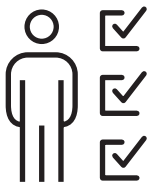
Try phrases like these:

1. Can you tell me where on your body you like to inject?
2. Where is your favourite spot?
3. How often do you change your needles?



Lipos come in all shapes, sizes and textures

Some are small and hard, some are large and soft. They all affect the absorption rate of insulin and should not be used. Smaller ones usually resolve and the site may be used in 3-6 months, larger ones will take much longer and some areas never recover.



Detecting lipos

Ask the person to stand if they are able as lipos can be hidden in the folds of skin when sitting.

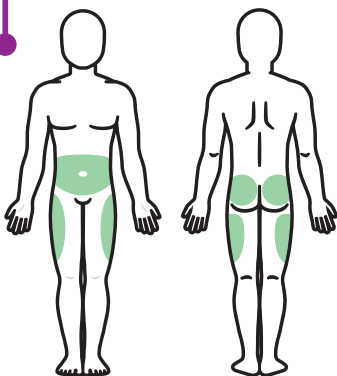
Visually examine injection sites, look for small bruises, swelling, lumps or depressions.

Move fingers across the injection sites (light touch). Feel for irregularity of skin and underlying tissue. This may feel soft in some places and hard or rubbery in others.

Encourage patients to also check themselves at home in front of a mirror regularly.

If a Lipo is confirmed

1. Advise to avoid using the affected area for several months.
2. Help select an appropriate site/s to use
3. **Reduce insulin dose by at least 20%. Sometimes a 50% reduction may be needed.** You can always titrate back up slowly.
4. Check needle length is 4mm and changing after every injection
5. Consider concentrated insulin if on large doses of insulin



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