

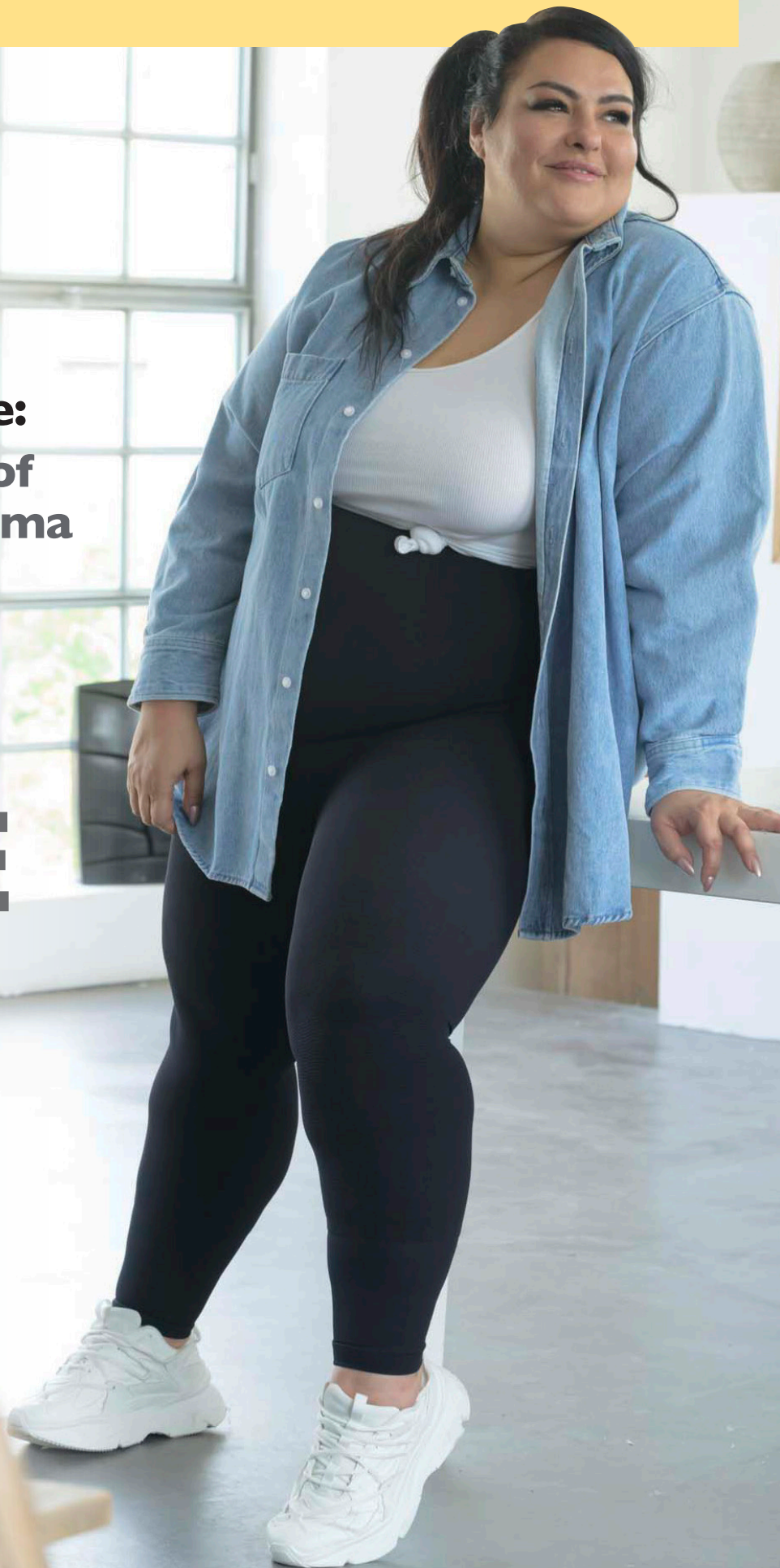


BE YOU Tonic range:
meeting the needs of
people with lipoedema

**FEEL THE
WAVE**

**Patented
3D wave-knit
micro-massage
fabric**

*Micro-massaging comfort.
Transform patient care*

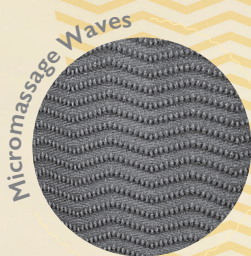




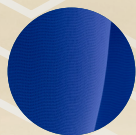
BE YOU Tonic FEEL THE WAVE

Clinically evaluated compression
for lipoedema and oedema support

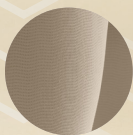
BE YOU Tonic combines
15–21 mmHg graduated
compression with patented 3D
wave-knit micro-massage fabric.



Choice of colours:



Blu Tonic



Champagne



Nero



Ribes

Clinical evidence: A 4-week pilot study reported significant reductions in pain, symptom scores and lower-limb volume when BEYOU Tonic micro-massage compression leggings were worn with movement.¹



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1. Ricolfi L, Reverdito V, Gabriele G, Bortolon M, Macherelli I, Haag P, et al. Micromassage compression leggings associated with physical exercise: pilot study and example of evaluation of the clinical and instrumental effectiveness of conservative treatment in lipoedema. Life. 2024;14(7):854.

Contents

Executive summary	4
Introduction and background	5
Impact of lipoedema	6
Assessment and diagnosis of lipoedema	8
Stage and type of lipoedema	10
Differential diagnosis: obesity	12
Differential diagnosis: lymphoedema	13
Management principles for people with lipoedema	16
Compression therapy for lipoedema	19
Why standard lymphoedema garments are not suitable for people with lipoedema	20
Lipoedema-specific solutions: Solidea® patented 3D wave-knit micro-massage fabric	21
Conclusion	26
References	27

- + Lipoedema is a chronic disorder of the connective adipose tissue that mostly affects women.
- + It frequently presents at times of hormonal fluctuation, such as puberty, pregnancy or menopause and is thought to have a genetic component.
- + It is characterised by disproportionate and symmetrical accumulation of adipose tissue in the affected areas.
- + Lipoedema largely affects the hips, buttocks and legs, but can also present in the arms.
- + Lipoedema is an incurable, progressive long-term condition that has a significant symptom burden on people resulting in pain, tenderness and reduced mobility which may progressively worsen over time in the absence of appropriate treatment.
- + Lipoedema is mostly under recognised and misdiagnosed, with one survey reporting a wait of up to 10 years to obtain a correct diagnosis (Fetzer and Hill, 2025).
- + Increased awareness among healthcare professionals of the diagnostic signs and symptoms of lipoedema is essential to alleviate the burden of the condition on patients and healthcare services.
- + The conservative management principles of people with lipoedema centre around skin care, compression therapy, exercise and weight management.
- + Inequity in care for people with lipoedema currently exists. A lack of recognition of the condition in primary care can lead to delayed diagnosis, inappropriate or lack of referral to specialist services and sub-optimal management, including a lack, or use, of inappropriate compression therapy. This in turn leads to disease progression and reduced quality of life for people with lipoedema.
- + The Solidea® BE YOU Tonic range has been developed to specifically address the needs of people with lipoedema using patented 3D wave-knit micro-massage fabric.
- + The Solidea® BE YOU Tonic range has been shown to reduce pain and inflammation, reduce limb circumference and improve skin condition.

