



Choice Aesthetics

Fat Transfer (Lipofilling) Patient Information Leaflet

This leaflet provides further information for patients considering fat transfer and goes through what the procedure involves, the potential risks and long-term consequences of having surgery.

What is fat transfer (lipofilling)?

'Fat Transfer' or 'Lipofilling' involves the harvest (i.e. removal) of fat from parts of the body such as hips, thighs and tummy where it may be more abundant, concentrating the fat and re-injecting it into other parts of the body such as the breast.

Who can benefit from fat transfer surgery?

Fat transfer is a versatile technique which can be used to fill defects at different parts of the body due to a variety of underlying causes. Although fat transfer is commonly used to improve various breast concerns, it can be useful technique for other parts of the body that have been affected by injury, previous surgery or present from birth.

Breasts

- **Breast enhancement:** fat transfer is a more natural means of increasing breast size than using silicone breast implants.
- **Breast Asymmetry:** in patients with breast asymmetry, fat transfer can potentially increase the size of the smaller breast.
- **Contour deformities:** lipofilling can also be used to fill out any irregularities or indented scars from previous surgery such as, breast cancer or reconstructive surgery. Fat can also be used to reduce rippling and provide better tissue coverage over breast implants.

Other sites

- Fat transfer can be performed for various other defects at different sites that may have resulted from injury, previous surgery or present at birth.

What are the limitations of fat transfer?

Fat transfer has its limitations and you should consider whether it is suitable for you before proceeding with surgery.

Availability of fat for harvest

There should be excess fat available to harvest from the tummy, hips and thighs in order to achieve a noticeable enhancement of the breast. In thin patients with no excess fat, it is not possible to offer breast enhancement with fat transfer techniques.

Fat necrosis

Firstly, there is a limit to how much fat can be injected into the breasts at any one time as the fat needs to establish a blood supply. If the injected fat does not integrate into the breast tissue and establish a blood supply, it may form a hard, painless lump or it may ooze out through the wounds, which is termed 'fat necrosis'. Placing large amounts of fat within the breast increases the risk of 'fat necrosis'. Therefore, multiple sessions of fat transfer, a few months apart are needed if a significant degree of breast enhancement is desired.

Fat absorption

The breasts may feel full initially after the procedure not only from the injected fat but also due to the fluid injected to harvest the fat and there will be some swelling of the breasts after the procedure. However, not all of the injected fat survives and up to 50% of it may be absorbed by the body. This is a natural process and over time there will be a reduction in the size of the breasts.

If you wish to have a significant increase in breast size, you may require several episodes of fat transfer, each performed a few months apart. Repeated fat transfer procedures can not only be financially draining for patients but also time consuming and effortful. Therefore, if a large breast enhancement is desired, augmentation with silicone breast implants should be considered.

What are the requirements for surgery?

Smoking status: smoking adversely affects blood supply to tissues such as skin and fat and impairs wound healing. Patients who smoke are more prone to complications such as, delayed wound healing, wound infections, and greater fat necrosis and fat absorption. Therefore, if you are smoker, it is critical that you do not smoke for at least 6 to 8 weeks before and after surgery to minimise these risks.

Availability of fat for harvest: to perform fat transfer, you must have a sufficient amount of excess fat in order to harvest it from areas such as the hips, thighs and lower part of your tummy.

BMI status (Body Mass Index): it is best to achieve your ideal weight before proceeding with surgery. Weight loss after fat transfer surgery could potentially change the look of your breasts with 'loose' skin and further loss of the fat injected in the breasts.

The World Health Organisation categorises anyone with a BMI of 30 to 40 to be 'obese' and those above 40 to be 'morbidly obese'. Ideally, your BMI should be less than 36 to have surgery as patients with a high BMI can be more prone to complications such as delayed wound healing, wound infections, and greater fat necrosis and fat absorption. In addition, the risks of a general anaesthetic as well as blood clots forming within the legs (deep vein thrombosis, DVT) or the lungs (pulmonary embolism, PE) is greater in those with a high BMI.

How is fat transfer performed?

The procedure is carried out under a general anaesthetic and depending on the nature and site of the fat transfer, the procedure can take 1 to 3 hours depending on the amount of fat transferred.

