

Intramuscular Gluteal Augmentation with Implants Associated with Immediate Fat Grafting




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KEYWORDS

- Gluteal augmentation • Silicone implant • Fat grafting • Intramuscular approach • Outcome
- Complications

KEY POINTS

- The latest generations of silicone implants and the introduction of surgical techniques, such as the intramuscular approach, have improved aesthetic outcomes after gluteal augmentation.
- The advantages of the intramuscular pocket are soft tissue coverage and avoidance of the limitations of the subfascial position. In the gluteal region, this technique is useful to minimize the appearance of the implant edges and provides an adequate support system.
- Autologous fat grafting is a more frequent procedure. Various clinical studies state that fat grafting may be an option to treat gluteal defects secondary to aesthetic deformities.
- Most candidates for primary and secondary gluteal augmentation can be successfully treated with this technique.
- Ideal primary candidates are those with significant gluteal deformities in terms of volume, skin laxity, and projection with less soft tissue to adequately cover the implant. Ideal secondary candidates are those with partial/total soft tissue deficiency with visible implant contours and patients with irregularities of the implant surface.

 Video content accompanies this article at <http://www.plasticsurgery.theclinics.com/>.

INTRODUCTION

Gluteal augmentation is a well-known procedure and continues to be one of the most frequently

performed aesthetic surgeries worldwide.¹⁻³ Gluteoplasty is one of the fastest-growing plastic surgeries in the field of aesthetic procedures.⁴

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Contributor's Statement: P.M. Godoy is principal investigator of this study. A.M. Munhoz is coinvestigator. The principal investigator made significant contributions to the conception and design of this study. A.M. Munhoz made substantial contributions to the acquisition, analysis, and interpretation of data. P.M. Godoy and A.M. Munhoz drafted the article. All authors revised the article for intellectual content, gave final approval of the version to be published, and have sufficiently participated in the work to take public responsibility for appropriate portions of the content.

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In the United States, the number of gluteal augmentations, which include implants and lipofilling, increased by more than 20% between 2014 and 2015.^{4,5}

The development of modern silicone implants as well as new surgical techniques has led to widespread acceptance of gluteal augmentation in recent years. Although gluteal augmentation has a high rate of patient satisfaction, some patients may present unsatisfactory results and require surgical revision.² In the authors' experience, many of these reoperations are required for problems related to soft tissue, such as implant visibility and palpability, not implant failure. Although subfascial implant placement can provide satisfactory postoperative recovery,^{5,6} it may sometimes result in visibility of the implant edge and limited soft tissue coverage.⁷⁻¹⁰ With the introduction of submuscular implant placement, reduced implant visibility and a lower incidence of complications, such as implant malpositioning, displacement, and extrusion, were observed in some series.^{1,2,7-10} Undesirable shaping of the implant and the gluteal area, however, is sometimes observed in some groups of patients.² To avoid this outcome, fat injections around the implant may be used to achieve the desired contour and shape; this combination of options, using both implant and fat, has the potential to reduce the chance of exaggerated and less natural results.

Recently, implant placement using the intramuscular pocket associated with immediate fat grafting is gaining popularity as a result of the better results it yields compared with subfascial techniques. Like other investigators, the authors have found that satisfactory outcome and good results can be achieved in selected patients after intramuscular augmentation (**Box 1**).⁸⁻¹⁰

As with composite breast surgery, over the past 10 years there has been resurgence in the use of autologous fat grafting in gluteal shaping, for a variety of indications.^{2,3,11-13} Autologous fat grafting has been performed more frequently since 2008, when new clinical recommendations were released.^{14,15} Based on various clinical studies, the American Society of Plastic Surgeons concluded

that fat grafting may be considered to treat breast defects associated with oncological diseases and aesthetic deformities.¹⁵ Although refinement in fat grafting procedures has improved reproducibility, it has been the authors' impression that a standardized technique remains to be described.

Given that implants and the intramuscular technique are effective and predictable procedures for aesthetic gluteal surgery,⁸⁻¹⁰ a variety of unsatisfactory outcomes may result from the limited ability of the overlying soft tissue to adequately cover the silicone implant. Consequently, the relevance of fat grafting may be investigated as an associated technique for improvement of the results of gluteal augmentation. In addition, it is reasonable to emphasize that if autologous fat grafting and implant-based buttock augmentation are equally reproducible and involve similar risk, the authors believe it is possible to combine both techniques in 1 surgical procedure.

The objective of this article is to provide an overview of the intramuscular approach to primary and secondary gluteal augmentation with implants associated with autologous fat grafting. Although gluteal augmentation is a well-studied procedure, previous reports concerning the intramuscular technique have been limited and are related, in particular, to the most recent generations of silicone implants.⁸⁻¹³ Additionally, there are no detailed clinical reports that specifically address operative planning, outcomes, and complications after simultaneous autologous fat grafting. Gluteoplasty, combining liposuction and gluteal implants, has been previously described by Cárdenas-Camarena and Paillet¹¹ as an effective procedure for improving the gluteal profile. Unlike these investigators, the authors believe that associating fat injection in the subcutaneous plane provides a more natural outcome. The implant is protected by the intramuscular plane, yielding firm and even projection, and its superior portion is disguised by the grafted fat, which is provided by the fat.

This article provides a detailed description of the authors' method, including preoperative evaluation and intraoperative care for patients undergoing primary and secondary buttock augmentation associated with lipofilling. The surgical technique, advantages, and limitations are also discussed. When combined with clinical expertise, this approach will help plastic surgeons provide their patients with predictable and safer aesthetic outcomes.

Box 1

Advantages of intramuscular approach for gluteal augmentation

- Improved upper-pole contour
- Avoids implant edge visibility
- Helps keep the implant in place
- Reduces muscular dynamics over the implant

THE EVOLUTION OF THE IMPLANT POCKET AND THE INTRAMUSCULAR APPROACH

Gluteal silicone implants may be inserted in 1 of 4 anatomic pockets relative to the gluteus maximus muscle: subcutaneous, subfascial, submuscular,

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