

Fat transfer / Lipofilling for Breast Enlargement

Who can benefit from fat injections?

Breast enlargement with fat transfer is a good alternative to breast implants for women who desire a small increase in breast volume up to a maximum of a cup size. Fat transfer, also known as lipofilling, is useful as an adjunct for breast asymmetry which may involve a combination of procedures such as uplift. Finally, it is most commonly used for 'adjustment' following breast cancer reconstruction either with implants or your own tissue.

Using your own fat for breast enlargement has the advantage that breasts feel more natural and is long-lasting. This is in contrast to breast implants which have to be changed when implants rupture or cause painful capsular contracture.

Limitations

The main limitation is the amount of fat present at donor sites (those areas with excess fat which can be used for fat transfer), such as tummy, flanks, buttocks and inner thighs. It is ideal if you are considering having liposuction to these stubborn areas. However, in a slim person, these areas may not have adequate fat and fat transfer may not be a realistic option.

Enlargement with fat injections will only increase volume and will not 'lift' the breast. If the breasts are droopy (ptotic), fat transfer alone will not change the shape of breasts.

What if I smoke?

Smoking can reduce the blood flow to surgical sites. Smoking can have an adverse effect on the healing of all surgical wounds. The same applies for the use of nicotine replacement therapy as, although this will reduce the craving for a cigarette, the nicotine will also reduce the ability of the blood to carry enough oxygen to the tissues. For this reason, we advise that you should not use nicotine replacement whilst in hospital. It is also advisable to stop smoking 4-6 weeks prior to surgery and remain smoke-free until healed or a minimum of 2-3 weeks post-operatively.

If you are taking the oral contraceptive pill or hormone replacement therapy, do not stop taking this medication. Always seek medical advice. Talk to your GP or visit your local Family Planning Clinic. You will need to bring a list of any medications that you are currently taking to the Out-patient Clinic, Pre-assessment Clinic or with you on admission to the hospital.

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What other arrangements do I need to make?

The operation is usually performed under general anaesthetic as a day case. You should arrange help with shopping, housework and care of small children and pets, as you will not be able to manage these on your own for at least a week after surgery. You will also need to organise at least a week or 10 days off work or college and longer if heavy lifting is part of your job.

You will not be able to drive immediately after your operation. However, you should only consider driving when sufficient healing has taken place to allow you to wear a seat belt without pain, usually 5-7 days after surgery. Before driving after surgery, we suggest that you check with your insurance company to ensure that you have the appropriate cover.

Pre-assessment Clinic

Most patients are seen in the Pre-assessment Clinic and, if you are asked to attend, a letter will be sent to you giving the date and time of your appointment.

The pre-assessment admission may include:

- Assessing your general health and fitness before surgery by carrying out various tests and investigations including blood tests, ECG (electrocardiogram – heart tracing).
- Discussing your current medication and any allergies you may have, and information about your planned treatment and about the hospital services.

If you have any further questions, write them down and discuss them with the doctors and nurses.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery, before you sign your consent form. You can change your mind at anytime before surgery.

What are the risks?

All surgery and anaesthesia carry some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

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Fat Reabsorption – Survival of the fat in the first few months following the procedure is unpredictable. It varies between 30-80% (average 50%) of the fat injected. The fat that remains after 3-4 months is likely to be permanent.

Oil cysts and fat necrosis- Occasionally, you may notice small cysts in areas within the breast following fat transfer. These are oil cysts and are often caused due to fat necrosis, when it dissolves and forms a cyst over liquid fat. Oil cysts feel smooth and pliable. On the other hand, hardened lumps with or without bruising around it, may cause discomfort and is due to fat necrosis that solidifies into scar tissue. Fat necrosis areas often soften and dissipate with time, but occasionally require surgery if painful.

Bruising- Breasts will be swollen and bruised for about 7-10 days as will the donor site, ie the area from where fat has been taken (thighs/ flanks/ abdomen).

Numbness- This is often experienced at the donor site from where the fat has been sucked out and tends to be temporary.

Pain – Pain from this operation is not usually severe although different people require varying amounts of pain killers (analgesia). You may feel some pain for the first few days especially as you move around. There may be further discomfort for a week or more.

Haematoma- A collection of blood underneath the skin which may dissipate or sometimes requires drainage.

Infection –A wound infection may occur after this surgical procedure, which is will be treated with antibiotics. Any operation that involves a general anaesthetic carries a small risk of a chest infection, particularly if you smoke. Take special precautions around pet animals at home as there is anecdotal evidence to suggest that there is cross-infection with pets. Please do NOT allow pets into your bedroom, and ensure sheets are clean especially on the day you return from hospital.

Deep vein thrombosis – a blood clot in the legs. This is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at the greatest risk. Occasionally clots can break off and pass into the lungs, known as a pulmonary embolus. All patients are given compression stockings/socks, to try to prevent this problem.

Contour irregularities- In a manner similar to liposuction, sometimes, you may have lumpiness or unevenness in the areas from where the fat has been sucked out giving rise to contour irregularities. Occasionally, you may have minor dimples or ridges in the breast skin overlying the injected area.

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Scars – Though scars after fat transfer are very small (approx.5-6mm), as with any operation, these scars are permanent. Infection can cause the wound to re-open. This may lead to problems with the scar formation such as stretching or thickening. Even without any problems, scars, at first, will look red, slightly lumpy and raised. Regular massage with a light non-perfumed moisturising cream and using sensible sun protection measures, such as a factor 50 sun block, should help to settle scars in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with your surgeon.

