Autologous Buttocks Augmentation with Fat Grafting: A Systematic Review of the Literature and Meta-Analysis

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DISCLOSURE/FINANCIAL SUPPORT: NONE

INTRODUCTION: Throughout the years, many plastic surgeons have published their techniques for achieving a larger gluteal contour. Still, there’s no consensus on the best and safest way to perform fat grafting to the gluteal region. Due to the recent reported fatalities related to fat grafting to the gluteal region, we reviewed the techniques described in the literature in order to analyze and compare the different steps of the procedure, and identify those that could potentially be of concern.

METHODS: We performed a systematic review of the literature in December 2015, with a search of 21 terms related to gluteal fat augmentation in 3 databases. Nineteen articles meeting our predetermined criteria were analyzed allowing evaluation and comparison of techniques. Independent-samples t-test and one-way ANOVA were used for statistical analysis.

RESULTS: Seventeen case series and two retrospective studies were selected, mostly from Mexico, Columbia and Brazil. A total of 4,105 patients composed of 98.2% women and 1.8% men with a mean age of 33.6 years and mean BMI of 24.3 were reported. Most patients received general anesthesia. The thighs and trochanteric regions were the most common donor sites. Harvesting was most often performed with vacuum and syringe-assisted liposuction, and processing was most commonly decantation or centrifugation. A mean of 400 ml of lipoaspirate was injected per gluteal region, in intramuscular and subcutaneous planes with 60 ml syringes. Results were evaluated mainly with pre and postoperative photographs. Most patients rated their results as excellent. The mean complication rate was 7%, consisting mainly of seroma (2.4%), erythema (1.3%) with no significant relation to the planes of injection. Note that one study, which reported 13 deaths, was not included in our data to reduce selection bias.

CONCLUSION: Fat grafting is an effective and predictable way to remodel the gluteal region, however the procedure is not without risks. Avoiding gluteal vessel damage may prevent most feared complications, such as fat embolism. Accurate analysis, systematization of the procedure and reporting cases in the fat grafting registry may provide the foundation for optimization of outcomes.
clinic and 96 of them were secondary abdominal contour deformities. The types of deformities that require secondary surgery have been identified in 7 main groups: Excessive liposuction, High riding scar, Insufficient removal of excess skin and fat, Deformity of umbilicus, Scar visibility, Overall dissatisfaction with the look, Skin necrosis.

RESULTS: In our series, 96 patients underwent secondary abdominal contour correction surgeries between 2007 and 2015. The encountered deformities have been classified in 7 main sections. According the deformities in each group, different surgical techniques have been planned and performed. Surgical scale has varied from a simple scar revision up to the reconstructive procedures with the tissue expanders. Any skin necrosis according the low blood circulation have been observed after the procedures. The incidence of seroma formation was determined higher than the primary cases.

CONCLUSION: Secondary abdominal body contouring deformities can present themselves in varies ways. It is important to have great deal experience with secondary abdominoplasty to repair these deformities. But significant amount of improvement can be achieved if right surgical planning is done and different approach as use for every different type of deformity.

Implant Bra Sizing: Are Patients Getting Accurate Information?

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BACKGROUND: Bra sizing is a common method to preoperatively select implants for breast augmentation; however, no series has corroborated the accuracy of this modality with post-operative outcomes. Alternatively, previous investigations have validated the utility of three-dimensional imaging. This investigation utilizes three-dimensional analysis to determine if preoperative bra sizing provides equivocal information compared to surgical simulation for patient education and planning prior to a breast augmentation.

METHODS: During a primary breast augmentation consultation, patients received preoperative three-dimensional images and associated surgical simulations. Sizers, equivocal to the implants chosen in the simulation, were placed in a surgical bra, and three-dimensional images were repeated. Volumetric and contour analyses were compared between the surgical simulation and the bra/sizer image. All patients used a surgical bra (size small, 32–34) and smooth, round silicone sizers, average volume 302cc (Range 265-339cc).

RESULTS: 7 patients (14 breasts) underwent 3D imaging. The average volume of the bra/sizer image was 22.3% greater than the preoperative simulated breast image. The mean absolute difference of all surface points between the two breast images was 9.25mm (range, 5.98–11.96mm; standard deviation, 8.59). The maximum anterior displacement of the bra image from the simulated image was 19.52mm, centered at the upper pole; the maximum posterior displacement was 25.49mm, centered at the lower pole.

In comparison to three-dimensional simulation, pre-operative bra sizing not only overestimates the post-operative volume but also distorts the volumetric distribution and the anterior-posterior projection. This investigation outlines some deficiencies of bra sizing for patient education and informed consent in primary breast augmentation.

PRACTICE MANAGEMENT SESSION 1

The Plastic Surgeon As Employee

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INTRODUCTION: Plastic surgeons endure years of training yet remain poorly equipped to negotiate their first employment contracts. We evaluated elements in typical plastic surgeon employment contracts and assessed their comprehensiveness.

METHODS: A 16 question anonymous survey was e-mailed to ASPS members. We sought information such as years in practice, geographic area, practice type, number of surgeons within the practice, and legal standing of partnerships. We asked whether respondents sought legal assistance in negotiating their first employment contract. Respondents were asked how malpractice and disability coverage were obtained. They were asked if options included: compensation incentives; compensation by formula; percentage-based compensation; moving/relocation expenses; student loan forgiveness; signing bonus; expense reimbursements. We asked how content they were with their contracts while allowing commentary.