Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Lipomodelling following breast surgery

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Lipomodelling Following Breast Surgery

Patient Information

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Lipomodelling Following Breast Surgery

Lipomodelling is a procedure used to improve the contour of a breast that has previously had surgery. It involves taking fat from elsewhere in your body (usually from your tummy) and injecting it into the breast where it is needed to improve the shape. The result can give an improved symmetry (equal appearance) with a soft natural appearance and feel.

Who is it suitable for?

- Following mastectomy, when there has been subsequent reconstruction either with patient's own muscle/fat, or with implants, to improve symmetry and contour.

- Patients who have had breast conserving surgery for breast cancer and who have asymmetry (unequal appearance) in the breasts.

What's involved?

This procedure is normally performed 1-3 years after the initial treatment for cancer, but this may vary in certain situations. Patients who have had breast conserving surgery will usually have had a satisfactory mammogram prior to this procedure.

Fat is taken from your own body, often your lower abdomen, thighs, or hips. This is done through small cuts into your skin. The removed fat is then concentrated and injected with great care in tiny amounts into the area to be treated. This procedure is performed under general anaesthetic in one or more sessions depending on the amount of fat graft needed. It is a day case procedure.

Are there any risks or possible complications?

Most patients complete the surgery with no problems; however, all procedures carry some risk. You should be as fit as possible before surgery, not actively dieting and preferably be a non-smoker.

Possible complications for lipomodelling include:

Common complications

- Swelling and bruising at the donor site (the area where the fat was extracted from) which may take a while to settle. To minimise this, if possible, avoid taking aspirin or anti-inflammatory drugs before the procedure. If you think you need to take these kinds of medication, please discuss this with your doctor.

- The donor area and the breast where the fat is transferred to can be numb, sensitive or painful for several weeks.

Some of the fat injected is naturally lost over time and the procedure may need to be repeated. Irregularities in the breast shape may occur, but these should settle in time.

Less common complications

- Damage to implants during fat injection is possible. This would require further surgery to replace the implant (less than 1%).

- Infection is possible as in any surgical procedure (0.6 -1.1%).

- Haematomas or clotted blood which presents as a lump in the donor site.

- Fat necrosis - up to 15% of patients can develop this. This is where some of the fat injected doesn’t survive, and repairs itself forming chalky deposits or oil cysts, which are felt as lumps. This may need assessment if it happens.

Very rare complications

- Unevenness of the skin at the donor site due to fat harvest being very close to the skin surface
- Pneumothorax or air leak outside the lungs
- Peritonitis due to bowel perforation if harvesting fat from the abdomen
- Fat embolism, where fat gets accidentally injected into blood vessels at the donor site.

Are there any alternatives?

Following breast cancer surgery, asymmetry in the breast can be corrected by other reconstruction techniques. However, these can be more complicated than lipomodelling, which simply involves transferring fat to the asymmetric areas.

Aftercare

Analgesics (painkillers) will be given to you at the time of discharge (do not exceed recommended dose).

Rest is advised for 24 hours following the procedure and then you can increase your activity. Normal non-strenuous activity may be resumed in 2-3 days.

The District Nurses may contact you to arrange to remove dressings and check the wounds within the first week.

You will have dissolvable stitches/steri-strips to close the incisions.

It is advisable to wear support underwear over the donor area for 6 weeks to control the swelling and bruising. It will also help with the contouring of the donor area. Please bring this with you to the hospital.

Ensure your bra does not put pressure on the Lipomodelled area.

It is preferable not to have mammograms for 6 months after this procedure.

When can I resume driving?

Following Lipomodelling, you can start driving when your wounds have healed, you are pain free, can wear your seat belt comfortably, and can do an emergency stop safely. You are advised to contact your insurance company prior to this.

If you have any questions or need further information, please contact the Breast Care Nursing Team on 01942 774720



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