

PATIENT INFORMATION

Fat transfer to the breasts

Lipomodelling

Natural volume using your own fat

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This booklet explains fat transfer to the breasts, from deciding whether it is right for you to your recovery.

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01 Why you have this booklet

You've been given this booklet because you've talked to Mr Kumar about fat transfer to the breasts (lipomodelling), or you're about to.

It explains what the procedure involves, how much change to expect, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What breast fat transfer is

Fat is gently removed by liposuction from an area such as the tummy, flanks or thighs. It is processed to remove fluid, then injected in tiny amounts throughout the breast, where it gains a new blood supply.

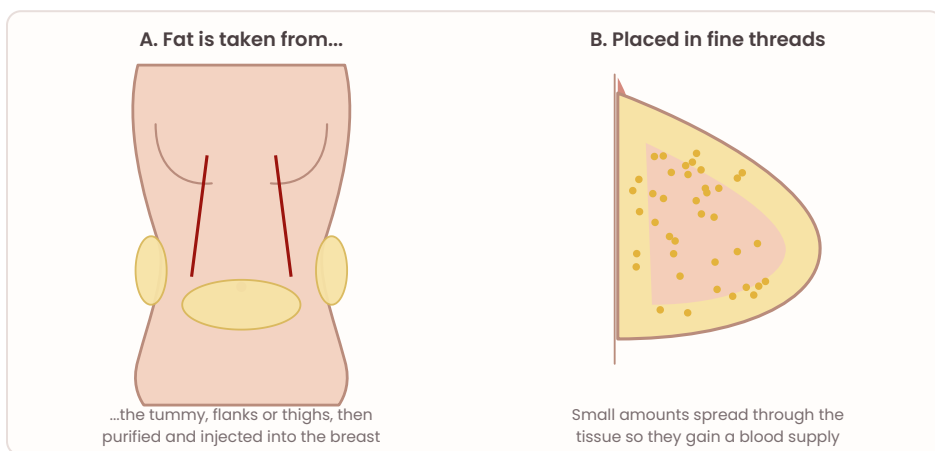


Figure 1. Where the fat is taken from, and how it is placed in fine threads in the breast. A simplified drawing for guidance only.

It suits a modest increase in size, correcting differences between the breasts, improving shape alongside an uplift, and softening the edges of implants or correcting contour problems after surgery.

Some of the transferred fat is naturally reabsorbed, typically between a third and a half, so more than one session may be needed.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you would like a modest, natural increase
- ✓ you have enough fat to spare
- ✓ your weight is stable
- ✓ you don't smoke

What the operation won't do

- It won't give a large increase in one session.
- It won't lift a droopy breast.

Please tell Mr Kumar if you have, or have had

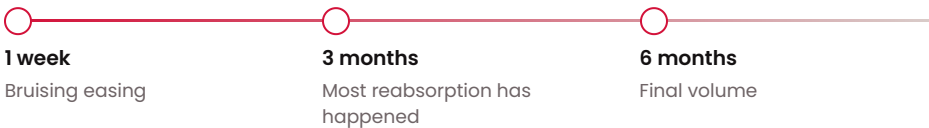
- a personal or family history of breast cancer, or any breast lump, discharge or previous breast biopsy
- when you last had breast screening (a mammogram), if you are over 40
- plans for a future pregnancy, or you are pregnant or breastfeeding
- plans to lose a lot of weight, or you use weight-loss injections
- you smoke, vape or use nicotine replacement
- high blood pressure
- a bleeding or clotting disorder, or you take blood thinners, aspirin or supplements such as fish oil, garlic, ginkgo or vitamin E
- diabetes, heart or lung disease
- a tendency to keloid or thickened scars
- body dysmorphic disorder, or hopes that surgery can't realistically meet

04 Other options

You don't have to have this operation. Depending on what bothers you, the alternatives include:

- breast implants, for a bigger increase
- a breast uplift, for shape
- doing nothing for now.

05 What you can expect from the result



- The fat that survives behaves like normal fat and will change with your weight.
- Fat transfer can occasionally cause changes on mammograms. Always tell the radiographer.

