

BBL (Brazilian Butt Lift)

Gluteal Augmentation/Reshaping

A BBL involves fat harvested from other parts of the body and transferred into the buttock area. Donor sites are most often the back and flanks, but also can be the abdomen, thighs, and even arms. Dr. Pautler uses the Micro Air Lipofilter System to keep the fat sterile and sealed from air contaminants. What is taken away is just as important as what is added. In other words, aggressive liposuction of the waist and lower back is paramount to creating an attractive gluteal silhouette. The fat is then added to the butt to give volume and projection. Volumes added vary from 200 cc's to over a liter per side, depending on the patient's size and habitus. The fat is added under the skin and into the fatty layer of the buttock, but NEVER INTO THE GLUTEAL MUSCLE! Injecting fat into the gluteal muscle can result in fatal fat embolism. Dr. Pautler takes every precaution, including ultrasound guidance, to keep fat well above the gluteal muscle. Dr. Pautler also uses vibration expansion lipofilling to help improve stubborn dimples and contour deformities found in certain gluteal shapes. Some patients get a nice result in one BBL, but others may need to stage their procedure and do a second round of fat transfer. This is extremely common, especially with butts that are 'V' shaped, scarred, or ridden with indentations and dimples. Every patient is unique and Dr. Pautler tries to use the safest approach to get the best result.

Things to keep in mind:

1. You cannot smoke. If you do, you have to stop smoking three months prior to surgery. A BBL will not be successful in a smoker.
2. After BBL you have to sleep on your stomach for at least six weeks and avoid prolonged sitting on the back of your rear end, like in a recliner. Pressure on the newly transferred fat will rob the cells' blood supply and they will be absorbed and there will be loss of projection and volume.
3. No going to the gym or heavy-duty exercise for at least three months. The buttocks need to rest, the cells need to grow "roots" into their new surroundings so they can live there.
4. All BBL patients will wear a compression garment for about six weeks. Walking around is perfectly fine. If you sit for work, try to sit on the back of the thighs. Once the wounds are healed, swimming in a pool is permitted. Showers are permissible two days after the surgery.
5. All patients have to accept the fact that some of the fat will resorb. It is impossible to get 100% take. Some patients have a stiffer, harder type of tissue and their buttocks will not accept a lot of fat. These are the types of patients that need to have their procedures staged, i.e., more than one BBL.
6. Scars are very rare since the incisions are essentially a few cm, however, sometimes the sites can have trauma from multiple passes with the fat transfer cannulas and a red mark will be visible. Usually, these fade but sometimes a scar revision might be necessary.
7. Skin irregularities can sometimes occur at the donor sites and may require additional treatment if they don't go away on their own.
8. Infection and bleeding are possible with any surgery. Some infections need the use of prolonged antibiotics.
9. Bruising is to be expected as some of it can be really purple and scary looking. Some patients will have a permanent light brown discoloration in areas of the buttocks or in the donor sites. This is normal and takes a very, very long time to go away. Some can be visible after even several years. Some patients get this, some patients don't. Hematomas or collections of blood are very unusual with this type of surgery.
10. Complications from anesthesia are luckily rare. If you are healthy, you shouldn't have any problems with anesthesia.
11. Puncture of body organs is also possible. This is extremely unusual. Dr. Pautler makes sure that each patient is positioned in such a way that the chances of this are extremely low. Should this unusual complication occur, hospitalization may be necessary.
12. Fat necrosis, calcifications of fat or fatty oil cysts can occur anywhere fat is transferred. In the butt, this is usually not a problem or of any clinical consequence. Sometimes these areas can be palpable and may need to be needle-aspirated or even removed surgically. Loss or gain of transferred fat can occur if a patient loses weight or gains weight.

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13. Small fat emboli can occur when a little parcel of fat gets into a blood vessel. Small ones are usually of no clinical consequence. Large particles of fat into the blood stream in the gluteal muscle are to be avoided and Dr. Pautler takes every precaution to avoid any intramuscular injection of fat.
14. 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. It is out of the control of Dr. Pautler to be able to control how the body accepts the transferred fat on one side vs. the other, even if the exact same amount is put on each side. This is why sometimes secondary touch-ups may need to be done to get as symmetric results as possible.
15. Numbness can occur and usually it is at the donor sites from the liposuction. It is temporary and rarely does it become a permanent problem.
16. Surgical wetting solutions are used for any liposuction procedure and there is a possibility that large volumes of fluid could cause overload or systemic reaction to the medication. This is extremely rare and may require a longer stay in the hospital.

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