

Breast lipomodelling (fat transfer / grafting)

This leaflet explains what happens during breast lipomodelling to improve the appearance of the breast following a lumpectomy or mastectomy.

Introduction

Breast lipomodelling is also known as fat transfer or fat grafting. It involves removing fat from another area of the body, processing it and injecting it into the breasts or around a breast reconstruction. Common sites from where we can take fat cells include the lower abdomen, buttocks or thighs.

This operation can be performed for patients undergoing lumpectomy or reconstructive surgery following a mastectomy. It aims to try to improve the appearance of the breast after removing the tumour or reconstructing the breast, improving the shape contour and size.

Lipomodelling has the advantage that it uses your own tissue to try and partially reconstruct the breast. It may also have the added benefit of improving the contour of the area the fat was removed from, but this is not the primary aim.

No single source of information can provide every fact or give you all the answers. You and those close to you should discuss any questions and concerns with your surgeon and breast care nurse.

What to expect

This procedure is done under general anaesthetic. The area from where the fat is removed is injected with a solution to aid the harvesting of fat, and decreases post-operative bleeding and pain. Small incisions (3-4mm) are then made in the skin to allow a thin metal tube (liposuction cannula) to be inserted into the fatty layer beneath the skin. The fat is then removed using gentle suction. The fat cells are then collected into a sterile chamber. The fat is then processed to leave purified fat cells which can be injected into the breast.

Risks and complications

- **Reabsorption of the transferred fat** – a significant proportion of the transferred fat may be reabsorbed by the body if it fails to develop a new blood supply, so multiple sessions may be required to reach the desired result.
- **Fat necrosis** – the injected fat needs to develop its own blood supply to survive. Some of the fat cells will fail to do this and will die (necrosis). Some of the fat will be reabsorbed by the body. Occasionally, this process can lead to noticeable fat necrosis. This can make the breast swollen and red, appearing like an infection but will not improve with antibiotics. The redness and swelling will usually resolve but can take months. Sometimes, a hard lump can develop weeks or many months later. This can be worrying for patients who have had breast

cancer. Transferred fat cells can also form cysts and calcifications (areas of hardening) but these are usually readily identifiable on scans.

Other possible complications include:

- Infection
- Bleeding
- Asymmetry or contour irregularities either in the breast or the site where the fat was taken from.

There is no evidence that this procedure influences breast cancer recurrence and it has been deemed safe by the National Institute for Health and Care Guidance.¹

Post-operative care and recovery

Lipomodelling is usually done as a day case procedure, unless large volumes are harvested, when an overnight stay may be necessary. Most discomfort is felt around the donor site, which can on occasions be very bruised afterwards. Care must be taken to avoid excessive pressure or vigorous exercise for at least six weeks after surgery.

You will be advised to wear a corset or other form of compression garment (e.g. 'magic knickers' or 'Spanx') or support tights after the procedure. This can be for up to six weeks if a larger volume of fat was transferred.

What happens next?

You will see one of our oncoplastic and reconstructive breast surgeons in clinic. This is usually a longer appointment than normal, as it takes time to go through the options with you.

We can then outline which reconstructive options you are suitable for, and discuss the pros and cons of each procedure with you.

Contact us

If you have any problems regarding your care or treatment at this hospital, please talk to us. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward, or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron.

Our Patient Advice and Liaison Team (PALS) can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious. PALS can be contacted on: 0118 322 8338, email PALS@royalberkshire.nhs.uk, or ask a member of staff, the receptionists or the switchboard to contact them.

Consultant surgeons

Mr B Smith	Consultant Oncoplastic and Reconstructive Breast Surgeon
Miss N Dunne	Consultant Oncoplastic and Reconstructive Breast Surgeon
Mr G Cuffolo	Consultant Oncoplastic and Reconstructive Breast Surgeon

Our clinical teams can be contacted via Clinical Administration Team 3 (CAT 3) on 0118 322 1883, then press the option for 'breast' or email rbb-tr.cat3@nhs.net.

The breast care nurses can be contacted on telephone number 0118 322 7420, and please leave a message if you get the answerphone. Or you can email on breastcarenurses@royalberkshire.nhs.uk.

More information

If you have any questions about the procedure or this information, please speak to your surgeon or breast care nurse.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, July 2023

Next review due: July 2025

ⁱ <https://www.nice.org.uk/guidance/IPG417/chapter/1-guidance>