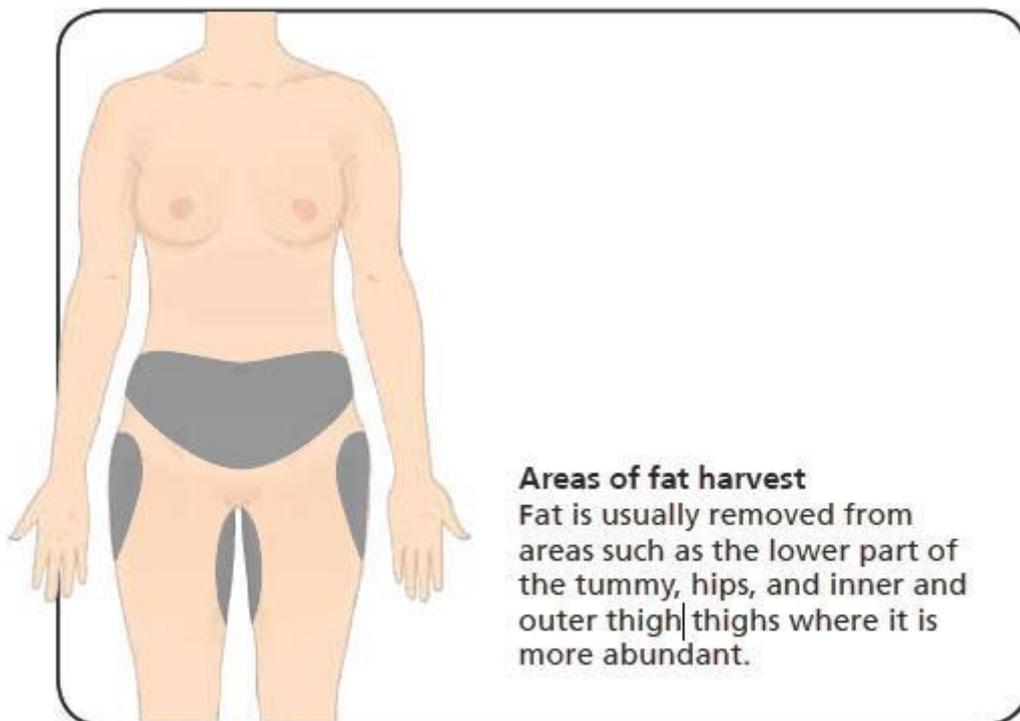
Following surgery, you should be able to go home the same day (day case surgery) unless you would prefer to stay overnight to recovery from your surgery or you are having another procedure that requires an overnight hospital stay.

Techniques and Scars

Fat Harvest:

- 'Liposuction' techniques are used to harvest fat from areas of the body such as, the lower part of the tummy, hips, and thighs where it is more abundant. Multiple, small incisions (less than one centimetre each) will need to be made in the areas from which the fat is to be harvested (i.e. removed) as well as in the breasts where the fat is injected.

- Sterile fluid, which contains local anaesthetic and adrenaline to reduce pain and bleeding is injected into areas where fat will be harvested.
- A long sterile metal tube (called a 'cannula') is inserted through the incision sites. The cannula is passed multiple times under the skin to break up the fatty
- tissue. Suction tubing is attached to the cannula and used to remove any fat that has been broken up.
- Once fat harvesting is complete, the small wounds are then closed with dissolvable sutures.



Fat preparation and injection:

- The harvested fat is 'prepared' or 'concentrating' it for injection by removing any blood or injected or bodily fluids to ensure that mostly only fat is transferred.
- The prepared fat is then drawn up into multiple small syringes and small pockets of fat are injected into the breast at multiple locations both above and below the breast gland to increase the size of the breast. Fat is not injected into the breast gland itself.
- The multiple small wounds where the fat is harvested and where it has been injected are all closed using absorbable stitches that fall out themselves in 10 to 14 days.



Liposuction cannulas used to inject fluid into the donor sites, to harvest fat and to inject it.



The harvested fat is then prepared removing any blood and fluid. The fat is then drawn up in syringes ready to inject into the breast or another location.

What are the risks of fat transfer surgery?

Every surgical procedure has the potential for complications and these should be carefully considered before going ahead with surgery. Miss Tadiparthi will discuss these in more detail with you during your consultation. The main risks and complications of fat transfer surgery include:

Permanent scars

The multiple scars resulting from the operation are small but they are permanent. They can be red and prominent after surgery but usually settle down and improve over the next 12 to 18 months.

Poor Scars

The quality of the scarring cannot be guaranteed and varies with each individual. The scars may be stretched in appearance or in some cases become hypertrophic or keloid scars where they become red, painful, and lumpy. Further treatment may be needed if hypertrophic or keloid scarring develops but this would be at extra cost to patients.

Bleeding / oozing

There may be some oozing of injected blood and fluid from the wounds and this usually stops with pressure over the wounds over in the first few days.

Infection / abscess

Simple wound infections can be treated with antibiotics. However, rarely, if the infection is deeper this may require a further operation for drainage and washout of the tissues in theatre. Infections are more common in smokers, those with a high BMI or other medical conditions.

Fat necrosis

The injected fat picks up a blood supply from adjacent tissues in order to survive. If the blood supply is poor and the injected fat does not survive, it can form a hard lump that you may be able to feel. This is called 'fat necrosis'. Occasionally, there may be oozing through the wounds as the body breaks down the fatty lump and the fat discharges through the wounds. The area may also become red and tender and may become infected. Fat necrosis usually settles over time with dressings and massage. Fat necrosis is more common in smokers, those with a high BMI or other medical conditions.

