

Miss Judith Hunter MA MB BChir MD FRCS (Plast)

Consultant Plastic Reconstructive & Aesthetic Surgeon

IMPERIAL PRIVATE HEALTHCARE

Charing Cross Hospital 15th Floor Thames View Fulham Palace Road London W6 8RF

PATIENT INFORMATION

Fat Transfer

Aim of Surgery

This surgery involves aspirating fat from underneath your skin through small cuts (generally at least two 'stab' incisions of about 5mm in length per area aspirated), processing it, so a good portion of healthy fat is obtained and then injecting tiny globules of fat into another area. This is usually performed to augment another body region, such as the breast. It is a more natural way of achieving volume compared to an implant but is less reliable, usually requiring several episodes. It achieves subtle changes to improve contour or in order to obtain a boost of perhaps up to a cup size.

What to Expect

Fat transfer is performed under general anaesthetic, a general anaesthetic means that you are fully asleep. You must not eat or drink anything other than water for 6 hours beforehand, you may drink water only from 6 hours up to 2 hours beforehand. Fat transfer is usually performed as a day case, part of the surgery involves injecting fluid into the area from which the fat is harvested to reduce bleeding, help with pain relief and aid the aspiration of the fat, this means that you will be quite swollen and bruised after surgery, there will be small cuts which are stitched up in the areas we have harvested and transferred fat into. You will have a pre-operative assessment, sometimes blood tests are taken at your pre-operative assessment. You will be fitted for garments for the area from which we are taking fat and where we are putting it into, you will wake up with your supportive garments on and you will continue to wear them for six weeks, day and night. You will be walking immediately afterwards, you should expect to take 2 weeks off work and you will need to avoid heavy lifting, gym work or driving for six weeks. Usually, we will arrange for you to be seen for a wound check the week after the surgery and then perhaps the following week, depending on wound healing. Miss Hunter will oversee these reviews and will also see you in clinic at around 6 weeks.



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Concerns or Queries: contact Sophie Freud – PA Tel: 07980 307829

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Post Op Instructions

You will be able to walk straight away but you need to avoid excessive strain to the area worked on, as explained above, for one month. You can remove your garment to shower but should otherwise wear it at all times, including sleeping in it at night. You may be able to shower straight away, there will be dissolving sutures underneath the small scars which will be waterproofed with glue and covered with tape; after showering, pat the tape dry with a clean towel or dry it with a hairdryer on a cold setting. Do not soak in a bath for a minimum of 2 weeks - the wounds need to be completely healed first; you must also void swimming until completely healed. At your first clinic review Miss Hunter will check the wounds and then re-tape them, at this stage you can keep showering and drying as above, the tapes will then slowly peel off and can be trimmed if needed. Once all the tape has come off - usually at 2 - 3 weeks and all the wounds have healed, you can start to moisturise and massage the scars, this can be done twice a day with any moisturiser that suits your skin though you should avoid scented moisturiser. After six weeks you no longer need to wear the garment.

Complications

Of the General Anaesthetic

It is possible that a blood clot could occur in the legs or lungs, or you could develop a chest infection after any general anaesthetic, although there is a low risk of this and we do everything we can to prevent this occurring. You will have compression stockings and calf compressors on during the operation and you should walk around as soon as you can after surgery.

Your anaesthetist will talk to you about the general anaesthetic if you have any particular health concerns.

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Complications of any Operation

Bleeding: You will be quite bruised and swollen after the surgery. It is unusual to have excessive ongoing bleeding however if this happens, the affected area will swell up soon after the procedure or there will be excessive bleeding from the small scar. It is possible, although very rare, that you would need to go back to the operating theatre for this to be attended to.

Scars: Scars are usually strategically placed to access the fat to be aspirated and so as to be inconspicuous but they are permanent scars, they will however be less than 1cm in length. Scars will be red and raised to begin with and can take up to 18 months to really settle down. Even when faded, they will always be there if you look closely enough. Moisturising and massage help to mature the scars but this should not be started until the wounds are completely healed. It is possible to have problematic, lumpy scars, particularly if you have darker skin, and you will be given advice on this.

Infection: We take all possible steps to avoid infection, you will have antibiotics around the time of the operation but you should not routinely need antibiotics to take home. An infection is unusual but very treatable if it does happen, redness spreading from the wound edge, pus coming from the wound, a bad smell from the wound or feeling flu-like and unwell may be signs that you have an infection and you should seek help. Occasionally the fat can form cysts or liquify (called fat necrosis) and can become infected, this is more common if very large volumes of fat are transferred and it is for this reason that Miss Hunter does not perform procedures requiring a very large volume fat transfer.

Pain: This should be controlled with painkillers, you will be sent home with some which you should take regularly for the first few weeks after which time you can take them as and when needed. Simple painkillers such as paracetamol and ibuprofen should be all that you will need after the first week.

Numbness: As the area is swollen, it may also be quite numb for several weeks after surgery.

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Complications specific to Fat Transfer

Asymmetry: No two sides of the body are identical to start with and there may be subtle differences between sides afterwards too.

Damage to underlying Structures: Miss Hunter is very careful to stay within the fatty layers of your body but the cannula used, in theory could penetrate deeper layers, or damage an implant lying underneath.

Delay for the Results being visible: As outlined above, fluid is injected into the area before fat is aspirated and the area worked on swells up afterwards - this means that it can take up to 6 weeks before the results are apparent. At this stage, the transferred fat should remain in its new place permanently.

Interference with Breast Imaging: It is important that you let professionals know that you have had fat transfer if you have scans to the area in the future (such as ultrasounds or mammograms), the fat can calcify and be confusing if the team does not know that you have had fat transfer.

Failure of Fat Take: This is a limitation of the technique - not all the fat is guaranteed to take, it may be up to 6 weeks before you see the results and you may well wish to have further episodes of fat transfer to achieve the volume you wish to have.



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