

FAT TRANSFER INFORMED CONSENT

Fat transfer to the breasts, face, and buttocks is a plastic surgical technique where fat is harvested from one place in the body and re-injected into another place in the body to increase volume or alter shape. When the face is the recipient site, very small instruments are used and small amounts of fat are used and often times, this procedure can be done entirely in the office under local anesthetic. When the fat is injected into the breasts or buttocks, more volumes are needed; therefore, it becomes more of an involved procedure. In all of these cases, very small, hollow cannulas are used to harvest fat, most often from the saddlebags, sometimes from the buttocks, thighs, and occasionally from the abdomen. The fat is harvested in a similar fashion as liposuction, but the tools are smaller and the suction weaker because the harvested fat is smaller in size. The fat is then separated from blood and other bodily fluids and then re-injected with small cannulas, multiple passes into multiple layers. For the face, this is done on a small scale; usually no more than 50 cc's is transferred. For the buttocks, it is done on a larger scale; up to 900 cc's can sometimes be transferred into each buttock depending on the patient's size. With the breasts, it is usually anywhere from 100 up to 400 or 500 cc's depending on the patient's size. For the breasts and the buttocks, general anesthesia is usually needed. The patient is on their stomach, the fat is harvest from the backside, and re-injected into the buttocks. If the patient is having their breasts augmented, the patient's body has to be turned and then the breasts are treated. When the breasts are augmented with fat, the result is an increase in size, usually no more than one to two cups. This is a technique that can also alter the shape of the breast or help with some breast implant complications. When there has been radiated tissue, fat transfer has also been shown to improve the texture and the look of the radiation area over time.

The term Stem Cell Transfer has now been associated with Fat Transfer. Stem cells are found in fat. They always get transferred with the fat. The stem cells help the fat grow in its new environment and survive for the long term. This is true for the face, the buttocks, and the breasts. It is important to remember in all cases; more than one treatment may be needed. This is true especially in radiated tissue. Up to five (5) treatments may be needed three (3) months apart, all depending on the deformity, the size of the patient, and the area to be treated. Prior to surgery, the patient should be in good health and able to tolerate anesthesia.

Risks, Complications and Drawbacks of Fat Transfer

Any patient undergoing this surgery has to accept the following possibilities:

- Resorption. All patients have to accept that some of the fat to resorb. It is inevitable. 100% take is rarely achievable.
- Limited results. If a patient wants an 'implant look', they should use an implant. Only as much fat that is available in a certain patient is what can be transferred. Some patients have body types that just do not have enough fat to get a certain type of result.

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- More than one treatment may be necessary if the treated area has a lot of movement or if it is an area with previous radiation.
- Scars. These are very rare since the only incisions that are used are made with a needle; however, sometimes the puncture sites can produce a red mark which is visible and this is most frequently seen near the breast bone area.
- Skin irregularities. These may occur from the donor site harvest. They may require additional treatment if they are obvious or aesthetically unacceptable.
- Infection. This is possible with any surgery and may require the use of prolonged antibiotics.
- Bleeding. All patients should expect some bruising. Collections of blood are very unusual with this type of surgery.
- Skin blisters and Irritation.
- Complications from anesthesia. These can occur with any surgery. This is why it is important for the patient to be healthy to be able to undergo anesthesia.
- Puncture of body organs. The small cannulas, if they are placed in a plane that is too deep could puncture a lung or underlying organ. Should this extremely unusual complication occur, hospitalization may be necessary.
- Fat necrosis, calcification of fat or fatty oil cysts. These can occur anywhere fat is transferred, especially in areas of higher volume such as the buttocks or the breasts. If they are small, sometimes they are never noticed and have no clinical consequence. They can sometimes be palpable and may need to be aspirated or removed. In the breast, if a calcification occurs, it usually has a different appearance than the calcifications of normal breast tissue. However, sometimes the two can look very confusing and this is why follow-up with mammograms and a radiologist skilled at reading mammograms is very important. Further treatment may be necessary if there is an area of question and biopsy may need to be done.
- Loss and gain of transferred fat. As a patient loses or gains weight, the results may change as well.
- Fat embolism. This is when a small little particle of fat gets into a blood vessel. Usually these are of no consequence, but if they are large, then a patient may become symptomatic and supportive care could be necessary, possibly hospital based.

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- **Asymmetry.** Asymmetry can occur anywhere there is a right and a left side. The “take” of transferred fat may not be exactly the same on the right vs. the left or vice versa. It is out of the control of the surgeon to be able to control how the body accepts the transferred fat on one side vs. the other. This is why sometimes additional touch-ups might be necessary to get as symmetric results possible.
- **Numbness.** This is usually an issue at the donor sites from the liposuction. Most of this is temporary in nature and rarely does it become a permanent problem.
- **Surgically wetting solution.** There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that are injected into fatty deposits for harvesting fat may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

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