Introduction and background

Lipoedema is a lifelong disorder of connective adipose tissue that primarily affects women. It is characterised by a disproportionate and symmetrical accumulation of fat, most commonly in the hips, buttocks and legs, but it can also affect the arms (British Lymphology Society (BLS), 2023; Kruppa et al, 2026). Lipoedema can have a significant impact on an individual's physical and psychosocial wellbeing (Wounds UK, 2017; Shavit et al, 2018; BLS, 2023).

Lipoedema is frequently associated with symptoms such as pain and tenderness, easy bruising and a feeling of heaviness in the limbs. As the condition progresses, the patient can develop tissue changes such as reduced elasticity of the skin and connective tissue in the affected area (BLS, 2023; Kruppa et al, 2026).

Furthermore, lipoedema presents notable clinical challenges because of its variability in presentation. It remains under recognised in clinical practice, and is often misdiagnosed as obesity or lymphoedema. Delayed diagnosis of up to 10 years is common (Fetzer and Hill, 2025). These factors, in combination with a lack of standardised care pathways, often result in prolonged symptom burden and inappropriate management strategies.

Early identification by healthcare professionals is therefore important to ensure appropriate management, patient education and referral to specialist services when needed to manage symptoms and prevent disease progression (Wounds UK, 2017; Shavit et al, 2018).

Increasingly, the importance of early, holistic intervention that not only targets

“The long-term conservative management of lipoedema focuses on individualised care built around the pillars of skin care, compression therapy, diet and exercise.”

tissue changes but also addresses pain, mobility, and psychological wellbeing is being acknowledged. A more proactive and individualised approach to care may help optimise long-term outcomes and support patients with lipoedema in maintaining function and quality of life.

The 10-Year Health Plan for England (NHS England, 2025) highlights the importance of

moving from sickness to prevention as one of the three radical shifts which will be the core components of this model of care. Early recognition and treatment of lipoedema can help prevent disease progression, and reduce symptom severity and impact.

As a chronic condition, the long-term conservative management of lipoedema focuses on individualised care built around the pillars of skin care, compression therapy, diet and exercise. However, many patients are given compression garments that are designed to address symptoms and treatment objectives of other conditions, e.g. volume reduction, a common goal of lymphoedema management. For people with lipoedema, there is a clear gap in addressing pain, inflammation, skin health, and early disease management.

The BE YOU Tonic range of compression garments was specifically designed for people with lipoedema to address their unmet needs. The range uses unique and patented technologies to promote long-term management of symptoms.

This document explores patient-centred approaches aimed at preventing progression and managing the symptoms that matter most to patients using the BE YOU Tonic range.

Impact of lipoedema

Lipoedema has a substantial and multifaceted impact on those affected (Fetzer and Fetzer, 2016; Kruppa et al, 2026). A key challenge is the limited awareness and understanding of the condition among healthcare professionals, which frequently leads to delayed diagnosis, misdiagnosis, and inappropriate or suboptimal management (Okhovat and Alavi, 2015; Wounds UK, 2017). This in turn leads to an uncertain prevalence (Box 1). A lack of recognition can also lead to patient distress and frustration as well as hinder timely access to effective care (Shavit et al, 2018; Fetzer and Hill, 2025). This can then impact on the healthcare system (Box 2).

Physical effects

Lipoedema is associated with significant physical and psychosocial consequences (Fetzer and Fetzer, 2016; Shavit et al, 2018). Individuals commonly report reduced mobility and difficulty carrying out activities of daily living, alongside distress related to the visible changes in body shape (Fetzer and Fetzer, 2016; Williams, 2018; Bertsch et al, 2020).

Pain

Pain is recognised as a central feature of lipoedema, as highlighted in a recent Delphi consensus, although its nature can vary considerably between individuals (Kruppa et al, 2026). Patients may also experience heightened sensitivity to pressure, touch, or tissue stretch. Tissue tenderness is thought to be associated with underlying

“Lipoedema is associated with significant physical and psychosocial consequences.”

inflammation and hypoxia within adipose tissue (BLS, 2023), but the precise characteristics of lipoedema-related pain remain difficult to define (Kruppa et al, 2026). In addition, a high proportion of individuals experience a tendency to

bruise easily, often without trauma (BLS, 2023).

Effects on quality of life

The impact on quality of life is often profound and tends to worsen with disease progression (Kruppa et al, 2026). Progression is also associated with increasing weight gain (Bertsch et al, 2020), which can further compound physical limitations. The resulting reduction in quality of life is multidimensional, encompassing impaired physical function, chronic pain, altered body image, and social withdrawal (Wounds UK, 2017; Fetzer

Box 1. Prevalence

The prevalence of lipoedema is challenging to establish. This is possibly because of a lack of awareness and reluctance to seek help by patients and frequent misdiagnosis by healthcare professionals due to a lack of training in identifying the condition (Fetzer and Hill, 2025).

European studies suggest that approximately 6–11% of adult women in the general population may be affected (Shavit et al, 2018; Kruppa et al, 2020; Clarke et al, 2022).

and Hill, 2025; Lipedema Foundation, 2026). These challenges are often intensified by frustration related to delayed diagnosis, limited treatment options, and a perceived lack of support from healthcare services (Bertsch et al, 2020; Kruppa et al, 2026).

Cost of lipoedema

Lipoedema imposes a substantial financial burden on those affected (Fetzer and Hill, 2025). Many individuals are required to self-fund key aspects of their care, including compression garments, travel to specialist services, skincare, medications, manual lymphatic drainage, and, in some cases, non-cosmetic liposuction (Fetzer and Hill, 2025).

A qualitative survey of 153 individuals experiencing lipoedema further illustrates this burden, with 26% (n=40) reporting that they spent 3–5 hours per week managing their symptoms, while 24% required assistance with their care (Fetzer and Hill, 2025).

Beyond the financial impact, lipoedema can significantly affect employment and social functioning (Fetzer and Hill, 2025). Some individuals report reducing their working hours or changing jobs entirely because of the severity of their symptoms (Fetzer and Fetzer, 2016; Fetzer and Hill, 2025).

Psychological impact

Lipoedema is also associated with broader psychosocial challenges, including negative effects on

relationships, confidence, and self-image, as well as difficulty finding clothing that fits properly (Fetzer and Fetzer, 2016; Wounds UK, 2017). Experiences of stigma are common, with individuals reporting feeling dismissed or not taken seriously by healthcare professionals, alongside experiences of weight bias (Clarke et al, 2022; Fetzer and Hill, 2025). These factors collectively contribute to a detrimental impact on mental health (Fetzer and Fetzer, 2016; Fetzer and Hill, 2025).

Overall, these findings highlight the wide-ranging and often under recognised burden of lipoedema, underscoring the need for improved awareness, support, and access to effective treatment pathways. Notably, improvements in quality of life are consistently identified as among the most valued outcomes for patients.

