

Gluteal Augmentation and Contouring with Autologous Fat Transfer: Part I



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KEYWORDS

- Gluteal augmentation • Fat grafting • Gluteal contouring • Fat transfer • S-curve butt lift
- Brazilian butt lift • Buttock fat transfer • Buttock augmentation

KEY POINTS

- Appropriate patient selection, preoperative marking, and planning are keys to achieving aesthetically pleasing buttock contour and desired volume.
- Gluteal fat transfer must be performed using small aliquots with constant cannula motion in the subcutaneous layers and superficial to intermediate gluteal musculature depth.
- Avoiding overcorrection is important, because increased pressure within the buttock may decrease fat graft viability and create potential soft tissue buttock ptosis.
- Patients should avoid placing pressure on the buttocks for 2 weeks and take conscious care to avoid excess sitting for another 4 to 8 weeks postoperatively.



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

INTRODUCTION

As the number of gluteal augmentation procedures performed annually in the United States steadily increases, the demand for augmentation with fat transfer has also seen a dramatic increase in recent years.¹ There are several advantages associated with the use of fat transfer for gluteal augmentation.^{2–10} The key advantages are precise contouring and reshaping of the gluteal region, improvement of overall body aesthetics in a 360° fashion, and the use of autologous tissues. Fat transfer permits focused augmentation of the buttock and thigh region as well as reduction of adjacent body regions. The combination of augmentation adjacent to reduction achieves the patients' contouring goals in ways that cannot be accomplished with implants alone or autoaugmentation flaps. Fat harvesting through liposuction allows for improvement of

regional and global body contour aesthetics. Specifically, liposuctioning of fat in the lower back, flanks, thighs, and more distant sites are powerful adjuncts to overall body contouring as well as sources of fat for gluteal augmentation. The removal of fat from the lower back and torso with simultaneous augmentation of the buttocks superiorly and medially enhances the gluteal silhouette with 360° “S-shaped” curves (**Fig. 1**). The combination of liposuction and gluteal fat transfer allows for the creation of concavities that transition to convexities forming the “S” curvilinear body contour, leading to aesthetically pleasing results. Furthermore, the use of autologous tissues avoids the complications associated with use of gluteal implants, which include seroma, capsular contracture, implant migration, wound-healing complications, thinning of native tissues, and implant-related infections and exposures.^{11–14} However, the gluteal fat transfer procedure has

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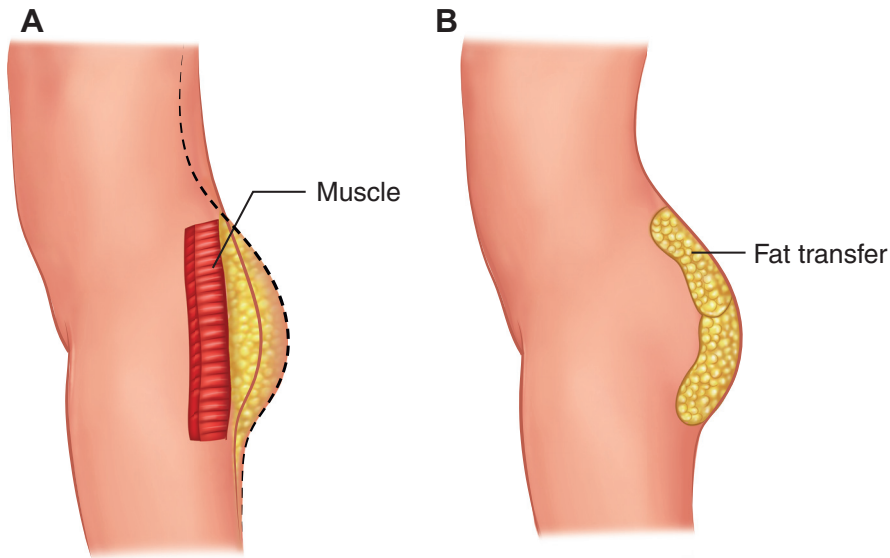


Fig. 1. The principle of subtraction of lipodystrophy regions adjacent to the buttock where addition of fat grafts will create a more curvaceous “S-curve” silhouette in which newly created concavities are next to convexities. (A) Location of fat reduction next to augmentation. (B) Regions of fat augmentation in superficial, deep subcutaneous, and superficial fascial locations.

also been associated with several complications, including fat necrosis, infection, abscess formation, contour irregularities, sciatic nerve injury, fat embolism, thromboembolism, and death.^{15–21} Despite these known complications, improvements in patient selection, surgical technique, and perioperative management can lead to an improved safety profile, with excellent short- and long-term results. The procedure has evolved to produce more consistent and predictable results with a dramatic reduction in complications when precise technique is used. In the authors’ opinion, it is arguably superior to other modalities of gluteal augmentation. Herein, the authors describe their technique for patient selection, harvesting, processing, and fat injection, which has been safely and effectively performed by the senior author (A.G.) over the past decade.

PREOPERATIVE PLANNING AND PREPARATION

The ideal patient for gluteal augmentation with fat transfer should have sufficient donor fat to allow for an appreciable augmentation. However, a dramatic transformation of the torso and buttocks can be achieved in thin patients with modest liposuction and fat transfer to specific gluteal zones. Patients who have very low body fat composition are generally considered poor candidates for this procedure, but in some cases, they can be instructed to gain weight in order to optimize lipospirate yield.

During the patient selection process, it is important to identify the patient’s goals and have a thorough discussion about the degree of augmentation possible and to set realistic contouring expectations based on the patient’s anatomic morphology. Expectation management is critical to the success of the procedure and patient satisfaction. The patient should be asked to prioritize areas of importance, such as the upper buttock fullness, projection, posterior lateral fullness, or lateral hip to trochanteric fullness. This is particularly important in thin patients who may not have enough fat to augment all areas. It is also important to review the patient’s medical comorbidities and current medications. This allows the surgeon to appropriately risk stratify the patient and hold medications, which increase the risk of perioperative complications like fish oils, aspirin, nonsteroidal anti-inflammatories, and so forth. Tobacco use must cease at least 4 weeks before surgery and preferably for at least 3 to 6 months postoperatively because it may decrease fat graft survival rates. Thromboembolic risk factors should be evaluated and discussed with the patient, which includes possible use of thromboembolism prophylaxis in the postoperative period.²²

TREATMENT GOALS AND PLANNED OUTCOMES

Surgical Planning

Once the surgical goals have been defined with the patient, successful execution of the procedure

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