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PATIENT INFORMATION

Fat grafting to the face

Facial fat transfer
Natural volume using your own fat

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This booklet explains fat grafting to the face, 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 grafting to the face, or you're about to.

It explains how the procedure works, what 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 facial fat grafting is

As we age, the face loses volume as well as skin elasticity. The cheeks flatten, the temples hollow and the area under the eyes can look sunken. Fat grafting restores that volume using your own fat.

A small amount of fat is taken from an area such as the tummy or thighs with gentle liposuction. It is purified and then injected in tiny amounts through fine cannulas, layer by layer, where volume is needed.

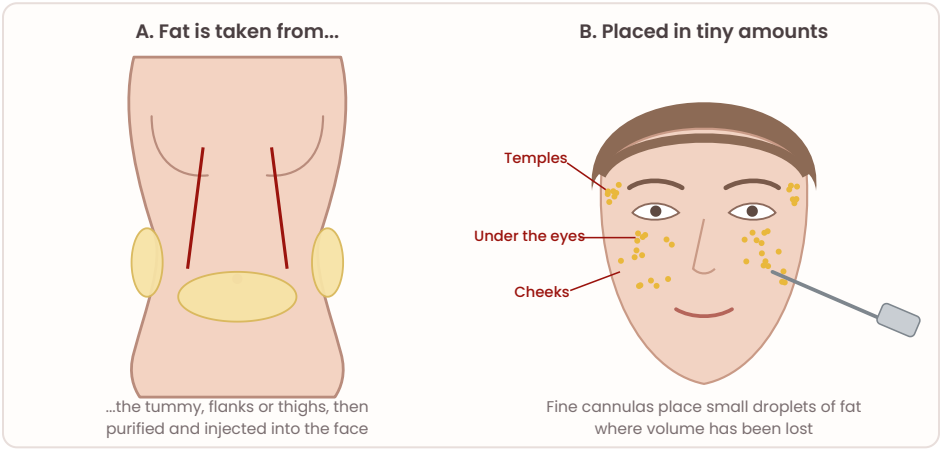


Figure 1. How fat is collected and placed in the face. A simplified drawing for guidance only.

Fat grafting can be done on its own or with a facelift, neck lift or eyelid surgery. Because some of the transferred fat is naturally reabsorbed in the first few months, a second, smaller session is sometimes needed.

03 Is it right for you?

You're likely to be a good candidate if:

- ✓ you have lost volume in the face
- ✓ you are in good general health and at a stable weight
- ✓ you have a little spare fat to use

What the operation won't do

- − **It won't lift sagging skin or jowls** on its own.
- − **The amount of fat that survives can't be predicted exactly.**

Please tell Mr Kumar if you have, or have had

- 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
- previous surgery, fillers or radiotherapy in the area
- 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:

- dermal fillers, which are quicker but temporary
- a facelift, if loose skin is the main concern
- doing nothing for now.

05 What you can expect from the result

2–3 weeks
Most swelling settled

3 months
Most fat has settled

6 months
Final result

- The fat that survives is long-lasting and ages naturally with you.
- Weight changes can change the result.

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

07 Anaesthetic and where it happens

Facial fat grafting is done under local anaesthetic with sedation, or general anaesthetic. You go home the same day.

08 The operation

The procedure usually takes one to two hours. Fat is collected through tiny incisions, prepared, and then injected through small entry points that are closed with a stitch or left to heal.

09 Recovery

When	What to expect
Days 1–3	Swelling and bruising of the face and the donor area. Sleep with your head raised.
Week 1	Swelling starts to settle. Avoid pressing on or massaging the treated areas.
Weeks 1–2	Most people return to work.
Weeks 2–3	Bruising fades. Return to exercise.

10 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	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	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.

- Swelling, which can look like over-correction at first.
- Bruising of the face and where the fat was taken.

Other complications

- **Some fat being reabsorbed** COMMON
  A top-up session may be needed.
- **Lumpiness or unevenness** UNCOMMON
  Often improves; occasionally needs treatment.

- **Asymmetry, or too much or too little volume** UNCOMMON
- **Infection** UNCOMMON
  Usually treated with antibiotics.
- **Changes at the donor site** UNCOMMON
  Small dents or irregularities.

Rare but serious complications

Please read this section carefully.

- **Fat entering a blood vessel (fat embolism)** VERY RARE
  This can affect the circulation to the skin, eye or brain, and can be serious. Careful technique, blunt cannulas and small injections reduce this risk. Seek help urgently if you have sudden pain, colour change, visual change or weakness.

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.

11 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.

12 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.

13 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.

14 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.

15 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.

16 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

- sudden change or loss of vision, or severe pain around the eye
- weakness, numbness or difficulty speaking
- skin that turns white, grey, blue or blotchy

Contact us promptly if you have

- swelling that is increasing quickly or much worse on one side
- redness that is spreading, warmth, discharge or a temperature
- pain that is getting worse rather than better

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

17 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.

Notes

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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