Box 2. How does getting lipoedema diagnosis and management wrong impact upon healthcare services?

Late diagnosis and suboptimal management of patients with lipoedema may have wider impacts on the healthcare system, including increased use of services both as a direct result of lipoedema and for obesity-related conditions such as diabetes.

Although there is currently no evidence that early treatment improves the prognosis in patients with lipoedema, best practice guidelines recommend early diagnosis, intervention and initiation of self-care to produce the greatest health and economic benefits (Wounds UK, 2017).

Assessment and diagnosis of lipoedema

The diagnosis of lipoedema is primarily clinical, relying on the recognition of characteristic symptoms, physical examination findings and exclusion of alternative diagnoses rather than a single definitive diagnostic test (Williams, 2018; Kruppa et al, 2026).

It is essential that clinicians are familiar with the distinct yet variable

presentation of lipoedema to reduce the risk of misdiagnosis (Williams, 2018).

A comprehensive, holistic assessment that includes consideration of the key areas listed on the clipboard below is therefore required to evaluate if lipoedema is present and if so, inform appropriate management strategies (Wounds UK, 2017).

Medical history

- ☒ **Sex predominance:** Almost exclusively females (Wounds UK, 2017; BLS, 2023).
- ☒ **Onset and progression:** lipoedema is thought to have a hormonal component with onset around times of fluctuation, including puberty, pregnancy, or menopause
- ☒ **Family history:** lipoedema is thought to have a strong genetic component and often runs in families.

Symptoms:

Patients may commonly report:

- ☒ Pain or tenderness in the affected areas
- ☒ Easy bruising

- ☒ Feeling of heaviness in the affected areas
- ☒ Disproportionate fat accumulation that doesn't respond to diet and exercise.

Physical examination

Typical signs that are indicative of lipoedema include:

- ☒ Symmetrical fat distribution on the affected limbs
- ☒ Feet and hands are usually spared from abnormal fat accumulation, which creates a 'cuff' or 'bracelet' effect at ankles or wrists of the affected limbs (Figure 1).



Figure 1. The cuff effect seen in lipoedema.



Figure 2. A negative Stemmer's sign is usually present in people with lipoedema.

A negative Stemmer's sign (Figure 2) in which a fold of skin at the base of the second toe can be gently pinched and lifted, is usually seen in people with lipoedema. In contrast, in patients with lymphoedema, Stemmer's sign is commonly positive, since the skin cannot be pinched due to the presence of fluid in the tissues of the foot.

- ✓ **Soft, nodular fat under the skin:** sometimes described as 'pea-like' or 'rubbery'.
- ✓ **Mobility and gait impairment:** Alterations in limb contour, including deposits of fat around the medial knee, may disrupt normal gait mechanics. Increased tissue volume can impair movement

as a result of the mechanical bulk, pain, and increased loading on the joints.

- ✓ **Pain on pressure:** Patients with lipoedema often experience pain and tenderness on pressure, where even light touch or gentle compression can cause significant discomfort as a result of increased sensitivity in the affected fatty tissue.
- ✓ **Easy bruising:** People with lipoedema often bruise easily, as the small blood vessels in the affected fatty tissue are more fragile. This leads to frequent or unexplained bruising even after minor bumps or pressure (Wounds UK, 2017; BLS, 2023; Lipoedema UK, 2026).

Impact on physical and social wellbeing

- ✓ Lipoedema contributes to poor mobility and an inability to exercise
- ✓ May negatively affect personal relationships
- ✓ Individual may experience social isolation, depression or anorexia (Fetzer and Fetzer, 2016; Fetzer and Hill, 2025).

Stage and type of lipoedema

Lipoedema is categorised into stages that reflect the progression of structural tissue changes and the increasing severity of symptoms (Ricolfi et al, 2024; Lipedema Foundation, 2026) (Figure 3). These consider features such as the pattern and extent of adipose tissue enlargement, alterations in skin texture, and the presence of nodularity and fibrosis (Wounds UK, 2017; Lipedema Foundation, 2026).

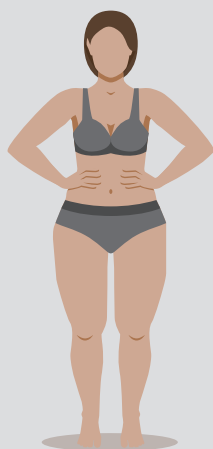
These stages guide assessment and management, although symptom severity

and impact on quality of life can vary between individuals (Wounds UK, 2017; Lipedema Foundation, 2026).

The emphasis should be on early identification of lipoedema and intervention, particularly in stages 1 and 2, where supportive management is likely to be most effective (Clarke et al, 2022).

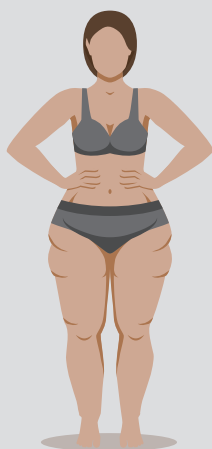
Untreated lipoedema may progress to stage 3 or 4 (Shavit et al, 2018). Progression is associated with more

Figure 3. Lipoedema stage



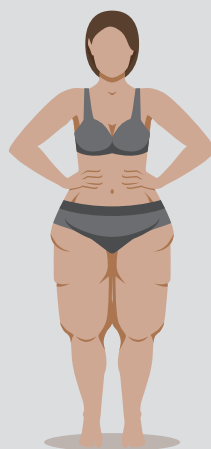
STAGE 1

The skin appears smooth, but there is increased accumulation of subcutaneous fat. Patients may experience tenderness or easy bruising.



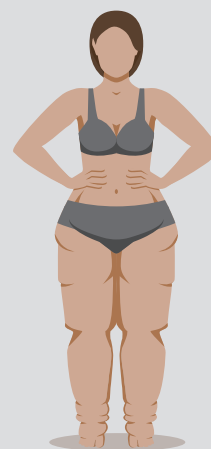
STAGE 2

This stage is characterised by an uneven skin surface with the development of nodules and a more irregular texture, often described as 'mattress-like,' alongside increased discomfort.



STAGE 3

There is significant enlargement of the affected limbs as a result of large fat deposits, leading to pronounced deformity, reduced mobility, and potential impact on daily functioning.



STAGE 4

Lipoedema is accompanied by secondary lymphoedema (lipolymphoedema), resulting in further swelling and complications.

