

# Addressing lipohypertrophy during telephone diabetes consultations

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## ➔ KEEPING PATIENTS SAFE IN A VIRTUAL WORLD



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

Detecting lipohypertrophy (lipos) can prevent glycaemic variance, enabling more time in range and reducing long term complications and insulin requirements.

**Think lipo! It is always worth it!**



### Use open questions to get an accurate picture

For example; 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. What method do you use to help you remember where you put your last injection?
4. How do you normally feel your skin to tell whether you need to rest a certain area?
5. Do you ever try to save waste by using needles more than once?



### 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 – Encourage patients to check themselves, ask them to stand in front of a mirror:

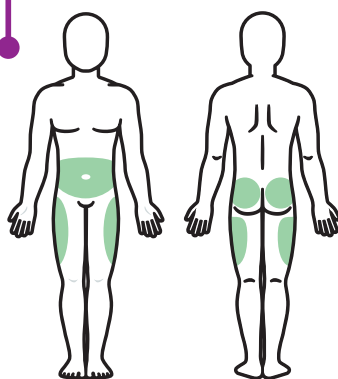
Visually examine insertion points, look for small bruises, swelling, fatty lumps or depressions. Move fingers across the injection sites (light touch), feel for irregularity of the skin and underlying tissue (softer tissue compared with harder rubbery tissue).

### If you and your patient suspect they have lipohypertrophy

**Consider asking them to attend a clinic appointment or send photographs to confirm.**

### If site is changed:

1. **Reduce insulin dose, by 20% at least. Sometimes a reduction of 50% would be safer. STAY SAFE!** You can always titrate back up slowly.
2. Help select new sites for injection.
3. Would writing it in their record book be helpful, to help prevent ‘auto-pilot’ injecting or favouring one side?
4. Consider concentrated insulin if people are using large volumes.
5. Check needles, are they 4mm and are they being changed every injection?



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