Fat absorption

Not all the fat that is injected may survive and up to 50% of it may be absorbed by the body. There is a limit to how much fat can be injected into the breasts at any one time as the fat needs to establish a blood supply and placing large amounts of fat can lead to 'fat necrosis'. Further fat transfer surgery may need to be repeated after an interval of 3 months if greater enhancement is needed.

Poor/delayed wound healing

You may need prolonged dressings if the wounds take longer to heal. Poor healing is more common in smokers, those with a high BMI or other medical conditions.

Bruising / swelling / pain

There will be bruising, swelling and pain over the areas where the fat has been harvested and where it is injected. These symptoms all settle over a number of weeks after the operation.

Skin sensation

The sensation to the skin where the fat is either harvested or injected may be altered and become either reduced or more sensitive. The sensation usually recovers gradually over a few months.

Asymmetry

After your surgery, there may be slight differences in either the breast size and shape, nipple position / projection compared to the other breast or differences where the fat has been harvested. The difference may be due to pre-existing asymmetries or due to varying levels of absorption of the injected fat within in the breasts. There may also be slight differences in the size and position of scars on both sides.

Contour deformity / irregularities

There may be some irregularities or indentations in the skin in the areas where the fat has been harvested with the metal cannulas or where it has been injected.

Further procedures or changes with time

Over time, your breasts will change and more of the injected fat may be lost with weight loss / gain, ageing and pregnancy / childbirth. Further surgery may be needed in the future to maintain the size, shape and appearance of your breasts.

Breast screening

The harvested fat is usually injected either above or below the breast gland and not injected into the breast gland itself. The injected fat may undergo changes called 'calcification' which on mammogram can mimic breast cancer. However, most experienced radiologists can distinguish between changes ('microcalcification') arising from fat transfer and that seen in breast cancer.

Thromboembolic complications

Rarely, blood clots can form within the legs (Deep Vein Thrombosis or DVT) and can potentially travel to the lungs (Pulmonary Embolism or PE). These risks are more common in smokers, those with a high BMI and have other medical conditions. We employ multiple strategies including injections to thin the blood, support stockings to your calves and calf pumps to help reduce this risk. It is important that you start mobilising soon after your surgery to improve your circulation and minimise the risk of a DVT or PE.

Risks of anaesthesia

General anaesthesia is safe in most cases but the anaesthetist will speak with you on the day as per standard practice with regards to the potential risks of an anaesthetic.

What is the post-operative care and recovery after fat transfer?

- You will be allowed home once you are feeling well, your pain is under control and able to walk around.
- Prior to the procedure, you will be advised about the post-operative support garments that would be most suitable for you. You will need to order this garment and bring it with you on the day of surgery so that it is put on in theatre straight after the procedure. The supportive bra should be worn day and night for 4 to 6 weeks. The support garment where the fat has been harvested should be worn day and night for at least 4 weeks. You should have at least 2 of these bras / garments to allow a spare one for washing.
- The stitches used in the operation are all dissolvable and often do not need to be removed. However, you will be seen by one of the nurses in the clinic for a wound check 10-12 days after surgery. You should be able to fully shower from 2 weeks after the surgery once you have your wounds checked in clinic.
- After 2 weeks, the wound should be mostly healed and dressings are often no longer required. The scars should be massaged ideally twice a day with a simple moisturising cream e.g. an aqueous cream such as E45 or Bio oil to help the healing process.
- It should be possible for you to return to work after 2 to 3 weeks with most standard occupations. However, the time needed off work depends on your job. You may be able to work from home after 1 week if you feel well enough to do so.
- Driving is not recommended for approximately 2 to 3 weeks depending on your procedure. You should be able to do an emergency stop to be able to drive. It is important that you inform your car insurance company of your surgery to ensure that your insurance is still valid.
- It may be possible for you to return to work by 2 to 3 weeks with most occupations. However, time off work depends on your job.
- Swimming and general heavy cardiovascular exercise e.g. gym, gym classes should be avoided for at least 4 to 6 weeks as these can increase the risk of wound infection and wound dehiscence (with wound coming apart as the scar is still weak at this stage). Any strenuous activity or heavy lifting should be avoided for approximately 6 weeks after the surgery.

- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, you should avoid smoking for at least 6 to 8 weeks before and after surgery. Tests may be performed to assess your nicotine levels before surgery. Any blood thinning medicines such as aspirin, warfarin, rivaroxaban should also be stopped 5-14 days prior to surgery as advised at your pre-assessment prior to surgery.

What is the follow-up after surgery?

- At approximately 10 to 12 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months and 9 to 12 months following surgery. Your follow-up is included in the cost of the surgery.

Where can I get further information?

Recommended websites for further information on fat transfer surgery:

British Association of Aesthetic Plastic Surgeons (BAAPS)

https://baaps.org.uk/patients/procedures/8/fat_transfer_to_breast

American Society of Plastic Surgeons (ASPS)

<https://www.plasticsurgery.org/cosmetic-procedures/fat-transfer-breast-augmentation>