



MD AESTHETICS

Fat Grafting

What is fat grafting?

Fat grafting is an operation that removes fat deposits from one or more area(s) of your body utilising liposuction techniques and, following preparation of the fat, injecting the fat into another area(s) of the body in order to add volume, improve a contour and/or improve scars and skin quality.

Those who may benefit from fat grafting include:

1. Those wanting larger breasts but who don't want to have implants inserted or a smaller implant inserted and the remaining volume made up of their own fat (hybrid breast augmentation)
2. Those that want their implants removing and the volume replacing with their own fat rather than another implant
3. Those with breast asymmetry
4. To correct contour irregularity following removal of a tumour (e.g. breast lumpectomy)
5. Those with poor quality scarring, indented scars or radiotherapy skin damage
6. Those wanting larger and/or more shapely buttocks (Brazilian butt lift)
7. Those with small and/or asymmetrical calf muscles (e.g. those born with talipes/club foot)
8. Those wanting volume adding or restoring to their face
9. Those wanting volume restoring to the back of their hands
10. Those that want to improve self-image and esteem

How is the operation performed?

Fat grafting can be performed both under a General Anaesthetic (you are asleep) or local anaesthetic with/without sedation – dependent upon the site and volume of fat to be harvested and grafted. The duration of surgery depends upon how much fat is to be prepared and transferred, but on average takes between one and two hours. Access to the fat under your skin is made through stab incisions – small incisions between 5mm & 1cm in length. A solution of dilute local anaesthetic and adrenaline are injected into the areas the fat is to be removed from. The stab incisions are normally sutured with a dissolvable stitch.,

a small dressing applied and compression garment(s) worn if large volumes are harvested. Similarly, the fat is injected via tiny needle punctures. It is estimated that approximately 70-80% of the fat grafted will survive, so it is not uncommon to require a second (or more) operation to top things up, although this is only normally applicable when large volumes are required, such as with breast augmentation.

What happens after surgery?

If large volumes of fat are being harvested (e.g. for breast augmentation) you will be required to wear a compression garment after surgery (Mr Davis advocates LipoElastic® garments) for a period of up to six weeks.

If done in isolation and not combined with other surgery (e.g. Abdominoplasty) fat grafting is performed as a day case – you go home the same day.

You will be encouraged to shower the next day after surgery, however you are to dab your wounds and dressings dry, let them dry naturally or to use your hairdryer on a cool setting to blow them dry – you are NOT to rub your wounds or grafted areas for one month after surgery.

You will come for a wound check one week after your surgery with Mr Davis and return to see Mr Davis in clinic between six and ten weeks after surgery – earlier if required. Further follow-ups will be arranged at around six months after surgery or as necessary.

Generally speaking, what fat remains at six months after grafting will remain there – subject to weight changes.

Potential risks

- *Bleeding & Haematoma*

Bleeding can occur at any time in the first 10 days or so after the surgery so you should therefore avoid any trauma to your treated area and donor site (where the fat was harvested from) and avoid strenuous exercise.

If a bleed under the skin occurs, you will usually become swollen and tender and may develop bruising – if this occurs you should return for review as you may require a return to the operating theatre to explore and stop any bleeding vessel(s) and remove any blood.

- *Seroma*

This is fluid accumulating under your skin, resulting in a bulge and palpable fluctuation/fluid moving. It is treated in clinic by using a needle and syringe to aspirate the fluid. This can re-accumulate and require further drainage in clinic until the skin and soft tissues have scarred back down on to the muscle wall.

- *Infection*

Whilst not common, should it occur your treated area or donor site may be swollen, red, warm/hot and tender – not to be confused with the inflammation of healing. You may also feel unwell in yourself. This is treated with a 5-to-7 day course of oral antibiotics.

- *Scars*
Scars are by definition permanent, so will always be there. Initially scars can be red and with time should fade through pink to ultimately be pale and flat. Occasionally scars can become hypertrophic or keloid whereby they are raised, red, lumpy, itchy and unsightly or can stretch to become wider.
- *Altered sensation*
As a result of the liposuction the nerves supplying your skin may be stretched and/or damaged resulting in skin overlying the area(s) treated feeling numb. With time this will recover but can take up to two years and may never fully recover. For this reason, you should avoid the use of items such as hot-water bottles so as not to burn yourself unwittingly.
- *Nerve Injury*
Nerve injury is rare and often temporary should it occur – especially if blunt tipped cannula is used to inject the fat.
- *Arterial occlusion*
Fat accidentally injected into an artery can cause the artery to become blocked resulting in possible very severe side-effects including blindness, stroke and skin loss.
- *Skin necrosis*
Very rarely the blood supply to the skin overlying the treated area or donor site can be compromised resulting in skin dying - Should this rare event occur it is managed with dressings until healed. Very occasionally the resulting scar requires revising.
- *Fat necrosis &/or lumpiness:*
When the fat tissue is disturbed by the liposuction cannula its blood supply can become compromised, resulting in some fat tissue dying off (necrosing) at the donor site. Similarly, some of the fat injected to the recipient site (e.g. face/breast) can die off – this is usually around 20% of the volume injected. Fat necrosis presents itself as a firm lump or lumpiness under the skin, and will usually settle by itself over the subsequent months. Very occasionally the liquefy fat can discharge itself through a hole in the scar/wound, requiring regular dressings until it settles and heals itself. Very occasionally the fat will calcify requiring possible further surgery to excise it.
- *Asymmetry*
No parts of the body are symmetrical thus, your donor site (where the fat was taken from) and the recipient site(s) (where the fat is injected), will show some asymmetry. Should there be any glaring difference then very occasionally a touch-up is required to rectify this.
- *DVT/P.E.*
Very occasionally a blood clot may form in one of the deep blood vessels in the leg (Deep Vein Thrombosis). Blood clots have the potential to break bits off that can travel up to the lungs resulting in a pulmonary embolus – this is potentially life threatening. As a way of reducing the risk you will be required to wear

compression(TED) stockings on your legs from admission on the day of surgery until 2 weeks after surgery. You will also be encouraged to keep as mobile as is possible and to stay well hydrated.

- *Swelling &/or bruising*

Swelling will almost certainly occur naturally and can take months to fully settle down. Bruising can be treated, unless contraindicated, with the use of Arnica or other such products should you wish.

- *Redundant/loose skin*

It is impossible to predict how your skin will contract after the fat beneath it is removed. Should the skin not fully contract back then you will be left with loose redundant skin. This is more applicable when large volumes of fat are being liposucked out.

- *Skin tethering*

If too much fat is removed from under the skin, then the skin can scar down on to the underlying muscle/tissues and look tethered – this would become more apparent when the muscle it is tethered down onto contracts, thereby pulling the skin down with it.

- *Further surgery in the future – this is likely to incur more costs*