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Advances in Plastic Surgery

Autologous Fat Transfer

A Missing Link in Facial Rejuvenation

A Featured Medical Report Fox Television News

Autologous Fat transfer is one of the most popular procedures in my practice. I obtain living fat cells from a region of excess, such as the abdomen, and transfer the cells to a region that needs filling out, such as the cheek or lip. These are zones that lose their youthful fullness as an individual ages. Although I have worked for a number of years to refine the process of fat transfer, the procedure is not well known in the Midwest.

The techniques that I have developed for fat transfer allow me to address one of the fundamental aspects of facial aging, a loss of fullness in the cheeks, lips, and other key areas that help to create an attractive, youthful face. As we age and the natural fat cells begin to disappear, the soft, full curves of these zones become hollow and fragmented. Think for a moment of the way the cheek and lower eyelid blend imperceptibly in a healthy 18 year old. The cheek is certainly not hollow - it has a wonderful firmness and fullness. When we look at such a cheek we think of health and vitality. Unfortunately as we age, the upper cheek fat thins out. The lower eyelid appears to bulge because the fat that so beautifully camouflaged it is gone. If surgeons address this critical expressive area by mindlessly removing fat from the lower eyelids, they will only make the area more hollow and fragmented. This is the standard approach to eyelid rejuvenation - an aggressive destruction of the fat that supports the eye and an attempt to pull the skin tight that often reduces the eye's expressive quality.

I am not suggesting that there is never a place for diminishing the fullness of fat in heavy lower eyelids. There are patients who can benefit from a judicious resculpting, or repositioning of this fat. However, for most patients the key issue is to restore fullness to the overlying cheek. Remember that the fat of the lower eyelids has always been there - it just loses its camouflage as we age and the overlying fat of the upper cheek thins out.

Fat transfer is a critical component of my facelift technique, but it can also be carried out as an independent procedure. It is particularly useful for patients who are not yet ready for a facelift, but who have noticed signs of aging in the upper cheek or around the mouth and in the lips. Some patients prefer to undergo fat transfer under a light anesthesia, so that they have no recollection of the procedure, while others select local anesthesia. We can help you determine the approach that is appropriate for you.

With fat transfer the results are highly dependent upon the surgeon's technique and artistic judgment. I feel that the visual concepts that I have derived from careful study of Renaissance painting as well as years of study of the facial aging process, allows me to form an image that guides me in the creation of form for each patient. Fat transfer is truly a transplant operation, in which living tissue is moved from one area of the body to another. The fundamental issue is the same as that of a heart or kidney transplant - survival of the transplanted tissue in its new location. To obtain survival of the greatest percentage of transferred fat cells, two key rules must be followed. First, the fat cells must be obtained, or harvested with an extremely gentle technique. Standard liposuction equipment cannot be used to harvest fat cells, since it subjects them to excessive pressure and causes disruption of the delicate cell membrane. The second rule is that cells must be transferred gently, precisely and in tiny channels. This provides the cells with the best chance of obtaining a blood supply, without which they will not survive. The recovery from fat transfer is easy for most patients. Our patients tell us that they are pleasantly surprised by how little pain there is after surgery. There will be considerable swelling and bruising in the zones of fat transfer, so that most patients will prefer to take at least a week off from social interaction or work that involves client contact. We provide each patient with specific guidelines based on the extent of surgery and the person's individual needs.

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With the experience that I have gained from having performed hundreds of fat transfer procedures, I am able to obtain 30 - 40% survival of the transferred fat cells for the significant majority of patients. Once the cells are in place with a good blood supply, prospects for their long term survival are excellent. As with the fat cells that are original to the region, there will be some thinning out with the passage of time - fat atrophy - after all - is a key component of the facial aging process.

Several different strategies exist for facial fat volume replacement. Many patients accept an over correction in order to obtain the maximum long term benefit from a single procedure. Others prefer a sequence of small volume fat transfers, so that they can return to work more quickly. Still others will return for additional fat transfer 1-2 years after the first procedure in order to enhance the power of the correction. As with all of our procedures, we provide each patient with highly individualized attention, so that we can design a treatment plan that is best for his or her needs.

For years we have used other injectable materials to enhance facial contour. Injectable Collagen®, although impermanent, is very popular among our patients. It can be injected closer to the surface of the skin than autologous fat and provides a nice "filler" for facial expression lines as well as along the lip border. The injection of Collagen® and similar materials into the superficial plane in the undersurface of the skin also makes anatomical sense, since it is being used to replace the collagen that has disappeared from the depth of the skin crease. Deeper structural correction, however, is best done with fat, since this is what has been lost with the facial aging process. This approach respects one of the key rules of plastic surgery: whenever possible replace the missing tissue with the same tissue, preferably the patient's own. Unfortunately there has been an increase in the use of synthetic materials to augment the fat compartments of the face, often by individuals with little training. In addition to producing unnatural results, these substances may very well alter the character of the zones where they are placed, so that a successful fat transfer will be much more difficult to obtain. As is so often the case, shortcuts lead the patient to a long road of disappointment.

If you would like more information about fat transfer and what it can do for you, please talk to one of my nurses. She will be happy to discuss the surgery and recovery process. She can also show you examples of patients who have benefited from this procedure, so that you can determine whether the results are in line with your personal vision. If this is the case, I will perform an in-depth evaluation that will lead to an individualized treatment plan.

Convenient Office Locations

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