Improvement of the Gluteal Contour
Modern Concepts with Systematized Lipoinjection

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KEYWORDS

• Fat grafting • Buttock fat grafting • Brazilian butt lift • Gluteal augmentation • Technique

KEY POINTS

- Properly evaluating the patient and identifying the areas that require treatment with subtraction or addition of volume are keys to being able to achieve an adequate result.
- This report describes the steps and technique that allow us to remove fat properly and infiltrate it correctly without contaminating it, along with the technique for infiltrating it.
- Identifying and planning important points for patients are keys for achieving more adequate results.
- A beautiful buttock is characterized not only by the increase in its volume, but also by the adequate proportions of the areas that surround it.
- Proper postoperative management will yield better long-term results by minimizing reabsorption.

INTRODUCTION

Delivering a beautiful buttock contouring result is not just a matter of adding fat and giving more volume. Advances in morphology, psychology, and anatomy have shown that giving shape to the buttock is much more complex than just increasing its volume. Achieving good results requires an understanding of the complex anatomy that gives us aesthetically pleasing and reliable outcomes. It is important that we understand that the relationships between the areas surrounding the buttock may be more important than the volume itself. Shape has more relevance than volume. Shape is subject to the relationships between the waist, the hips, and the legs. A large buttock is no better than a well-formed small buttock. Patients are demanding more and more volume in this area, and as a result we are also facing aesthetic deficiencies when we focus exclusively on this goal without taking into account gluteal contour. As with breasts, an appropriate volume with a beautiful shape is the main objective. To think that a very large buttock will satisfy the expectations of all patients is to ignore aesthetics and set an incorrect goal. Similarly, we cannot achieve an aesthetic buttock without considering the 3 anatomic regions that give harmony: the lumbar region, waist, and legs.

This knowledge is derived from important studies on Brazilian butt lifting[1]; the first use of the term has been attributed to Brazilian authors. The shape in relation to the type of gluteal frame, mainly in the form of a round "A" or a square "V"

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are concepts that we must understand to create a beautiful buttock.[2]

TREATMENT GOALS AND PLANNED OUTCOMES

As with other surgeries, proper planning is a part of success. We must know the expectations of the patient to know their aesthetic desire. We must also consider the characteristics of the buttock that may benefit them, not only aesthetically, but also in relation to their anatomy and race. In Asian or Caucasian patients or those patients with a body mass index of less than 25 kg/m^2, a small, short, aesthetic buttock with a concentrated volume in the buttock maximus area, with a waist-to-hip ratio of 0.70 to 0.65, may be achieved. However, in Latin patients, African Americans, or those with a body mass index of greater than 25 kg/m^2, a ratio of less than 0.65 will be favored by structuring a buttock that forms a same unit with the hip, being voluminous, very round, and very marked in the supragluteal region. However, some athletic patients who request a buttock with more definition will not favor very full projection with less lateral projection that highlights a gluteal frame in a round shape and may even mark the origin of the fascia lata (**Figs. 1–3**).[3]

PREOPERATIVE PLANNING AND PREPARATION

All patients should be checked preoperatively for hemoglobin, coagulation times, bleeding time, prothrombin times, and thromboplastin times. Glucose assessment and other studies may be required, along with evaluations of internal medicine, endocrinology, or cardiology. All indications should be discussed with the patient, and smoking, aspirin, and any dietary supplement that is not indicated should be discontinued for at least 2 to 3 weeks preoperatively. Consideration should also be given to the use of preoperative iron and vitamin K supplementation, and the patient and family should be informed about the risks of the procedure; it is also very important that informed consent be signed. To achieve an excellent gluteal contour, patient analysis requires not only observing the anatomic characteristics, but also the patient's desires and the real possibilities. This process can be achieved by analyzing the preexisting fat volume and observing the proper contour of the adjacent structures. In this way, based on analysis and systematization, we can perform procedures with consistent results. If we perform liposuction and infiltration in a systematic way, using the same order, positions, approach, and equipment, we can achieve better standardization of our procedures and improve our results (**Fig. 4**).

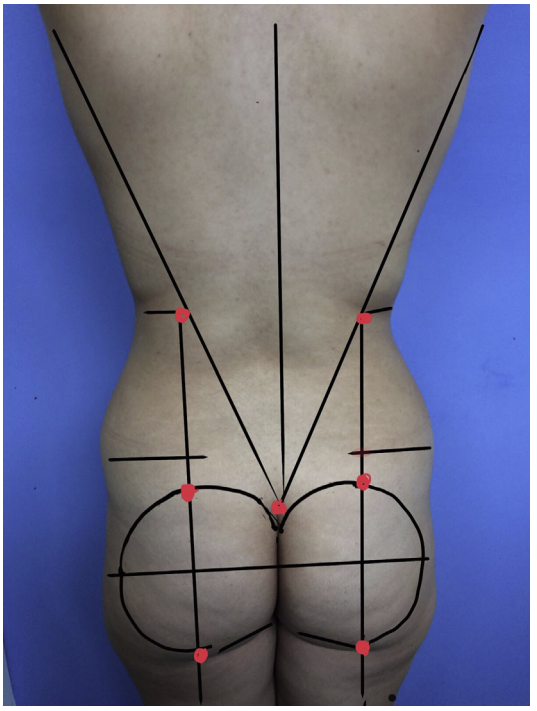

Fig. 1. Latin 30-year-old woman, in its preoperative photograph and planning. (1) Abdomen: Excellent donor fat, no scars, and good skin quality. (2) Symmetry: The left side was fuller than her right side. In her left buttock, it was less projected and also wider. (3) Irregularities: Just a few in her inferior buttocks quadrants at 6 o'clock. (4) Incisions: Planned as the technique in the intersections. (5) Hip-waist ratio: 0.75 actual ratio. Needs reduction at her waist and some fat infiltration at her hips at the transverse midgluteal line (a) back of the 12th rib or elbows. Needs liposuction and reduce fat toward the posterior axillary line. (b) Gluteal frame and point of greatest projection. Square frame, point of great transversal projection needs fat grafting to enhance hip-waist ratio. (6) Leg and lower gluteal fold: It extends beyond the midvertical gluteal line, needs fat grafting to enhance buttock support and erase the line. (7) Anatomic points to emphasize and thickness of the flaps: Thickness is okay, risk for irregularities low. (8) Transitions: Soft to enhance roundness.

MARKING

The design is created with the patient standing with their back facing the physician. The midline is marked, and then 2 lines that extend from the posterior axillary fold to the upper intergluteal line on both sides. This line delimits the lateral areas to which liposuction can be extended. We then draw a horizontal line that joins both elbows and