NINA S. NAIDU
MD FACS

A Patient's Guide to Fat Grafting of the Breast

Inside this guide:

Dear Patient,

Thank you for choosing to explore breast fat grafting surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of fat grafting.

Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, we will be happy to discuss them with you at the time of your consultation.

We look forward to meeting you.

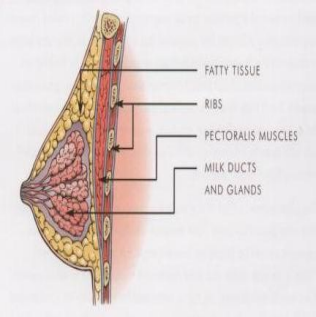
When to consider fat grafting of the breast

Women's breasts can be small secondary to heredity or following pregnancy or weight loss. Fat grafting can increase the volume of your breasts by using your own tissues to augment your size.

You are a good candidate for fat grafting to the breast if you wish to have a modest size increase of your breasts (1/2 to 1 cup size) and you do not wish to have an implant placed. You should have potential areas of excess fat which can be used to harvest tissue, be physically healthy, and not smoke. If you have loose or sagging skin, or do not like the shape of your breasts, fat grafting may not be the best option for you.

Anatomy of the Breast

All breasts are made of fatty tissue, glands, ducts, and skin. Deep to the breast is the chest muscle (pectoralis major). Pregnancy, weight loss, and aging can stretch the skin, which may cause sagging of the breasts. No woman has two breasts that match exactly. It is important that you understand the limitations that may exist due to characteristics of your own breast tissue.



Procedural steps

Prior to grafting your fat into your breasts, it must be harvested and purified. Fat is harvested by liposuction, typically from the abdomen and flanks. The area to be suctioned is first injected with a fluid containing a physiologic solution and epinephrine to limit bleeding. A syringe or sterile suction tubing will then be used to carefully extract the fat with gentle suction. Once enough fat has been obtained, it will be purified by separating the oil and water from the pure fat. The fat will then be transferred to your breasts with special cannulas. These are passed in and out of the breasts multiple times, and with each pass a small line of fat is deposited in the breasts. The fat is injected just until the breasts are just full; too much fat in a small area will lead to necrosis, or death, of the injected fat, while too little will produce an inadequate augmentation. The incisions used are typically less than 1 cm and are placed in hidden locations on the breast and body. No dressings or wraps are placed directly on the breasts to prevent compression of the fat, but a shaping garment is placed which helps to mold the tissue around the breasts.

Additional procedures

For patients who desire additional volume, small implants are sometimes placed at the same time as fat grafting. For women with sagging breasts or loose skin, a breast lift is advised. Fat is sometimes grafted into the upper pole of the breast during a breast lift in order to provide additional volume.

Risks of surgery

All surgery carries risks. The most frequently reported complications after fat grafting surgery are:

Longevity of fat: Not all of the grafted fat will survive, and the percentage of fat survival is variable. You should anticipate that at least 30% of your initial volume will be lost.

Need for additional surgery: Because of the loss of volume, patients should anticipate needing at least one additional surgery approximately one year following the initial procedure if they desire a significant volume increase.

Changes on mammogram: In some cases, fat injected into the breasts may form a cyst or calcified tissue. Fat grafting may create changes on your mammogram which may require additional testing or biopsies.

Hematoma: A collection of blood underneath the skin can occur following surgery. Should this happen, you will most likely note a sudden increase in the size of one or both breasts. Bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

Seroma: A seroma is a collection of clear fluid underneath the skin. This may require drainage in the office.

Infection: Infection following fat grafting surgery is rare. Infection may necessitate intravenous antibiotics or additional surgery. You will be given an antibiotic prior to surgery to help prevent an infection.

Scarring: Although the scars improve with time, they may not completely fade away.

Pain: Most patients report only mild discomfort following surgery. A small number of patients may have permanent pain.

Blood clots: Blood clots may form in the legs, or travel to the lungs, following surgery. This is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

Numbness: Most patients will note some numbness over the breasts and nipples which usually resolves within several weeks. A small number of patients may note persistent changes in sensation.

Asymmetry: Some patients may have asymmetry of the breasts or breast contour and shape irregularities.

Risks of surgery (continued)

Potential inability to breastfeed: Some patients will be unable to breastfeed following fat grafting surgery to the breasts.

Anesthesia risks: Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. The surgery lasts approximately 2 hours and is performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is safe and it ensures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain routine bloodwork, and in some cases preoperative clearance from your primary medical doctor. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You will need to have a responsible adult available to escort you home after surgery.

Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be given something to eat prior to discharge. A responsible adult will need to be available to escort you home.

The day after surgery, you may shower. Patients are seen in the office one week following surgery. Several small sutures will be removed at that time. Drains are not used. A compression garment is recommended for the areas that have been suctioned in order to speed the reduction of edema.

Walking is permitted the day after surgery, but strenuous activity and heavy lifting should be limited until two weeks following surgery. Most patients do not complain of severe pain following this surgery but note that their breasts feel sore and are very bruised for several days. Pain medication is prescribed for any discomfort. Swelling will be present for the initial 3-4 weeks after surgery. The scars will continue to fade and soften for up to one year following surgery, although they may never completely disappear. You will see your final result approximately 3 months after surgery.

About Dr. Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the breast and body.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is a former member of the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgeons (ASAPS), and the International Society of Plastic Surgeons (ISAPS), and is an active Fellow of the American College of Surgeons (ACS). Dr. Naidu maintains privileges at New York Presbyterian Hospital – Weill Cornell Medical Center.

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