Adapted from Lipoedema UK (2026b)

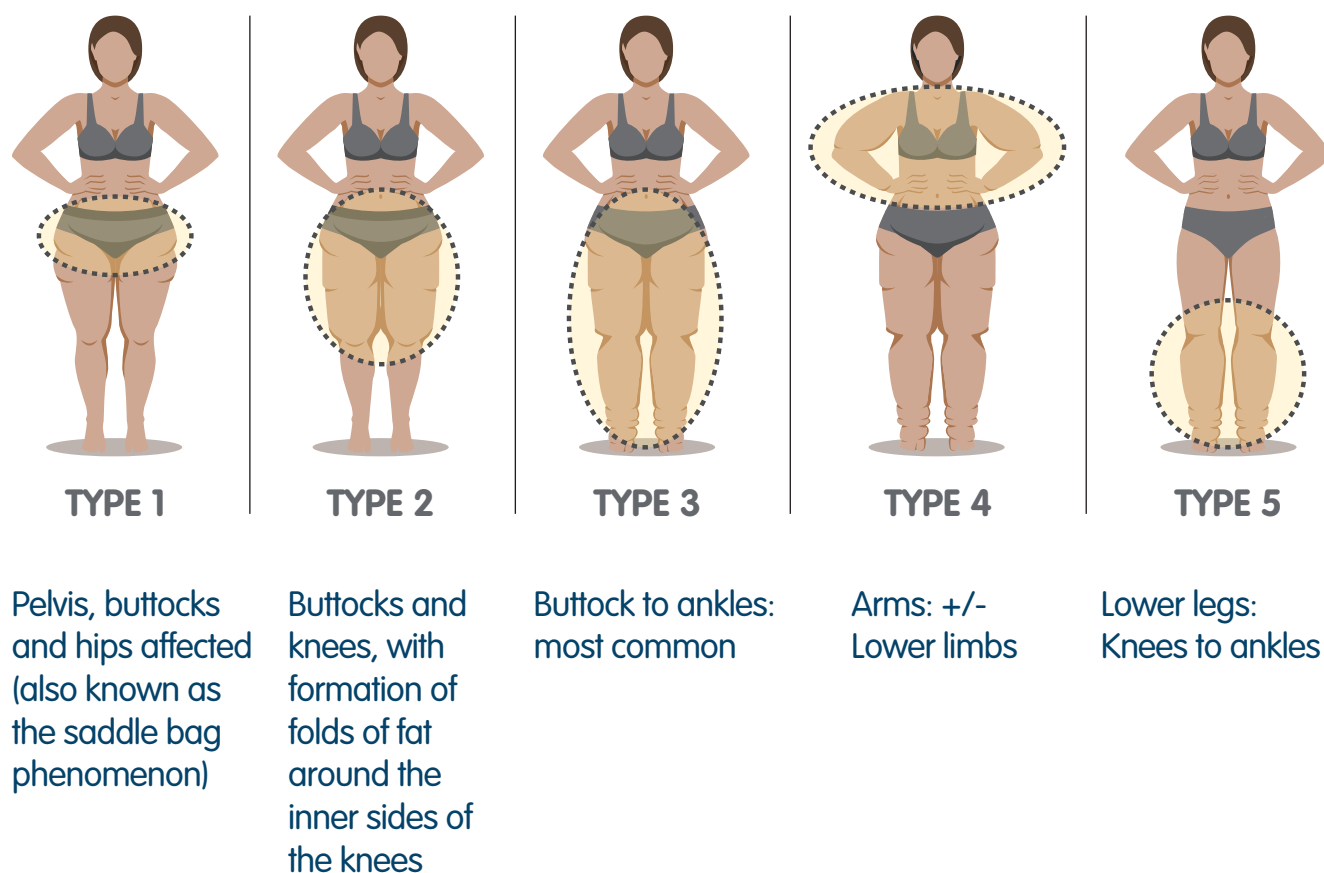
significant clinical burden, including reduced mobility, increased pain, fatigue, and challenges related to employment (Clarke et al, 2022).

Individuals at these later stages may also encounter stigma in healthcare settings, with some misdiagnosed as having obesity rather than a distinct clinical condition. This can lead to delays in recognition and management (Clarke et al, 2022).

Lipoedema is often described as type 1–5, according to the anatomical location affected (Figure 4).

A description of the shape of tissue enlargement is also made. **Columnar** describes enlargement of the lower limbs which become column shaped or cylindrical while **Lobular** describes the presence of large bulges or lobes of fat overlapping enlarged lower extremities, hips or upper arms. (Wounds UK, 2017).

Figure 4. Lipoedema type



Adapted from Lipoedema UK (2026b)

Differential diagnosis: obesity

Lipoedema is characterised by a symmetrical accumulation of adipose tissue in the affected area, typically the lower and/or upper limbs (Shavit et al, 2018; Bertsch et al, 2020).

A distinguishing clinical feature of lipoedema is a clear demarcation between affected and unaffected areas. Anatomy affected by lipoedema has a disproportionate amount of fat when compared to the rest of the body, which can help to differentiate it from obesity (Shavit et al, 2018; Lipoedema UK, 2026a).

For example, when the lower limb is affected by lipoedema, the ankle and foot is unaffected, resulting in the 'cuff sign' (Wounds UK, 2017; Bertsch et al, 2020) (Figure 5).

In contrast, obesity is more commonly associated with central fat distribution (Wounds UK, 2017; Lipoedema UK, 2026a).

"A distinguishing feature of lipoedema is a clear demarcation between affected and unaffected areas...the 'cuff' sign"

Fat accumulation in lipoedema is also often resistant to weight loss and patients may report that conventional weight-loss approaches have failed to address the disproportionate fat distribution and underlying tissue changes seen in lipoedema (Shavit et al, 2018).

Conflating lipoedema with obesity also has a psychological impact on patients who may

feel misunderstood or dismissed when their symptoms are attributed solely to weight, which can also undermine their engagement with healthcare services (Clarke et al, 2022; Fetzer and Hill, 2025).

Acknowledging the distinct pathophysiology of lipoedema can support better patient-clinician relationships and encourage adherence to tailored interventions (Fetzer and Hill, 2025; Kruppa et al, 2026). This includes combining lifestyle support with condition-specific treatments such as appropriate compression, physical activity adapted to tolerance, and education to empower self-management (Bertsch et al, 2020; Kloosterman et al, 2025; Kruppa et al, 2026).

However, the coexistence of obesity and lipoedema can complicate both diagnosis and management and may exacerbate symptoms and accelerate functional decline (Clarke et al, 2022; Kruppa et al, 2020; 2026). While it is acknowledged that weight management does not significantly impact lipoedema, general health benefits can be gained in obese patients.



Figure 5. The cuff effect seen in people with lipoedema of the lower limb.

Differential diagnosis: lymphoedema

Lipoedema is also commonly misdiagnosed as lymphoedema, which can result in inappropriate or suboptimal management (Bertsch et al, 2020). While both conditions involve limb swelling, lipoedema has distinct clinical features (BLS, 2023).

Lipoedema typically presents during periods of hormonal change, such as puberty, is often bilateral and symmetrical (Figure 6), and is associated with a family history. Patients frequently report pain, tenderness, easy bruising, and a lack of response to limb elevation.

The hands and feet are usually spared in people with lipoedema, and Stemmer's sign is generally negative (Wounds UK, 2017; BLS, 2023).

Lymphoedema commonly affects one limb only, without pain or bruising (Wounds UK, 2017; Shavit et al, 2018) (Figure 7).



Figure 6. Lipoedema commonly affects both limbs equally.

