







## Buttock augmentation by fat “Brazilian Butt Lift” or by silicone implants

-  **Duration: 90 minutes for prosthesis / 120-150 minutes for fat transfer**
-  **Anesthesia : general**
-  **Hospitalization : 1-2 nights**
-  **Results : 4-6 weeks**
-  **Recovery : 2 weeks**
-  **Price : From 8900 CHF for prosthesis. From 9900 CHF for fat transfer. From 10400 CHF for hybrid « supercharged » (prosthesis and fat combined)**

### **Anatomy and ideal proportion:**

Buttock augmentation can be performed with fat transfer (lipofilling) or silicone implants.

Thin patients with no fat reserves or patients who do not want to undergo surgery can opt for buttock augmentation with Hyacorp® hyaluronic acid.

The lipofilling technique is reserved for patients who have sufficient fat reserves in the thighs, hips, abdomen and inner knees. The patient must be a non-smoker: in normal circumstances, 30% of the volume of the fat injected will be resorbed and for smokers, the loss often represents 50-80%.

On the other hand, fat transfer can be used in combination with prostheses (hybride or composite breast augmentation) to amplify its projection.

### **Technique:**

The patient is under general anesthesia.

### **Implants**

Vertical incision of less than 3 cm at the top of the buttock line. Creation of a pocket between the fascia (envelope surrounding the gluteal muscle) and the gluteal muscle, whose dimensions are adapted to the projection and diameter of the implant. Insertion of the prosthesis and then closure with placement of drains (redon bottles). Dr. Lucas uses biological surgical glue for the scar, so that the patient can take a shower on the 3-4th day after the procedure, once the redons are removed.

### **Fat**

Under general anesthesia, fat is removed from the knees, thighs, abdomen and hips. The fat is then decanted to purify it and reinjected into the buttocks to recreate a natural curve. For a significant buttock augmentation, a minimum of 600 cc per buttock must be injected, as it is known that 30% of the fat will be resorbed. The triangle in the middle of the birth of the 2 buttocks, at the bottom of the back, is lipoaspirated more aggressively, in order to create a clear curve at the birth of the buttocks.

### **Results:**

#### **Time to final results:**

2 weeks to see a significant result, 2 to 5 months to see the final result

#### **Longevity of results:**

Definitive, but with weight changes, pregnancies, it will evolve.

Concerning fat, it is sometimes necessary to perform a second session for an optimal result.

### **Before surgery:**

Stop smoking 1 month before surgery and stop taking oral contraceptives 1 month before lipofilling to reduce the risk of thrombo-embolism.

Do not take Aspirin 10 days before the operation, inform Dr. Lucas of any anticoagulant medication (Sintrom, Coumadin, Eliquis, etc.) to arrange for its discontinuation or replacement.

Take Arnica capsules 5 times a day for 5 days before surgery to prevent hematoma.  
Shower with Hibiscrub soap provided on the prescription 48 hours before.  
On the day of the operation, you must fast for 6 hours beforehand (do not drink, eat or smoke).  
Purchase before the intervention by your care of a post-operative fenestrated compression (with a hole at the level of the buttocks), which it will be necessary to bring the day of the intervention.

**Intervention :**

**Duration of procedure:** 90 minutes for augmentation with prosthesis / 120-150 minutes for lipofilling / 180 minutes for hydride technique (implant and fat)

**Anesthesia:** general

**Location:** operating room

**Hospitalization:** 1 to 3 nights. For implants, placement of redons that will be removed between the 2nd and 5th postoperative day.

**After surgery:**

**Post-operative pain:** 2 to 5/10 the first week, with analgesia by Dafalgan, Irfen and Tramal then after the 1st week, pain at 1/10: painkillers can be gradually stopped. Post-operative pain is significantly reduced because Dr. Lucas performs an infiltration with a long-acting anesthetic during the operation.

**Social eviction:** 4-7 days with discomfort. Showering is possible from the 2nd-5th day thanks to the use by Dr Lucas of biological surgical glue replacing the dressings.

**Return to work:** 2 weeks

**Return to sports:** 8 weeks

**Instructions:**

Arnica capsules 5 capsules 5 times a day for 5 days after surgery to prevent hematoma.

Clexane 40 mg once a day SC for 10 days.

Permanent cessation of smoking to minimize complications, mandatory if lipofilling.

Check-up by Dr Lucas during hospitalization, then on D2, D4, D7, 3 weeks, 3 months, 6 months, 1 year.