Microcalcification and Breast Screening – Fat is injected under the breast skin and not actually into the breast tissue itself. This is to prevent any changes to the appearance of the breast in future breast screening. However, a major potential problem is the possibility of changes on mammogram which appears as microcalcification and can mimic breast cancer appearance. Experienced radiologists are able to differentiate between breast cancer microcalcification and calcification as a result of fat transfer. These calcifications have a typical appearance and are easily recognizable. However, you should be aware this may lead to an increased need for biopsy. Requests for routine mammographic surveillance after fat grafting should contain information that the procedure has been performed and the site(s) in the breast at which it was performed.

In women without a previous history of breast cancer, routine follow-up imaging is not advised, other than for population screening mammography through the NHS Breast Screening Programme.

Breast Cancer- Lipofilling, per se, is not known to increase the risk of breast cancer but it could lead to complications in diagnosing the disease or create lumps in the breast that need to be assessed. Injected fat consists of 'pluri-potent fat stem cells' and *in theory*, can cause cancer changes. As this remains a debate, it is included here. Lipofilling or fat transfer for breast enlargement, therefore, is best avoided in patients with strong family history of breast or ovarian cancer.

Asymmetry – Although every effort will be made to make your breasts equal in size and shape, you may find that there is a small difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to the surgeon.

What can I expect before my operation?

An anaesthetist will visit you and examine you on the ward and explain the anaesthetic procedure. Miss Hazari will see you and confirm your consent / ask for your consent to proceed with your surgery and may do pre-operative photographs. She may mark your breasts and donor site areas. Please ask

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questions if there is anything that you are not sure about. You must have nothing to eat for a minimum of six hours and nothing to drink for a minimum of two hours before your surgery. This is for your safety, to prevent any problems during your anaesthetic.

The surgery

The operation is usually performed under general anaesthetic as a day case and takes approximately 90-120 mins. It involves 3 main stages:

- Removing fat- the donor site is injected with a solution of saline (salt water) and adrenaline to reduce bleeding. A thin cannula is used to suck out fat in a manner similar to liposuction.
- Preparing the fat- special equipment is used to separate fat from any blood within the aspirate.
- Injecting fat- small amounts of concentrated fat is injected under breast skin using small cannulae and 5-10ml syringes, avoiding direct injection into breast tissue. The small cuts are sutured with dissolving sutures.

After the operation

The procedure usually takes about one to two hours. When you wake up after the surgery, you will be in the recovery area. The nursing staff are very experienced and they will ensure that your recovery is as pain-free as possible. Painkillers will be given to you on a regular basis for as long as you need them. Bruising may cause discomfort for several days. Swelling can persist for a few weeks. The donor site (thighs/ abdomen/ flanks) can remain sore for a couple of weeks.

It can take up to 6 months for fat transfer to settle and the final result to be seen, as 30-50% fat is reabsorbed by your body during the first few months after the procedure.

Dressings

The operation wounds will be covered with steristrips and a waterproof dressing. Do not get the dressing wet for 3-4 days after surgery, or preferably until you have been seen for the first dressing appointment. The waterproof dressing will be changed if it gets blood-stained or soggy. Do not immerse in a bath as the wounds can get infected.

Bra

You will need to wear a good, non-wired, support bra continuously for a short period of time following surgery, as this will help with reducing the swelling and help the breasts settle into their new shape. Wear for up to six weeks for 23 out of 24 hours per day (including night-time), taking off for showering/washing. Bra-extendors, such as shown below, will help to

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increase the girth of the bra if there is chest wall surgical swelling, as your usual bra may feel too tight. Front-fastening post-surgical bras are also very popular and easier to manage.



post surgical front-fastening bra, reproduced from macom ®



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After surgery, you can expect to find swelling. After a few weeks, the swelling will reduce and become more comfortable. You must not lift heavy objects or play any strenuous sports for the first two to three weeks.

Breast firmness and tenderness is common in women and can relate to your monthly periods. After your breasts have healed, these symptoms may return. It may take some months for the scar tissue to settle and at first your breasts may feel lumpy and tender.

Pressure garment- Depending on your donor site, whether it is the abdomen/flanks or inner thighs, Miss Hazari will advise that you should wear a surgical pressure garment. A bodyshaper (for abdomen and flanks) or lycra cycling shorts (inner thighs) will provide pressure over the area for 4-6 weeks.

What should I do when I get home?

You should be able to return to most of your normal activities within two weeks after your surgery, although this will vary from person to person. We recommend that you build up gradually to more strenuous tasks such as housework or gardening. You may need to ask someone to help you for the first couple of days. Don't be afraid to take some 'time out' for yourself to rest your mind and body.

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Returning to work

Depending on the type of work that you do, you may be able to return to work within two weeks. You may feel quite tired at first.

Sport

Many sports can be resumed within a couple of weeks. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming and any racquet sports, it is probably advisable to recommence these activities gradually about 4 weeks after surgery.

Sexual activities - Initially your breasts will feel tender and you may not feel up to physical contact. However, you may resume your sex life as soon as you feel comfortable.

What should I look out for?

Once you are at home after surgery, it is important to check your wounds. We also advise that you carry out normal breast checks and become 'breast aware' – by getting to know what your breasts look and feel like so you know what is normal for you.

If your breasts become red, swollen and painful or there is a discharge please contact the hospital immediately.

Follow-up appointments

On the day you go home you will be given an appointment to see Miss Hazari a week to 10 days after your surgery; this is to make sure everything is settling down.

Notes...

Any questions you may have.

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