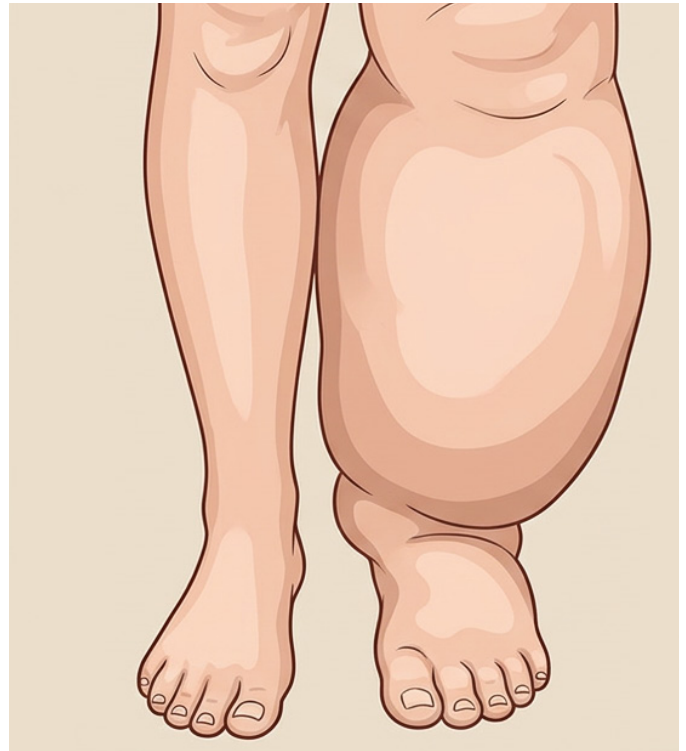


Figure 7. Lymphoedema commonly affects one limb, with the unaffected limb being regularly shaped by comparison.

As lipoedema progresses, some individuals may develop secondary lymphoedema, often referred to as lipolymphoedema (Shavit et al, 2018; Primary Care Dermatology Society (PCDS), 2026). This occurs when the lymphatic system becomes overwhelmed by increased tissue volume and fluid load, leading to more persistent swelling, skin changes, and a higher risk of complications such as infection (Shavit et al, 2018; BLS, 2025; PCDS, 2026). At this stage, clinical features may begin to overlap, making assessment more complex and reinforcing the need for accurate diagnosis and ongoing review (Wounds UK, 2017; Shavit et al, 2018). Table 1 outlines the differences and similarities between obesity, lymphoedema and lipoedema.

Table 1. Differentiating lipoedema from lymphoedema and obesity				
Characteristic	Lipoedema		Lymphoedema	Obesity
Gender	Almost exclusively female		Male or female	Male or female
Age at onset	Most commonly presents at puberty, pregnancy or menopause – times of hormonal change		Childhood (mainly primary); adult (primary or secondary)	Childhood onwards
Family history	Common		Only for primary lymphoedema	Very common
Areas affected	• Bilateral • Usually symmetrical • Most frequently affects legs, hips and buttocks; may affect arms • Slim waist and disproportionally larger body size below waist • Feet and hands spared		• Can affect any area of the body • Can be bilateral but usually unilateral limbs affected • Feet usually affected in lower limb lymphoedema	• All parts of the body • Usually symmetrical
Psychological impact	• High psychological burden • Can lead to low self esteem, eating disorders, anxiety, depression		High psychological burden – reminder of disease in some cases – leading to anxiety and depression	High psychological burden
Effect of dieting on condition	Lipoedema fat unresponsive to dietary intervention		Proportionate loss from trunk and affected limbs	Weight reduction with uniform weight loss
Effect of limb elevation	No effect		Initially effective in reducing swelling; may become less effective as disease progresses	No effect
Pitting oedema	Absent in early stages of disease		Usually present but pitting may cease as the disease progresses and tissues become fibrotic	No
Bruises easily	Yes		Not usually	No
Pain or discomfort in affected areas	• Often • May be hypersensitive to touch and pressure		• May be uncomfortable • No hypersensitivity to touch	No
Skin consistency	Normal or softer/looser		Thickened and firmer	Normal
History of cellulitis	Unusual		Often	Unusual
Stemmer’s sign*	Usually negative		Usually positive	Usually negative
*A positive Stemmer’s sign represents failure to pinch a fold of skin at the base of the second toe – this will be negative in a patient with lipoedema. In some cases patients can present with a combination of secondary lymphoedema. Adapted from Lipoedema UK (2026a)				

Management principles for people with lipoedema

Lipoedema is a long-term condition that can have a wide-range of effects on the health and psychosocial wellbeing of those affected and their families (Wounds UK, 2017).

A personalised management plan should be developed based on assessment findings, and incorporating the concerns, needs and preferences of the patient.

Multiple factors should be taken into account, including the severity of symptoms reported by the patient, the degree and complexity of tissue enlargement observed on clinical examination, whether there has been progression to lipoedema with secondary lymphoedema, and the psychosocial status of the patient (Wounds UK, 2017).

Management should aim to:

- Reduce or alleviate symptoms
- Optimise health and prevent disease progression
- Help the patient to self-care and cope with the long term impact of the condition (Wounds UK, 2017).

While a management plan should be individualised, it should be built around the core pillars of:

- Compression therapy
- Skin care
- Management of pain
- Psychosocial support
- Management of expectations and education
- Healthy eating and weight management
- Physical activity and improving mobility (Wounds UK, 2017).

Compression therapy

Compression therapy is used to:

- Provide symptom relief and containment of affected tissues, helping to address symptoms such as pain and heaviness
- Control oedema, especially if venous or lymphatic compromise has been identified
- Aid venous and lymphatic return to help alleviate oedema development and prevent skin changes and breakdown.

It should be noted that compression therapy:

- Improves symptoms but does not reduce adipose volume
- May improve limb shape (Wounds UK, 2017; Williams, 2018; BLS, 2023)
- Requires proper fitting and adherence.

The type of compression therapy used should be determined by assessment findings including the degree of tissue enlargement and patient preferences and priorities (Wounds UK, 2017).

Available compression options include:

- Compression hosiery – flat-knit garments are preferred for moderate–severe lipoedema as they offer firmer support to the enlarged tissues. Circular knit garments may be used in early stages where less containment and tissue support is needed
- Adjustable compression wraps can also be used for patients with mild to moderate tissue enlargement.

Compression therapy is discussed in more detail on p.19.

Skin care

People with lipoedema should be advised to maintain good skin care. This includes using a pH-balanced cleanser, gently drying skin folds after washing, and applying emollients regularly to keep the skin supple and maintain the skin's healthy barrier properties which reduces the risk of skin damage (Wounds UK, 2017; NHS, 2023; Atkin and Hodgson, 2025).

Skin folds are particularly susceptible to irritation and fungal infections, so individuals with lipoedema should be encouraged to keep areas clean and dry and observe for any signs of irritation or redness (Fletcher et al, 2020). Where possible, procedures such as injections or blood pressure measurements should be avoided in affected areas because of the heightened sensitivity to pain (Wounds UK, 2017).

Those with lipoedema and secondary lymphoedema have an increased risk of cellulitis and should take care to avoid skin injury, including bites, burns, or scratches (Wounds UK, 2017). Cellulitis is a bacterial infection that can cause redness, swelling, warmth, pain, and systemic symptoms such as fever (BLS, 2025). Prompt antibiotic treatment is essential, with more severe cases requiring intravenous therapy (BLS, 2025).

