Autologous Fat Transfer
(Using your own fat to correct imperfections on the face)

You have been booked for surgery under the care of the Corneo Plastic Unit at Queen Victoria Hospital NHS Foundation Trust. Your procedure relates to the periorbital complex (the region around the eye) which is treated by specialist surgeons in the field of oculoplastic surgery.

At Queen Victoria Hospital, a team of trained doctors and nurses will undertake your treatment and care. The consultant ophthalmic and oculoplastic surgeon works closely with his Fellows in oculoplastic surgery and with visiting specialist registrars from neighbouring hospitals who, occasionally, join the team. Your surgery will be carried out either by a consultant, his Fellow or a suitably experienced and qualified member of the team under appropriate supervision of a senior surgeon.

All surgery carries risks and benefits and these will be discussed with you in order to help you make your decision.

How it is done

Fat transfer is performed to treat hollows in the periorcular region (around eyelids) and face. Autologous fat transfer (using your own fat) is performed in the operating room, usually under general anaesthesia. This is usually done as a day case. Fat is usually taken from the abdomen or inner/outer thigh (donor areas). A small skin incision (cut) is made on the skin and the fat is harvested using a syringe. This skin incision is closed with a dissolving suture. The harvested fat is then injected under the skin around the eyelids and face, through small skin incisions. These skin incisions are small and do not usually require any stitches.

What are the risks?

This leaflet describes the disadvantages or more serious problems that may occur with this procedure. It also mentions some remote, unusual or unlikely complications. If you have any specific concerns please discuss these with your surgeon before agreeing to proceed with the operation. If you agree to proceed you will be asked to sign a consent form confirming that you understand and accept the risks associated with this procedure.
The risks of this surgery include, but are not limited to:

- Swelling and bruising (common for a few weeks but rarely lasts more than two months)
- Contour abnormalities: lumps and bulges (fairly common but they usually become smoother with time and rigorous massage to the area)
- Visible fat deposits (uncommon)
- Undercorrection/overcorrection (undercorrection is more common since a third of the fat disappears over the first six months and another third may disappear after a few years).
- Fat migration: movement of the transferred fat to other, unintended areas (uncommon)
- Infection (rare)
- Nerve injury (has been reported but extremely rare)
- Blindness (has been reported but extremely rare)
- Stroke (has been reported but extremely rare)

In addition to the risks specific to the individual procedure, there are also general risks, such as blood loss, infection, cardiac arrest, airway problems and blood clots, which are associated with any surgical procedure. Local anaesthetic may cause bruising or possible allergic responses. If your operation is to be carried out under general anaesthetic, the anaesthetist will discuss these risks with you.

**What are the benefits?**

- The technique of autologous fat transfer is used to restore a more natural appearance to the face and region around the eye.
- Most people have fat to spare and will not experience an allergic reaction to their own fat.
- Fat also lasts longer and is less likely to be reabsorbed by the body than many artificial fillers, giving a longer-term solution.
- Autologous fat has been established as a stable filler in both facial reconstructive procedures and aesthetic surgery.
What are the alternatives?

- Filler products (synthetic materials)
- Face lifting procedures
- Removal of redundant or excess skin

Post-operative care

After the procedure, you will be asked to sleep with your head slightly elevated (with pillows). Apply cool-packs over the treated area and the donor area.

A short course of oral antibiotics or ointment to apply over the skin incision sites may be prescribed, but is not usually required.

Most patients experience some bruising after the procedure and you should expect significant disfiguring swelling in the first week that decreases substantially by the end of the second week.

You should be able to return to your normal social activities by the end of the second week following the procedure.

Some swelling and fat loss will occur up to 12 weeks and then stabilize.

In the longer-term you may experience continued improvement in skin tone and texture even beyond 12 months.

Although we have discussed with you the purpose and likely outcome of the proposed procedure it is not possible for us to guarantee a successful outcome in every case. Those treating you will do their best to ensure success but unfortunately complications can and do occur. You should only agree to surgery if you fully understand and accept the risks.

Further information:

For further information visit the Department of Health website: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138410.pdf and see the entry on Fat Transfer.

For further information about the risks of anaesthetics please see the booklet ‘You and your anaesthetic’ which is available from the Royal College of Anaesthetists’ website http://www.rcoa.ac.uk/docs/PI_yaya.pdf
Further queries:

Should you have any further questions or concerns please do not hesitate to contact us:

Corneo Plastic Unit - Tel: 01342 414470 (Fax: 01342 414106)

Please ask if you would like this leaflet in larger print or an alternative format.