

Big Fat Myths

Fat grafting, a procedure where fat is transferred from one body area to another, has become a core technique in my practice and that of many other plastic surgeons. We primarily use it to **restore volume to the face**. The upper cheek, folds around the mouth and the lips may all benefit from fat grafting. As a natural filler, fat gives a very smooth result and feels soft. Since the fat cells used are your own, there is no risk of allergy or reaction. Fat grafting may also be used for a variety of **other applications** including treatment of depressed scars, buttock enhancement, and contour problems after liposuction. We get a lot of questions about fat grafting. Hopefully this article will provide answers and dispel myths to some of the more common questions.

How long does the fat last? The goal of fat grafting is to transfer living fat cells to a different body location and have them remain alive in the new area. Just like fat cells elsewhere, the living grafted cells should remain for a very long time. I think it is remiss to consider anything we do in humans to be permanent since our bodies are always changing. Fat grafts however have no specific longevity and **can last indefinitely**. Note the difference to manufactured fillers which have a defined lifespan ranging from a few months to a few years. Unfortunately, not all of the fat cells will survive the transfer process; therefore, more than one session of fat grafting may be required to achieve the best result. Fat grafting therefore is **best thought of as a process**, rather than a one-time treatment.

Can you freeze some of my fat for later use? Although we have technology to freeze fat cells, the problem comes when we try to thaw them out. Many cells do not survive when they are re-warmed back to body temperature. There is a lot of research aimed at solving this problem. While I am supportive of continuing the research, I fail to see why it really matters. After all, nearly every one of us is carrying around a few

extra fat cells in ideal condition, ready for use at any time for grafting.

Why can't I donate fat to be used on someone else? Fat cells are no different than kidney cells or lung cells. They possess antigens which are specific to the individual person and would be **rejected by a different person**. The cost and side effects of anti-rejection drugs used for organ transplantation would vastly exceed the appearance benefits of fat grafting.

What are the best areas for fat grafting? Our dominant use for fat grafting is to **enhance facial contours**. Plastic surgeons now understand the facial aging process to consist of both "volumetric" changes in the facial fat distribution as well as stretch or sagging of the skin. The modern facelift addresses both issues to generate a **youthful, natural-appearing result**. Fat may be removed from undesired areas such as the neck and jowl. Simultaneously, fat volume may be restored to areas of loss such as the upper cheek or around the mouth by grafting or repositioning.



The versatility of fat grafting allows it to be performed along with a larger surgical procedure in the operating room or in the office under local anesthesia. Recovery time depends on the treatment area and the amount of fat to be transferred. As with most procedures in plastic surgery, the plan is individually customized to the patient's needs. An American Board of Plastic Surgery Certified Surgeon who routinely performs fat grafting is the best resource to help you determine if fat grafting might be a good option for you.

David S. Kirn, M.D., F.A.C.S.
kirnplasticsurgery.com



MEMBER
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

Member



AMERICAN SOCIETY OF
PLASTIC SURGEONS



Dr. David Kirn is a Board Certified Plastic Surgeon who is devoted to advanced techniques in Cosmetic Surgery of the Face, Breast, and Body. In private practice since 1998, he is located in a state of the art facility which includes a full service skin care center. The practice is focused on personalized patient care and attention to detail. Where possible, Dr. Kirn utilizes minimally invasive procedures. The goal is to deliver quality clinical results while minimizing patient recovery time. Examples of this include a no-drain tummy tuck, armpit incision breast augmentation with gel or saline implants, fat grafting, and a short scar facelift. In addition, Dr. Kirn and nurse-injectors Carey Sanders, RN and Shirley Ramsey DNP, APRN, offer a full spectrum of non-surgical treatments such as Botox®, Dysport®, Restylane®, Juvederm®, Voluma®, Radiesse®, and laser.