Tailored exercises

Exercise can be used to improve venous and lymphatic flow, mobility, and weight stability, as well as have a positive effect on overall wellbeing:

Low-impact aerobic exercises such as walking, cycling, swimming and yoga may help to improve functional strength. Resistance training can also be used to build strength in the affected limbs. Aquatic therapy may be particularly beneficial because the pressure of the water acts as external compression on the limbs (BLS, 2023; Kruppa et al, 2026).

Weight management

Lipoedema fat is relatively resistant to being reduced by a restricted diet, but obesity may contribute to disease progression and overall ill health, therefore a healthy eating plan reduces metabolic and cardiovascular risk (BLS, 2023; Kruppa et al, 2026).

Psychological support

People with lipoedema have a high prevalence of:

- Body image distress
- Anxiety and depression
- Stigma.

Consequently the individual with lipoedema may benefit from referral for cognitive behavioural therapy or supportive therapy (Wounds UK, 2017; BLS, 2023; Kruppa et al, 2026).

Other interventions for the management of lipoedema

Manual lymphatic drainage (MLD) may offer symptomatic benefit for some individuals (BLS, 2023; Kruppa et al, 2026). Surgical intervention, most commonly liposuction, has been shown to

improve pain and functional outcomes in appropriately selected patients (Wounds UK, 2017). The evidence base regarding long-term outcomes of this surgery and clearly defined patient selection criteria continues to develop (BLS, 2023). Post surgery, patients are advised to use compression therapy to maintain the limb and reduce disease progression. Availability in the NHS is limited, meaning many individuals seek private treatment, often costing more than £20,000 (Fetzer and Hill, 2025). This represents inequity of care for this patient group (Box 3).

Patient education and self management

People with lipoedema should be supported to actively participate in managing their condition, as early adoption of self-management strategies can help improve quality of life (Paling and Macintyre, 2020).

However, effective self-management of lipoedema depends on having the right knowledge, skills, and access to practical, evidence-based support (Kloosterman et al, 2025). Barriers to self care include

negative perceptions of self-management, while strong social support and shared experiences can improve engagement (Kloosterman et al, 2025).

Healthcare professionals play a key role in building patient confidence and understanding how behaviours and expectations influence outcomes, which in turn supports healthier habits and more effective self-management (Bertsch et al, 2020; Kloosterman et al, 2025).

Patient education is key to engagement in self-management. This should include:

- Explaining the disease mechanism and how it is distinct from obesity so the patient clearly understands their condition
- Setting realistic expectations (fat loss in affected areas is limited, but reducing non-lipoedema ('normal') fat can help minimise the overall impact of the condition)
- Encouraging long-term engagement (Wounds UK, 2017; Williams, 2018; BLS, 2023; Kruppa et al, 2026).

Box 3. Inequity of care for people with lipoedema

Inconsistency in, and inequity of, care for people with lipoedema across the UK has been widely acknowledged for some time (Wounds UK, 2017). People with lipoedema can often wait for 10 years to get a correct diagnosis in primary care (Fetzer and Hill, 2025). Even when a correct diagnosis is made, there is then difficulty in accessing appropriate specialist services with expertise in the condition. Some patients may be referred to a lymphoedema service, however, there is variation throughout the UK in provision of lymphoedema services, with specialist clinics not necessarily having capacity for people with lipoedema and are being increasingly decommissioned as services. Currently, lymphoedema services are considered the best available setting for the management of patients with lipoedema, not least because of the expertise held within these services in differentiating the two conditions and in the use of compression therapy.

Sadly, this leaves a patient group facing inequity in care, with prolonged diagnosis times, sub-optimal management often using inappropriate compression therapy, and having to seek out treatment and self fund.

Compression therapy for lipoedema

Compression therapy remains a key component of the conservative long-term management of lipoedema (Paling and Macintyre, 2020; Ricolfi et al, 2024; Kruppa et al, 2026).

Although it does not reduce pathological adipose tissue, compression plays an important role in limiting disease progression and may help reduce the risk of complications such as lymphoedema and associated cellulitis (Hardy and Williams, 2017). Unlike its use in lymphoedema, where the main aim is oedema reduction, compression in lipoedema focuses on:

- Supporting soft tissues
- Symptom control, e.g. alleviating pain and heaviness
- Tissue stabilisation
- Maintenance of mobility
- Promoting lymphatic and venous return
- Reducing the likelihood of progression to lipo-lymphoedema (Wounds UK, 2017; Williams, 2018; BLS, 2023).

A personalised approach to compression is essential in lipoedema management, as tolerance, limb shape, and symptom severity vary widely between individuals (Fetzer and Wise, 2015; Wounds UK, 2017; Ricolfi et al, 2024). Finding the right compression can be challenging for lipoedema patients because of their limb tenderness and difficulty in applying garments (Fetzer and Hill, 2025).

Factors such as fabric type, amount of compression, ease of application, and comfort are important to support long-term

adherence (Wounds UK, 2017). Flat-knit, circular-knit, and newer micro-massage textiles may have a role depending on clinical presentation and patient preference (Bertsch et al, 2020; Ricolfi et al, 2024).

Regular review is important to ensure ongoing fit and effectiveness, particularly as limb volume or symptoms change over time (Wounds UK, 2017). Supporting patients with education, appropriate fitting, and application aids can enhance concordance and overall therapeutic benefit (Fetzer and Wise, 2015; Wounds UK, 2017; Fetzer and Hill, 2025).

Despite widespread use reported by up to 87% of patients with lipoedema, survey data indicates notable dissatisfaction with compression garments designed specifically for lymphoedema, highlighting the need for more condition-specific compression solutions (Fetzer and Hill, 2025). There is limited evidence and inconsistent consensus regarding the indications for different types and strength of hosiery (Paling and Macintyre, 2021), so selection is often guided by healthcare professionals' preferences rather than robust clinical evidence (Ricolfi et al, 2024).

Evidence suggests that combining compression with exercise yields better outcomes than exercise alone (Czerwińska et al, 2024). In addition, newer approaches such as micro-massage garments have shown improvements in pain, inflammation, limb circumference, and overall tissue condition (Ricolfi et al, 2024).

Why standard lymphoedema garments are not suitable for people with lipoedema

Compression garments designed for people with lymphoedema are primarily designed to manage oedema and may not accommodate the distinct tissue characteristics and distribution patterns seen in lipoedema. Standard garment designs may not fit irregular limb contours, leading to rolling, pressure points, and inadequate support. Poorly fitting garments can also lead to patient dissatisfaction and non-compliance (Fetzer and Wise, 2015; Paling and Macintyre, 2020; Bertsch et al, 2020; Ricolfi et al, 2024).

Lipoedema is characterised by disproportionate, often symmetrical fat deposition with associated tenderness, meaning that firm, rigid compression used by people with lymphoedema to reduce swelling can increase discomfort and reduce tolerance. Patients with lipoedema commonly report discomfort, overheating, reduced breathability, and difficulty with application and removal (Fetzer and Hill, 2025). These factors have been identified as significant barriers to adherence (Paling and Macintyre 2020; Fetzer and Hill, 2025).