06 Getting ready

Before your operation you'll have a pre-operative assessment, with your medical history, an examination, photographs and sometimes blood tests. You'll also be asked to:

- ✓ **stop smoking, vaping and nicotine replacement** for at least 4–6 weeks before and after surgery
- ✓ **stop aspirin, anti-inflammatory painkillers and supplements** such as fish oil, garlic, ginkgo and vitamin E, usually 1–2 weeks beforehand. Please don't stop any prescribed blood thinner without checking first.
- ✓ **follow the fasting instructions** you are given if you are having a general anaesthetic or sedation
- ✓ **arrange for someone to take you home** and stay with you for the first night
- ✓ **buy a soft, non-wired sports bra**, or bring the surgical bra you are given
- ✓ **avoid long-haul flights** for about 4–6 weeks after surgery

07 Anaesthetic and where it happens

The procedure is usually done under general anaesthetic, as a day case.

08 The operation

It takes about 2 hours. Fluid with local anaesthetic is injected into the donor area, the fat is removed by liposuction, processed, and injected into the breast through tiny cuts. You wear a compression garment on the donor area.

09 Straight afterwards

The donor area is usually more sore than the breasts, with bruising and leaking fluid for a day or two.

10 Recovery

When	What to expect
Days 1–3	Bruising and soreness, mainly at the donor site. Wear your garment.
Week 1	Most people return to desk work within 3–7 days.
Weeks 2–6	Avoid pressure on the breasts. Bruising fades.
Week 6	Return to exercise.
3–6 months	Final volume.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON

more than 1 in 100

UNCOMMON

1 in 100 to 1 in 1,000

RARE

1 in 1,000 to 1 in 10,000

VERY RARE

fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Bruising and swelling at the donor site and breasts.
- Numbness at the donor site for a few weeks.
- Some loss of volume as part of the fat is reabsorbed.

Other complications

- **Lumps or oil cysts (fat necrosis)** **COMMON**
From fat that doesn't survive. They are harmless but may need an ultrasound to check.
- **Uneven contour at the donor site** **UNCOMMON**
Dents or ripples where the fat was taken.
- **Less volume than hoped** **COMMON**
A further session is often needed.
- **Infection** **UNCOMMON**
Usually treated with antibiotics.
- **Asymmetry** **UNCOMMON**
The breasts may still differ slightly.

Rare but serious complications

Please read this section carefully.

- **Injury to deeper structures** **VERY RARE**
The liposuction cannula or injection needle can rarely injure the lung lining or deeper organs.
- **Fat entering the bloodstream (fat embolism)** **VERY RARE**
Very rare but serious.
- **Blood clots in the leg or lung** **RARE**
Deep vein thrombosis or pulmonary embolism. A clot in the lung can be life-threatening. Walking early, drinking plenty and any stockings or injections you are given reduce the risk.

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Further treatment

Occasionally a further procedure is needed to refine the result, for example if healing leaves an area uneven or a scar needs revising. This isn't usually considered until things have fully settled, often 6–12 months afterwards. The cost of any further procedure isn't automatically included in your original fee; the clinic team can explain our policy.

13 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

14 Costs and time to think it over

You'll receive a written quote covering your treatment, aftercare and any follow-up included in the price, together with our deposit and cancellation policy. Self-pay consultations cost £250 and follow-ups £150.

Time to think it over

We recommend waiting at least two weeks between your consultation and your operation. This follows good practice for cosmetic surgery, and gives you time to think things over and ask more questions. You can change your mind at any point before surgery, even on the day, and you don't need to give a reason.

15 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

16 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

17 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath, a fast heartbeat, or coughing up blood
- one breast becoming rapidly swollen, tight and painful
- confusion, unusual drowsiness, or feeling faint or collapsing

Contact us promptly if you have

- a painful, swollen calf
- swelling or bruising that is much worse on one side
- redness that is spreading, warmth, discharge from a wound, or a temperature
- a wound opening up
- an area of skin or the nipple becoming dark, purple or black

Contact us promptly if you have (continued)

- bleeding that doesn't stop with 10 minutes of firm pressure

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

18 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

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