**Implants**

Preventive antibiotic therapy with Augmentin 1 g twice a day for 5 days.

During the first 48 hours: no rapid effort, rest, do not get up too quickly, take it easy so as not to make any sudden movements (efforts may increase the tension and open the small vessels and thus cause a hematoma). During these first 2 days, it is advised to "live upright" and to walk as long as possible so that the bruises go down into the thighs and to prevent phlebitis.

Move gently, especially when changing position, for 6 weeks: the body will form a capsule around the implant during these first 6 weeks, this capsule will accompany you throughout your life. It is essential to respect these instructions during the first six weeks, so that it forms in good conditions.

No sitting for 6 weeks: the only sitting allowed, and only with support on the back of the thighs, is when going to the toilet. If you have a bowel movement, it is very important to wipe from back to front, so as not to contaminate the scar.

Sleep on your stomach for 4 weeks.

No driving or sports for 8 weeks, after Dr. Lucas has given the green light.

Fenestrated compression for 3 weeks day and night, then 3 weeks during the day.

Shower from the 2-3rd day: pass water over the scar without rubbing, dab with clean cloth without rubbing

Between the 2-3rd day and 7th day, disinfect the wound once a day with Merfen spray or another disinfectant spray.

From the 15th day, gently rub glue on the scar which will disappear over several days without tearing it off

Bath from 3 weeks depending on the evolution of the scar at 3 weeks.

Massage scar with Gorgonium 2 times 5 minutes per day for 3 months after the shower, from the 15th day.

Strataderm silicone once a day for 3 months, starting on the 15th day.

Follow-up of the scar by Dr. Lucas for 1 year after the surgery is essential.

**Lipofilling**

Bed rest but during the first 2 days, it is advised to "live upright" and to walk as long as possible so that the bruises go down into the thighs and to prevent phlebitis.

Shower possible from day 3 without rubbing, dab with clean line to dry.

Fenestrated compression 2 weeks day and night, 2 weeks day.

Lyman 50 000 IU on fat harvesting areas 3 times a day to accelerate disappearance of bruises.

No sitting for 2 weeks: the only sitting allowed and only with support on the back of the thighs, is the one allowed to go to the toilet.

Sleep on your stomach for 3 weeks.

No driving for 3 weeks.

Window girdle for 3 weeks day and night, then 3 weeks during the day.

Resumption of sport after 6 weeks.

### Complications

- Hematoma, seroma: a hematoma can occur especially during the first 48 hours. If it is significant, it is necessary to intervene and evacuate it. During the first few days, it is necessary to rest and not to make any sudden movements in order to reduce the risk of hematoma.
- Localized skin necrosis: the risk of this is greatly increased by tobacco intoxication.
- Infection: fortunately rare, infection may require antibiotic treatment and a new surgical intervention to remove the prostheses. These can only be put back in place after several months of healing.
- Asymmetry
- Rippling (folding of the prosthesis) or feeling of the prosthesis laterally: can be seen in thin patients or after a significant weight loss: often transient, but if it remains after 6 months, it can be corrected by lipofilling (fat transfer).
- Abnormal, hypertrophic or even keloid scars: patients with dark skin, at risk of abnormal scars, must pay particular attention to scar care with Gorgonium and Strataderm, follow-up remains essential
- Rupture: rare, often after several decades, rupture requires a change of the implant
- Malposition of the implant: rare, but requires a re-intervention.
- Capsulitis: the capsule formed around the implant follows you throughout your life, until (often after 10-20 years) it becomes inflamed and causes capsulitis. This manifests itself by pain, initially during effort, which gradually sets in at rest. Then, the buttock loses its flexibility and in cases of advanced capsulitis, the buttock is deformed. When the patient presents pain and the capsulitis is confirmed on imaging (ultrasound or MRI), the implant must be changed and the capsule removed (capsulectomy).
- Scar dehiscence and delayed healing (favored by smoking): sometimes there are small scar openings of a few millimeters, which can be healed with dressings usually without the need for reoperation. Follow-up by Dr. Lucas of the scar is essential.
- Lipofilling and fat emboli: cases of fat emboli, sometimes leading to death by the displacement of this embolus into the pulmonary and cardiac circulation, have been described. These fat emboli can be generated during intramuscular fat injections, and there are a number of measures that can be taken during the operation, especially during fat reinjection, to prevent these intramuscular injections.

### Combinations and alternatives

Thin patients without fat reserves or patients who do not want to undergo surgery can opt for buttock augmentation with Hyacorp®

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