

Fat Transfer to Breast

Patient Information

What is Fat Transfer?

Fat transfer, also called fat grafting, fat injection and lipofilling, is a procedure that uses a patient's own fat to fill in irregularities and grooves or to add or restore depleted volume. This is now a well-established technique that was perfected in the early nineties to a predictable procedure. Aesthetic indications for undergoing fat transfer include facial rejuvenation, breast volumisation and buttock enhancement and projection. In addition, fat transfer can be used to smooth out all types of irregularities such as those resulting from poorly performed liposuction or injuries.

Is the procedure right for me?

A detailed consultation with your consultant plastic Surgeon is essential prior to undergoing any surgical procedure. During the consultation, your Surgeon will discuss your area/s of concern, desired improvements, options available (including no treatment at all) and expected outcomes. Your surgeon will examine you and may take some photographs for your medical records. They will ask you if you want to have someone with you during the examination and ask you to sign a consent form for taking, storing, and using the photographs. The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation. If you decide to proceed with surgery, you will be given a 'cooling-off' period of at least 2 weeks between initial consultation and the date of your operation to ensure you have ample time to reflect on all aspects of the procedure before proceeding (although please bear in mind the waiting lists for our Surgeons mean this period is invariably significantly longer).

How is the procedure carried out?

Should fat transfer be agreed upon as the most suitable treatment, the procedure will be carried out by your Surgeon in our state-of-the-art operating theatre. The necessary fat is obtained by liposuction through one or several 3 to 5 mm incisions. It is normally taken from the abdomen or inner thigh. The aspirated fat is processed by centrifuging, filtering, or rinsing. Pure liquid fatty tissue ready for injection is the result. The fat is then injected where needed. The fat is evenly distributed into the area by injecting minute amounts in the tissues so that the injected fat is well surrounded by healthy tissue. This ensures that the transplanted fat remains in contact with the surrounding tissues that must supply it with oxygen and nutrients. The surgery is usually performed as a day case under a local, general anaesthetic or twilight anaesthesia, depending on the area to be treated. Our highly experienced medical team will be on hand during your stay to care for your needs.

Recovery and aftercare

The areas that have been treated will be swollen immediately after the operation. Using a cold pack and a compress in the first few hours may be recommended to minimise the swelling. The swelling will increase until about the third day, before gradually subsiding. Swelling at the treatment site should be expected for at least 10 days. It is common for the surgical site/s to ooze a little, this is usually associated with the local anaesthetic discharging but can look a little pink. If any bruises have developed, they may remain visible for a little longer but can often be disguised well with makeup. By three weeks post-surgery, most of the swelling will have subsided, but the correction may still look rather exaggerated. Surgeons usually over-correct, which means injecting more fat than is needed because 25 to 30% of the transplanted fat cells do not survive. The final result is assessed after three months. Your surgeon will then take photographs to be compared with those taken before the procedure. A second session may be scheduled to top up any shortfall in volume. You should expect small scars one to two centimetres long at the site of insertion of the suction cannula, in the areas from which the fat was harvested. Light exercise may be recommenced immediately. Showering is permitted on the second post-operative day.

Risks and Complications

All surgical procedures are associated with risks. Your Surgeon will explain these in detail during initial consultation, enabling you to reach an informed decision on whether you wish to proceed. Serious complications are uncommon, however patients should be aware of the following complications prior to undergoing fat transfer -

- Anaesthesia risks
- Asymmetry
- Bleeding
- Infection
- Poor scarring of skin
- Fluid accumulation (seroma)
- Pain, which may persist
- Possibility of revisional surgery

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Other Considerations

One of the major potential problems with fat transfer to breast procedures remains the possibility of changes on mammogram, which can mimic cancer, however experienced radiologists are generally able to differentiate these from cancer. If the fat cells are carefully placed under the skin in small tunnels, but not in the breast tissue, the fat cells will take and grow and increase the volume of the breast. However, this technique is not for every patient. It is best suited to those who wants to increase bra size by one cup size, those who requires increased fullness in the upper pole of the breast, and after 'conservative' breast cancer surgery.

Results

Depending on the area treated, patients may expect to see a softening of deep wrinkles and folds, correction of irregularities and dents, volume augmentation and improved quality of the overlying skin at the treatment site. The results of fat transfer are not immediately visible as swelling can take some time to settle. Over time, post-surgical swelling will subside, and incision lines will fade. Satisfaction with your new image should continue to grow as you fully recover from surgery. To achieve optimal results, it is important that you follow your Surgeon's post-operative instructions for follow-up visits.

Cost

Prices for fat transfer can vary. Costs may include-

- Anaesthesia fees
- Hospital or surgical facility costs
- Medical tests
- Post-surgery garments
- Prescriptions for medication
- Surgeon's fee

After consultation and if you are planning to proceed with surgery, you will be given a written quotation regarding the cost of the planned procedure.

Alternative treatments

Alternative forms of non-surgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid, polylactic acid, etc.), use of man-made implants, or other surgical procedures that transfer fat from the body. Risks and potential complications are associated with alternative forms of treatment.

If you experience any problems or have concerns following surgery, please do not hesitate to call our direct patient line for assistance on 07908 891059.

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Patient Pre & Post-Operative Care Guide

Pre-Operative Preparations

6 week period before surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

4 weeks before surgery-

Stop taking the contraceptive pill and HRT 4 weeks before surgery if this has been advised by your Surgeon or anaesthetist.

2 weeks before surgery-

We would recommend that you start taking Arnica anti-bruising tablets, three times a day, two weeks prior to and two weeks after surgery. These are available from several health and wellbeing stores, including Holland & Barratt.

1 week before surgery-

Avoid Aspirin, Ibuprofen, Nurofen and other similar painkillers one week before and two weeks after surgery. Paracetamol is the safest painkiller to take, if necessary.

Stop taking Vitamin E and its compounds (such as evening primrose oil, fish oils, garlic and garlic capsules) one week before surgery and two weeks after surgery. Taking Vitamin E in any form can cause bleeding and post-operative complications.

1 day before and on the day of surgery-

Shower all over (including your hair and face) with Hibiscrub antiseptic liquid soap (provided on prescription from Coppergate Clinic) the day before and morning of your surgery before coming into the clinic. Do not apply moisturiser after showering.

Day of surgery-

You must avoid eating solid food and milky drinks for 6 hours prior to your appointment for sedation. Water, clear drinks, black tea and black coffee can be consumed for up to 2 hours before your sedation/general anaesthetic.

You must take your routine medicines at the usual time, unless advised otherwise and bring them with you (including inhalers).

At least one nail must be free from acrylic or nail polish nails as a monitor will be placed on a finger.

Post-Operative Instructions

Average length of stay-

The surgery will be performed as a day case under a general anaesthetic or twilight anaesthesia unless your Surgeon advised otherwise during consultation. **If you live further than a 1 hour drive from the clinic, it is mandatory to stay in the vicinity until the following day.**

6 week period after surgery-

Patients requiring twilight or general anaesthesia should not travel long haul for the 6 week period before and 6 week period after surgery.

0-1 week after surgery

- Avoid strenuous activity and rest where possible
- Shower if you wish, but please be as quick as possible and do not linger. Dressings should be gently patted dry
- Wear TED stockings until you are up and about as normal
- Keep your head up to reduce swelling and sleep with extra pillows to raise your head
- Paracetamol can be taken as required

2 weeks after surgery

- All physical activities may resume

12 weeks after surgery

- Scars and surrounding skin can be moisturised daily

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