

BREAST AUGMENTATION WITHOUT IMPLANTS: FAT TRANSFER

This technique (in the video included below) is based on Lipotransfer of fat from one area of the body, such as the abdomen, flanks, thighs to enhance breast size, shape, symmetry or change the shape of the breasts (such as in Tubular Breast deformity or in marked congenital asymmetry).

We have already posted how you might 'kill two birds with one stone'..by losing inches where you don't want it by taking the fat from that area (by techniques such as "SlimLipo") and placing it where it might do the most good...breasts or hips...and, of course, in smaller amounts in facial contouring.

Fat is harvested from sites that will improve in appearance. Since we need fat to increase breast volume, the young women with no fat and no breasts (the ideal implant candidate) is NOT an ideal candidate for this procedure.

Fat survives as a “grafted” tissue, that is, the fat is taken from one site, and transferred to the second site and only survives if the blood vessels from the donor fat connect to the recipient vascular bed. Accepting this, one can see how every detail of the procedure will determine the survival of the transferred fat.

The currently popular technique in the U.S is known as "Adivive" from Palomar Medical (<http://www.palomarmedical.com/products/adivive-fat-transfer-system.aspx>) and you can Google it for much more info on what it is. It is used by countless plastic surgeons, probably one in your community.

This technique is used in breast reconstruction with or without implants. When used with implants it helps to correct contour defects which are not correctible with an implant alone, such as hollows, lack of proper shelving, cleavage, etc.

Use of Fat to Augment the SIZE of a breast or to fill an “empty” skin envelope after weight loss or childbirth (breast feeding)

Ideal Candidate:

1. No family history of breast cancer.
2. Understands that transferred fat is a graft and that no guarantee of survival is given and that it may take a couple of sessions to achieve optimal results
3. Has fat to give: abdomen, thighs, hips, flanks, back, arms

4. Does not want general anesthesia
5. Wants improvement not dramatic change
6. History of capsular contracture after failed implant augmentation
9. Tubular breast deformity
10. Congenital breast asymmetry

The ASPRS (American Society of Plastic Surgeons) had a task force s to study the indications, complications and risks of Fat Transfer to Breasts (specifically) in 2009 and found: No increased incidence of cancer, no interference with mammograms or MRI studies with detection of cancer, no contraindications to the use of this technique with the stipulation that the results were VERY physician-experience and technique dependent.

<http://www.youtube.com/watch?v=hVskjYA16X8>

