

FAT TRANSFER TO THE BREASTS

Fat transfer to the breasts is a technique where fat is taken from other areas of the body to thicken or increase the volume of the breast. It works best for deflated breasts like after having babies or removing an implant. Harvesting fat for this technique is COMPLETELY DIFFERENT THAN LIPOSUCTION. For fat grafting to the breasts, fat is removed with very small cannulas with a low suction device, which is slower and gentler than liposuction. It allows for the best survival of fat in its new home – the breasts. Dr. Pautler uses the Lipografter® device from MTF Biologics. Donor sites are usually the flanks, hips, abdomen or thighs. Fat is carefully injected into the breast also with a very small cannula with multiple passes. The goal is to maximize survival of transferred fat so that each cell has access to blood supply. The recipient site, the breast, cannot be overwhelmed with too much fat or some of the fat will be crowded out of any nutrients, i.e., blood supply, and undergo tissue death. Death of fat results in small oil cysts or calcifications which in and of themselves are not harmful to your health, however, they can sometimes be palpable under the breast skin and/or visible on mammogram. In other words, the mammogram can be a little bit more difficult to read if there are multiple calcifications or oil cysts. There is a limit to how much fat the breast can accommodate at any single procedure.

Conventional liposuction is completely different: it involves much larger cannulas and very high vacuum pressure to rapidly debulk fatty areas. The fat is then discarded because it is not suitable for fat grafting because high suction forces damage fat cells.

Some patients have a lot of usable fat, and some don't. The MTF Lipografter® is NOT a liposuction tool and will NOT yield liposuction results. If a patient wishes to have more fat removed for visible volume reduction, traditional liposuction can be done at the same time as fat transfer to the breast, but it would be an additional procedure.

Fat transfer to the breasts typically increases the volume of the breast by 1 to 1-1/2 cup sizes at the most. Multiple sessions may be needed to get more volume if the patient desires.

Risks, Complications, and Drawbacks from Fat Transfer

Any patient undergoing fat transfer to the breast surgery has to accept the following possibilities:

- Resorption: Some fat will resorb. It is inevitable. 100% take is rarely achieved.
- Limited results: If a patient wants an implanted look they should use an implant. Only as much fat that is available in a certain patient is what can be transferred. Some patients may have a lot of fat, but their recipient site, i.e., their breast, doesn't have enough capacity to accommodate a huge volume of fat and will not give a certain size. Therefore, multiple treatments may be necessary to achieve a certain result.
- Scars: These are rare, the incisions are made with a needle or a very small scalpel. Sometimes the puncture sites can produce a little red mark which usually fades.
- Skin irregularities: These may occur from the small cannula in the donor sites harvesting. If they are aesthetically unacceptable they may require additional treatment. This is more of a risk in very, very thin patients and usually not a risk where patients have more fat.
- Infection: Possible with any surgery and they require the use of prolonged antibiotics.
- Bleeding A risk with any surgery.
- Skin blisters or irritation: This is usually from compression garments worn on the donor sites.

- Anesthesia complications: These can occur with any surgery. This is why it is important to be healthy prior to undergoing any anesthesia. Fortunately, they are very rare.
- Puncture of body organs: The small cannulas are maneuvered in a superficial plane. Organ puncture, which is much deeper, is very unusual. Should this extremely rare complication occur, hospitalization may be necessary.
- Calcifications or oil cysts. Calcifications can occur in the breast naturally and they are common findings on routine mammography, and they are considered benign. Some transferred fat can calcify as well and usually these are benign in appearance and require no treatment. However, there is always a chance a biopsy may be needed to rule out malignancy. Please note that a malignant calcification is NOT a result of fat transfer. Fat transfer can result in only benign calcifications. Mammography may need to be done prior to surgery and after surgery as well just for follow-up purposes. Oil cysts can occur as well and usually need no treatment. They sometimes resorb on their own or can be aspirated if they are palpable or become uncomfortable.
- Loss and gain of transferred fat: If a patient loses weight, there is a chance the transferred fat may disappear. If a patient gains weight, the results may change as well.
- Fat embolism: When a particle of fat gets into the blood stream, usually this is of no consequence because the fat particles are very small. However, if a larger particle is involved, symptoms may occur and supportive care would be necessary, possibly hospital based.
- Asymmetry: No two sides are ever the same. The “take of fat” may not be the same on the right vs. the left. This is out of the control of the surgeon to be able to control how the body accepts the transferred fat on the one side or the other. This is why additional treatments may be necessary to get a symmetric result.
- Numbness: This is usually an issue on the donor sites. It is usually temporary and does not require anything other than observation.
- Surgical wetting solution: Sometimes large volumes of fluid containing dilute local anesthetic drugs and epinephrine are needed and are injected into the fatty deposits for harvesting fat. Most patients can handle these large volumes without any problems. However, in very rare situations, fluid overload or systemic reaction to the medications could occur and hospitalization may be necessary.

Pre- and Post-op Consideration

All patients should avoid blood thinners such as Motrin, Ibuprofen, Advil, Aleve, and aspirin. This is to reduce bruising. All patients should be nicotine-free for at least eight weeks prior to surgery. This includes vaping, nicotine patch and cigarettes. Postoperatively NO ice to the breasts! No smoking! No tight bras or compressive garments. No visits to the gym. Usually exercise is beneficial, but with the increased heart rate and increased blood pressure, exercise will dramatically increase the risk of fat resorption. Therefore, patients should avoid heavy-duty exercise in the gym for at least two months postoperatively. Please do not sleep on your breasts. The pressure will also increase the risk of resorption.