KAROL A. GUTOWSKI, MD, FACS
AESTHETIC SURGERY
CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY
MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS

What are the pro's and con's associated with fat transfer for breast augmentation?

The traditional technique of breast augmentation involves the use of breast implants. This procedure produces predictable results and has high satisfaction in properly selected patients when performed by experienced Board Certified plastic surgeons. Fat transfer, using a patient's own fat, has been more talked about in the last few years but has not been used on a large scale.

Initial issues were related to the safety of fat injections into the breast as there were concerns about the possibility of the transferred fat interfering with breast cancer detection and mammograms. There were even theoretical worries that the fat could increase the risk of developing breast cancer. Fortunately, none of these problems have been seen and it is unlikely that the risks are significant. The current thought is that patients who have fat grafting for breast enlargement should be informed that this is a relatively new procedure and that the long-term risks may not yet be known. On the other hand, no major problems have been identified that suggest that fat transfer, when done properly, is a dangerous procedure.

The advantages of fat transfer for breast augmentation include:

- The use of one's own body tissue that does not require replacement in the future, unlike implants which may break after many years and need to be replaced.
- It allows the surgeon to place the fat in specific areas and fill out only the upper part of the breast if needed. Breast implants do not allow for selective augmentation.
- Injected fat is more likely to feel and look more natural than a breast implant.
- Since man-made material is not used, there is no risk of capsular contracture (an internal scarring problem) than may happen with breast implants.

The disadvantages of fat transfer for breast augmentation include:

- Fat transfer may not provide enough volume to result in a significant breast enlargement. Most women who have breast implants choose sizes that are greater than 300 cc (about 10 ounces of volume), and more likely to be greater than 350 cc. Fat injections have been resulting in only 250 cc to 300 cc improvements at most.
- Fat transfer requires surgery on another body part to remove the fat. Thin patients may not have enough fat to result in a significant increase in breast size.
- To optimize the fat graft process, some patients use the BRAVA system for a few months before surgery to "pre-expand" their breast tissue. This adds additional cost and inconvenience to the procedure.
- Not all of the transferred fat may survive and the breast may become smaller over time. Repeat procedures may be needed.

- The transferred fat may increase or decrease in size if the patient gains or loses weight.
- Although there is variability, fat transfer tends to be a longer procedure and may cost more compared to the use of breast implants.

Since both breast implants and fat transfer involve a surgical procedure, there are potential risks that need to be considered. Each potential patient should be evaluated and the options considered based on their unique individual needs and expectations.

Anyone considering the use of fat transfer (including fat injections or fat grafts) should discuss this with a Board Certified plastic surgeon who has experience with this procedure. Unfortunately, other surgeons have been offering these procedures without having proper training in fat transfer and breast surgery. For more information, please read the Joint Position Statement of the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) on Stem Cells and Fat Grafting available at http://www.surgery.org/media/news-releases/asaps-and-asps-issue-joint-position-statement-on-stem-cells-and-fat-grafting.

Dr. Gutowski is a Chicago area Board Certified Plastic Surgeon and served as the Chairman of the ASPS Fat Grafting Task Force. He has conducted research in fat grafting and has published medical papers on ways of improving fat transfer, breast augmentation, and patient safety.