The shortcomings of standard lymphoedema garments for people with lipoedema indicated a clear need for more individualised care and a stronger clinical evidence base. Incorporating user perspectives and addressing systemic barriers will be key to advancing care, enabling more effective management and improving quality of life for patients.

“Garments specifically designed for lipoedema (typically lighter, more flexible, and better contoured) may improve comfort, usability and adherence.”

The design and construction of garments play a key role in determining patient compliance, with more suitable designs improving adherence (Paling and Macintyre, 2020). Gaps in clinician knowledge remain a concern, with a substantial proportion of healthcare professionals (approximately 74%) reporting having received limited formal training in caring for people with lipoedema (Fetzer and Hill, 2025). This lack of awareness may contribute to misdiagnosis and delays in initiating and selecting appropriate management, including garments that are designed for lipoedema.

Garments that are measured for an individual and specifically designed for lipoedema (typically lighter, more flexible, and better contoured) may improve comfort, usability, and adherence (Paling and Macintyre, 2020). Importantly, the rationale for compression therapy in lipoedema extends beyond oedema management (Bertsch et al, 2020). Evidence from phlebology and sports medicine suggests that compression can exert beneficial anti-inflammatory effects on subcutaneous tissue, which may help explain its role in managing lipoedema symptoms, e.g. pain (Bertsch et al, 2020). It is important to note that sports compression garments are not medical grade and therefore not suitable for the long-term management of lipoedema.

Furthermore, the provision of adequate education, training, and self-management support is essential in enabling people with lipoedema to manage their condition with compression in the long term.

Lipoedema-specific solutions: Solidea® patented 3D wave-knit micro-massage fabric

The Solidea® BE YOU Tonic range has been designed to meet the compression needs of people with lipoedema using unique technologies.

Solidea® patented 3D wave-knit micro-massage fabric

The range uses a patented 3D wave-knit micro-massage fabric designed with a subtle raised pattern that contacts the skin (Figure 8). As the wearer moves or shifts position, the material generates gentle, alternating compression and release across the dermis and superficial adipose layers.

This dynamic 'micro-massage' is designed to achieve two main effects:

- To promote micro-circulatory flow
- To support superficial lymphatic function by creating slight shear forces that help move fluid from the tissues back into the lymphatics.

Far Infrared Ray (FIR) yarn

The incorporation of FIR yarn allows body heat to be reflected back to the skin, aiding local circulation and temperature

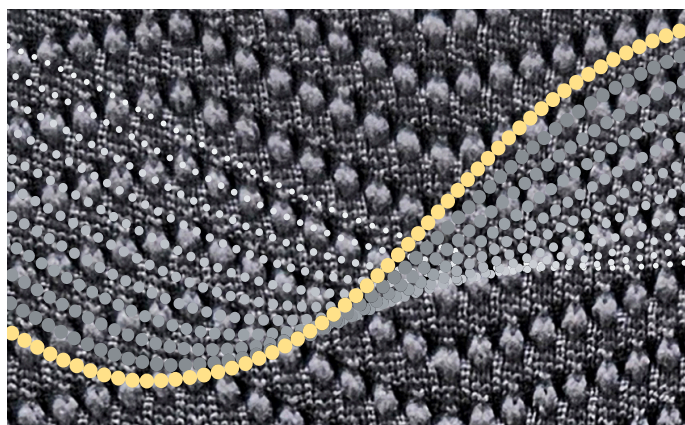


Figure 8. The unique Solidea® patented 3D Wave-Knit fabric.

regulation, to help optimise comfort during wear and long-term adherence.

This approach targets two key contributors to lipoedema symptoms: fluid accumulation and heightened pain sensitivity in the subcutaneous tissue. By facilitating superficial fluid movement and offering gentle structural support, wave-knit compression may help reduce fluid collection and inflammation, and alleviate sensitivity to touch.

Prescribing framework for lipoedema and secondary lymphoedema

Garment selection should be guided by multiple factors including disease stage, symptom severity (e.g. pain and heaviness), limb shape, skin sensitivity, and patient preference. Practical factors such as ease of application and removal, breathability and heat tolerance, waistband support, compatibility with footwear, and durability should also be considered.

A practical strategy may involve a 24-hour regimen where appropriate, using an active garment during the day and an optional lower-compression option at night, with reassessment at 4–6 weeks to evaluate fit, comfort, and clinical benefit.

Solidea® BE YOU Tonic (15–21 mmHg)

Indication and role: Solidea® BE YOU Tonic (15–21 mmHg) is suitable for stage 1–3 lipoedema with or without early secondary lymphoedema. This garment is designed for daytime wear and active use. Its three-dimensional wave-knit structure, combined with FIR yarn, provides a gentle micro-massage effect to stimulate

superficial lymphatics and support fluid movement, helping to relieve pain, heaviness, and activity-related swelling. The breathable fabric is tailored for all-day comfort, promoting consistent use.

Intended outcomes: Reduce pain and heaviness; support superficial fluid drainage; improve mobility and daily function; enhance comfort and adherence.

Route: Should be measured and fitted by a trained clinician, with dressing aids considered where necessary. It is recommended to have one garment to wear and one to wash, with replacement approximately every six months to maintain effectiveness.

Solidea® BE YOU Tonic Curvy (15–21 mmHg)

Indication and role: Solidea® BE YOU Tonic Curvy (15–21 mmHg)(Figure 9) is designed for stage 1–3 lipoedema or stage 4 lipoedema with secondary lymphoedema with increased tissue volume or contour changes. The curvy construction offers greater top elasticity and containment, improving fit and stability for larger or more irregular limb shapes, while retaining the wave-knit fabric's micro-massage effect to support micro-lymphatic flow and symptom relief.

Intended outcomes: Provide enhanced containment to help limit activity-related oedema; reduce pain and heaviness; improve fit security and day-to-day mobility.

Route: Should be measured and fitted by a trained clinician, with dressing aids considered where necessary. It is recommended to have one garment to



Figure 9. BE YOU Tonic Curvy garment.

wear and one to wash, with replacement approximately every six months to maintain effectiveness.

BE YOU Tonic and BE YOU Tonic Curvy are also available in a PRO version, which features an integrated foot section. This delivers light compression to the foot, and graduated compression from the ankle upwards. The PRO garments are suitable for patients with ankle and/or foot swelling in addition to lipoedema. Where swelling is confined to the leg and ankle, the standard BE YOU Tonic garment is the first-line choice. If swelling is present in the leg and/or ankle and extends to the foot, the Tonic PRO range is indicated. A guide to the Solidea® BE YOU range is presented on p.24–5.

