

**INFORMATION SHEET FOR
FAT TRANSFER PROCEDURES
(FAT GRAFTS AND FAT INJECTIONS)**

(PLEASE REVIEW AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE)

PATIENT NAME _____

INSTRUCTIONS

This is an information sheet document that has been prepared to help inform you concerning **fat transfer (fat grafts or fat injection procedures)**, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page,

INTRODUCTION

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to other areas like breast. Typically, the transferred fat results in an increase in volume of the body site being treated. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat will be removed from the body by a narrow surgical instrument (cannula) through a small incision. In some cases the fat may be prepared in a specific way before being replaced back in the body. This preparation may include washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle. Since some of the fat that is transferred does not maintain its volume over time, your surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. You should expect to have 3-5 sessions. Fat transfer procedures will be done using a local anesthetic.

ALTERNATIVE TREATMENTS

Alternative forms of nonsurgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid, polylactic acid, etc.), use of man-made implants, or other surgical procedures that transfer fat from the body (flaps).

Risks and potential complications are associated with alternative forms of treatment.

RISKS of FAT TRANSFER PROCEDURES-

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to its potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the procedure.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after this procedure. Should bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any blood thinning medications, aspirin, or nonsteroidal anti-inflammatory medications (acetaminophen is acceptable) for ten days before the procedure, as these may contribute to a greater risk of bleeding or significant bruising. Tell your surgeon if you are on any of these medications before stopping them.

Seroma- Although unlikely, a collection of fluid may appear at the site where the fat was removed. This is usually treated by draining the fluid with a needle.

Fat Loss (necrosis)

Fat transferred needs to get new blood supply, fat cells that could not get new blood supply, will die that may result in loss of some fat injected, sometimes you will have redness and pain and it may need to be drained with a needle.

Infection- Infection is unusual after this procedure. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

Scarring- All invasive procedures leave scars, some more visible than others. Although good wound healing after a procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures used to close the wound. Scars may also limit motion and function. Additional treatments including surgery may be needed to treat scarring. Scars can be permanent and leave uncosmetic result even after treatment.

Change in Appearance- Typically the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. It is important to understand that more than one treatment may be needed and therefore to discuss with your surgeon the costs associated of repeat treatments.

Firmness and Lumpiness- While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

Asymmetry- Symmetrical body appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Long term effects- Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

Pain- Chronic pain may occur rarely after fat removal or transfer.

Fat Loss

Fat survival depends on many variables and although it is estimated that 40-50% of fat will survive however in some cases fat may not survive at all.

Tissue Loss- In rare cases, the transferred fat may cause the skin over the treated area to be injured resulting in loss of the skin and surrounding tissue. This may leave scars and disfigurement and require surgery for treatment.

Fat Transfer to Breasts- Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns especially with regards to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to have radiological studies (mammogram, ultrasound, or MRI) performed to be sure these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for you or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe that fat transfer procedures may cause breast cancer.

Damage to deeper structures- Deeper structures such as nerves, blood vessels, or muscles may be damaged during the course of this procedure. The potential for this to occur varies according to where on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result- There is the possibility of an unsatisfactory result from the procedure, resulting in unacceptable visible deformities, loss of function, wound disruption, skin death, or loss of sensation. You may be disappointed with the results of the procedure.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during the procedure or prescription medicines. Allergic reactions may require additional treatment.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Risks of Fat Transfer Procedures, continued

Serious Complications- Although serious complications have been reported to be associated with fat transfer procedures, these are very rare. Such conditions include, but are not limited to: **Fat embolism** (a piece of fat may find its way into the blood stream and result in a serious or life threatening condition), **stroke**, **meningitis** (inflammation of the brain), **serious infection**, **blindness or loss of vision**, or **death**.

Blood clots- Blood clots in the veins of the arms, legs, or pelvis may result from from fat transfer if it is done as a surgical procedure. These clots may cause problems with the veins or may break off and flow to the lungs where they may cause serious breathing problems.

Pulmonary complications- Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of fat transfer procedures.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal results with a single procedure. Multiple procedures may be necessary. Should complications occur, surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited above are the ones that are particularly associated with fat transfer procedures. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of the procedure involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies and possible clinic charges, depending on where the surgery is performed. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

Post Operative Care for Fat Transfer

Day ONE:

Fat Transfer is a long procedure that takes around 4-5 hours, you expect to leave clinic by 19:00 PM. We expect you to be driven home by a family member or friend. There will be no scars on bum or breasts. Scars on area that had liposuction will not be sutured to allow drainage of local anaesthetic. You will leak red blood stained fluid from liposuction holes for around 48 hours from surgery. Most patients reports no pain for first 48 hours. You will start post operative medications including antibiotic and pain killers both will be supplied by clinic. You will also start an injection to make blood thin (to reduce risk of blood clots). This injection has to be away from area of liposuction. Occasionally we can not store it and we give you a prescription for it. **Please avoid injection in area where liposuction done.**

Day TWO:

Most clients will take the compression garment off and have a shower in the morning, Please note you only take off the compression for a shower in first 4 weeks. You expect pain to start at the end of day two and last for around 5 days. Most clients reports that pain is bearable with pain killers. Please check temperature daily and if it is more than 38 to recheck in 15 minutes and if still up to be seen immediately by us or nearest hospital.

Drink as much fluids as you can (we normally recommend 3 litres of fluids per day)

Take Cocodamol two tablets three times a day, be mobile as much as you can and

Take Clexane (medication to make blood thin and avoid blood clots) once a day for 5 days unless you have history of blood clots before then for 6 weeks. DO NOT INJECT IN TUMMY

Take Co-amoxiclave one tablet three times a day for one week.

Do not take any medications without discussing it with us first.

Check temperature at home every 8 hours, if 38 or more please inform us immediately.

Any leg pain or chest paid or inability to breath has to be taken seriously and you will need to present to accident and emergency to exclude clots in lungs or legs.

Toxicity from local anaesthetic is rare with dose we use, however please be aware of symptoms of local anaesthetic toxicity such as disorientation, light headedness, tinnitus, unsteady gait and perioral tingling in case of that please contact us immediately, if any doubt, you will need serum level of lidocaine and serum level of prilocaine.

Wearing compression garment is very important, our recommended regime is to wear it continuously for one month then 12 hours per day for 2 months.

If you had fat transfer to breast, Breast will have lumps and will be hard and tender and that is normal, you will notice it getting better in 3-4 weeks.

Start Lymphatic drainage massage in a week, if you do not have the link already , please email us to send it.

You will need to wear compression 24 hours a day for 4 weeks then 12 hours a day.

You should be getting better everyday, if not please inform us.

if any concerns, contact us at 01243 276763, look-younger.net.