



Spire Regency Hospital

Fat Transfer to the Breast

Most women would like the fat from their hips and abdomen moved to their breast. It is now possible to reconstruct a women's breast in this way after they have had for example a lumpectomy for cancer. For many years it has been very difficult to offer women any cosmetic improvement to breast defects left behind following breast cancer surgery. But during the last five years more and more surgeons are using patients own fat (autologous) to help repair lumpectomy defects/scars

Fat grafting procedures start with harvesting the required amount of fat. The fat is usually taken from the abdomen, thighs or both in a similar manner to liposuction. You are put to sleep and the fat collected is refined and injected back into the desired area using tiny incisions. We tend to "overcorrect" the defect as some of the fat melts away after the surgery. The procedure usually takes 1-2hours and you can go home the same day. There are very few complications but bruising and mild discomfort after the procedure is relatively common. Any surgery to the breast can lead to formation of lumps or calcification. Careful and regular breast examination and mammograms are needed to monitor patients but this care is standard in the UK following the diagnosis and treatment of breast cancer. To obtain the very best cosmetic outcome you may need more than one session depending on the size of the original defect. After talking to patients who have had fat transfer procedures it is also evident that any pain they had around their scar improved and the overall skin quality felt better. These perceived added benefits are anecdotal and have not been looked at with long term studies. To date, there is no evidence to suggest that fat injection is less safe than any other breast surgery. The results are very dependent on the technical skills of the surgeon and it is recommended that anyone undertaking this procedure should have had the necessary training by an expert in this procedure.

Who would potentially benefit from fat transfer to the breast?

- Women with previous lumpectomy defects
- Women with tethering/pain in their breast scars
- Those women who have had breast reconstruction but still have an area within the breast that is "hollow"
- Where women have had breast implants and are experiencing very thin skin (and rippling) overlying the implant especially in the "cleavage" area
- Those women who have had breast reconstruction using Latissimus dorsi flap from the back who develop tight painful scars on their back