Clinical recommendations

Lipoedema-specific compression garments should be accessible via NHS prescription to promote equitable care (Box 4). With around 74% of healthcare professionals lacking formal training in lipoedema management,

Box 4. Recommendations for clinical practice

- Enable NHS prescribing of Solidea® BE YOU Tonic range of garments to reduce postcode variation and lower out-of-pocket costs.
- Provide targeted training for healthcare professionals to address the identified knowledge gaps in the management of this patient group
- Integrate compression therapy into multidisciplinary care pathways (including physiotherapy, skin care, exercise, and psychosocial support), ensuring appropriate garment selection and fitting
- Monitor clinical outcomes such as pain, function, and adherence to therapy to inform and optimise prescribing decisions.

there is a clear need for improved education (Fetzer and Hill, 2025). Integrating compression within a multidisciplinary approach, including nutrition, exercise, and psychological support, can enhance patient outcomes and reduce disease burden (Wounds UK, 2017; Ricolfi et al, 2024). Early provision of specialist garments such as Solidea® BE YOU Tonic and Tonic Curvy may help slow progression, reduce inequalities, and minimise financial strain on patients.

Evidence suggests that micro-massage leggings worn for approximately three hours per day, combined with light activity over four weeks, were associated with a statistically significant reduction in limb volume (around 7.1% on average) and notable improvements in pain scores (Ricolfi et al, 2024). Ultrasound also showed changes in superficial adipose tissue (Ricolfi et al, 2024). These benefits occurred without significant changes in BMI, suggesting a localised tissue effect consistent with improved micro-circulation and lymphatic drainage.

“The Solidea® BE YOU Tonic range offers stage-appropriate, patient focused options aligned with current consensus recommendations and clinical need.”

Real-world UK service evaluations of a related Solidea® wave-fabric garment for breast lymphoedema (n=11) report high levels of comfort and usability, along with frequent reductions in swelling and improved range of motion (Williams and Muldoon, 2025). Most participants indicated they would use the garment again. While observational and focused on the trunk, the findings

of the study support the tolerability and perceived therapeutic benefits of wave-fabric compression in routine clinical practice.

Compression tailored specifically for lipoedema is regarded as important. Standard lymphoedema garments may not fully address the distinct pain profile, tissue characteristics, or adherence challenges associated with this condition. The Solidea® BE YOU Tonic range offer stage-appropriate, patient-focused options aligned with current consensus recommendations and clinical need. Expanding access to these garments may help slow progression to the development of secondary lymphoedema, improve quality of life, and reduce costs.

BE YOU
Tonic

First-line choice

15–21mmHg
Standard legging

Most suitable for

- Stage 1–3 lipoedema
- Columnar to mildly curved
- Minimal ankle swelling
- Standard length

Key features

- Graduated compression ankle up
- Breathable 3D micro-massage fabric



BE YOU
Tonic Curvy

Curvier build

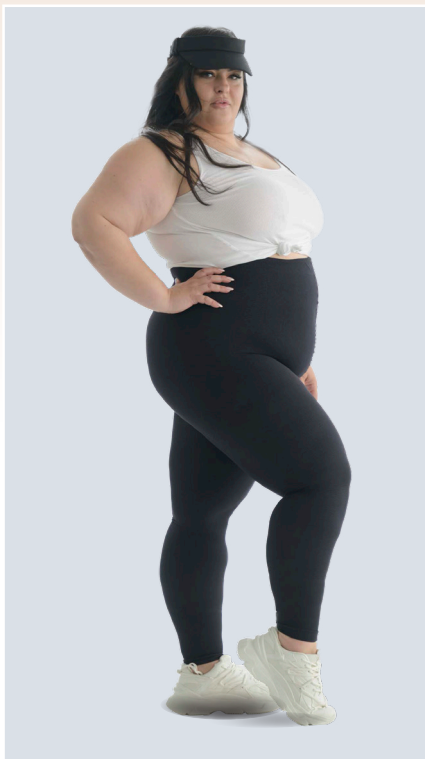
15–21mmHg
Standard legging

Most suitable for

- Stage 1–3 lipoedema
- Larger/heavier build
- Medial knee fold

Key features

- Better fit on irregular contours
- Graduated compression ankle up
- Breathable 3D micro-massage fabric



BE YOU
Capri/Curvy

$\frac{3}{4}$ length

15–21mmHg
 $\frac{3}{4}$ length (knee to hip)

Most suitable for

- Stage 1–3 lipoedema
- Full Legging not required to ankle

Key features

- Waist to mid-calf coverage
- Lighter option for warmer months
- Breathable 3D micro-massage fabric



BE YOU
Tonic Pro

With foot section

15–21mmHg
Legging + foot

Most suitable for

- Ankle & foot swelling
- All Tonic indications
- Extended foot coverage

Key features

- Full legging + integral foot section
- Light compression at foot
- Graduated compression ankle
- Breathable 3D micro-massage fabric



BE YOU
Tonic Curvy Pro

Curvy + foot section

15–21mmHg
Curvy legging + foot

Most suitable for

- Ankle & foot swelling
- All Tonic indications
- Extended foot coverage

Key features

- Ideal for larger frame + swollen ankles
- Light compression at foot
- Graduated compression ankle
- Breathable 3D micro-massage fabric



* This is a guide, other products in the range may be more suitable depending on height and shape and weight distribution. For guidance only. Please refer to the measurement charts.

Conclusion

Lipoedema is a long-term, incurable condition that predominantly affects women. As a disorder of the connective adipose tissue it can have a significant impact on every aspect of life for people with the condition.

Unfortunately, lipoedema is often unrecognised or misdiagnosed as other conditions that affect limb size such as obesity or lymphoedema, with it taking up to 10 years for a correct diagnosis in some cases (Fetzer and Hill, 2025).

An increased awareness of the presenting signs and symptoms of the condition among healthcare professionals is therefore key to earlier diagnosis, which in turn enables prompt and early intervention, so that the impact of the condition can be lessened for both patients and healthcare systems alike.

Unfortunately, inconsistency and inequity of care for people with lipoedema across the UK has been widely acknowledged for some time (Wounds UK, 2017; Fetzer and Hill, 2025). Even when a correct diagnosis is given, there is then difficulty in accessing appropriate specialist services that have the required expertise in the management of the condition.

Some patients may be referred to a lymphoedema service. Currently, lymphoedema services are considered the best available setting for the management of patients with lipoedema, not least because of their expertise in differentiating the two conditions and in the optimal use of compression therapy as part of a long-term care plan.

Unfortunately, in the current climate, these services are being decommissioned which will lead to a worsening of this situation for people with both lipoedema and lymphoedema.

Sadly, this leaves a patient group facing inequity in care, with inadequate diagnosis and frequent sub-optimal management using inappropriate compression therapy.

This can be changed by improving recognition of lipoedema among patients and by understanding the cornerstones of treatment: skin care, compression therapy and promotion of general health through diet and exercise. This will improve care and enable clinicians to help people with lipoedema to understand their condition and the need to manage their symptoms and overall condition in the long term.

The Solidea® BE YOU Tonic range has been developed specifically for people with lipoedema. It incorporates a patented 3D wave-knit micro-massage fabric designed to support micro-circulation and superficial lymphatic activity. Clinical findings indicate that BE YOU Tonic leggings are associated with reductions in pain, an average decrease in limb volume of around 7.1%, and a measurable reduction in subcutaneous fat thickness after four weeks of use. These effects appear independent of BMI or disease stage. Users also commonly report improved skin texture and elasticity, along with greater comfort compared to conventional compression options.

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