

L 1/247 Wellington St, TAS 7250 (03) 6388 8118 (03) 6338 8117 info@plasticsurgerytasmania.com.au www.plasticsurgerytasmania.com.au

Fat Grafting

Patient Information Handout

Fat Grafting

Fat grafting is a surgical technique where fat is transplanted from one part of the body to another. Whilst fat grafting can be done on a large scale such as adding volume to the breast or buttocks, it can be also done on a smaller scale to treat signs of aging in the face and restore lost volume. Autologous (your own) fat is considered by many to be the ideal filler material for facial rejuvenation as it is completely biocompatible, produces a soft and natural result and is theoretically permanent. Fat is known to have the highest concentration of stem cells of any tissue in the body. As such, it is postulated to have antiaging effects on the skin and soft tissues. The face contains superficial fat compartments which tend to hypertrophy (become larger) as we age, and deep fat compartments which tend to atrophy (shrink) as we age. As time passes, we lose the classic youthful 'heart shaped' facial



appearance, with sagging of soft tissue and a redistribution of fat. The loss of fat in the deep compartments of the mid face is one of the key drivers in the appearance of facial aging. Fat grafting also be used as an autologous filler to shape and refine the face.

What Will It Do?

Fat grafting may be appropriate to add volume to the breasts or buttocks or to address stigmata of facial aging. It requires the removal of fat from a donor area via liposuction (chosen depending on the volume required and your body habitus) and the careful grafting of this fat into the desired location. Facial rejuvenation with fat grafting can be used to treat areas of volume loss and restore a more youthful contour to the face. Facial fat grafting can be used to address temporal hollowing, soften the nasolabial folds or 'bags' under the eyes, improve chin and jawline definition or add volume to the lips.

Is it Right for Me?

Fat grafting is a highly individualised procedure. Fat grafting may be appropriate for you if:

- You have been assessed as suitable for fat grafting by a qualified specialist
- You have realistic expectations
- Your weight is stable
- You do not smoke or quit at least 3 months prior
- You are otherwise healthy and safe to receive an anaesthetic

Fat grafting is often performed in associated with other procedures such as a facelift or eyelid surgery. Before you decide on fat grafting, it is important to know that:

- Significant changes in your weight also affect the size of the grafted fat it is living tissue
- There is some degree of resorption of fat after grafting, meaning areas may initially be 'over filled' to compensate for this expected loss
- Some areas may require multiple rounds of fat grafting to achieve the desired goal

Will I need Anaesthesia?

Mr. Bunker performs grafting under intravenous sedation or general anaesthesia depending on your particular circumstances. Modern anaesthetics are safe and effective but carry some risks, which you will discuss with your anaesthetist.

Will I need to stay in Hospital?

Fat grafting is usually a day only procedure.

What are the Risks and Complications?

All surgery has risks. There are general risks which apply to all operations as well as specific risks for individual procedures. General risks include:

- Bleeding
- Infection that may require treatment with antibiotics or further surgery in some cases
- Allergic reaction
- The formation of a large blood clot (haematoma) or fluid (seroma) beneath the skin that may require drainage
- Pain, bruising and swelling around the operated sites
- Keloids and hypertrophic scars that are raised, red and thickened scars over the healed incisions. These may be itchy, annoying and unsightly but are not a threat to health.
- Poor healing or wound breakdown
- Smokers are at increased risk of complications from any surgery. It is important to truthfully disclose your smoking status, including 'social' smoking.
- Short-term nausea following general anaesthesia and other risks related to anaesthesia

Specific risks and complications associated with fat grafting include:

- Bruising and swelling
- Overcorrection due to the transfer of excess fat
- Under correction due to transfer of an insufficient volume of fat or excessive resorption of grafted fat
- Lumps or cysts secondary to prolonged inflammation or necrosis (death) of transferred fat
- Visible or palpable deformities
- Blindness or stroke due to occlusion of important arteries with fat
- Fat embolism resulting in areas of skin loss or issues with breathing
- Deformity at the donor site due to excessive or unequal fat harvesting

Where will the Surgery take place?

Your surgery will take place in an accredited hospital facility.

What do I need to do Before Surgery?

- Due to the recent cosmetic surgery reforms, all patients in Australia undergoing cosmetic surgery are required to undertaken a Body Dysmorphic Disorder Questionnaire.
- You will be asked to complete a full medical history. You must list all medications you take including dietary supplements such as fish oil which increase your risk of bleeding.
- Check with your surgeon about your medications as some may need to be stopped. Any additional tests required preoperatively will be arranged by Mr. Bunker or your anaesthetist.
- If you decide to have fat grafting, you will need to sign a consent form. Make sure you read the
 consent form carefully before signing. If you have any questions, please ask them prior to
 surgery.
- Avoid any strenuous activity or exercise in the week before your surgery.
- Take Vitamin C supplements 1 gram daily starting at least 2 weeks before your surgery, unless you are allergic or unable to tolerate.
- Make sure you arrange for a relative or friend to drive you to and from the hospital or clinic and that you have arranged appropriate help at home including someone to stay with you for the first 24 hours. Think about the setup at home where you will recover – you may want extra pillows, fluids and a toilet nearby and it is useful to have a telephone within reach.
- Consider work arrangements. Most patients will remain off work for 2 weeks after surgery. A
 medical certificate can be supplied to your preoperatively if required.
- You will receive detailed preoperative and postoperative instructions. Follow them carefully.

What do I need to do After Surgery?

- Arrange for a relative or friend to drive you home after the surgery. Someone should also stay with you for at least the first day after the operation.
- Some bruising and swelling is normal and may take up to a few weeks to disappear.
- You can usually drink fluids and eat a light meal two or three hours after surgery.
- You may have some pain and discomfort, particularly around the incisions. You will receive
 medications for home (pain relief and antibiotics) as well as detailed post-operative instruction
 which include how to care for your surgical site, signs which warrant concern, contact
 information and follow-up instructions.
- Follow any instructions regarding postoperative garments as per Mr. Bunker's instructions.
- No strenuous activity for 4 weeks after surgery.
- Do not massage the area firmly as you may change the position of the fat grafts.
- Dressings are to remain dry and intact until your postoperative review.

If you experience any of the following symptoms, notify us immediately:

- Temperature higher than 38°C or chills
- Suddenly swelling or dark bruising
- Headaches or changes in vision
- Increasing pain or tenderness
- Difficulty breathing

Will I have Scarring?

Very small scars are required to both harvest and transfer the fat. These usually become inconspicuous with time.

Will I need Revisional Surgery?

Revisional surgery may be necessary to correct minor irregularities.

How much does a Fat Grafting Cost?

Cost is always a consideration in elective surgery and may include:

- Surgical fee
- Hospital or surgical facility costs
- Anaesthesia fees
- Prescriptions for medication
- Postsurgery garments
- Medical tests

A quote for the surgical fee is provided to you prior to surgery. This also contains instructions on how to obtain quotes for associated fees as listed above. If you have any questions, please contact the Practice Manager.

Terms You Should Know:

- **General anaesthesia:** Drugs and/or gases used during an operation to relieve pain and alter consciousness. When you are under general anaesthesia you are 'asleep'.
- Intravenous anaesthesia: Drugs delivered to provide sedation, also known as 'twilight' anaesthesia.
- Necrosis: Death of tissue due to a lack of blood supply.
- Autologous: Tissues obtained from the same individual.



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Janiel Bunkern

SPECIALIST PLASTIC SURGEON