

Autologous Fat Transfer

Corneo-Plastic Unit



You have been booked for surgery in the Corneo Plastic Unit at Queen Victoria Hospital NHS Foundation Trust. Your procedure relates to the face, eyelids, orbit or tear drainage system that, together, is treated by specialist's 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 and works closely with his Fellow in oculoplastic surgery. Occasionally, visiting specialist registrars from neighbouring hospitals join the team. Your surgery will be carried out either by a consultant, his Fellow or by a member of the team who is suitably experienced and qualified under appropriate supervision of a senior surgeon.

What is autologous fat transfer?

Fat transfer is performed to treat hollows around the eyelids (periocular region) and face. Autologous means using your own fat. The abdomen is the first choice of donor area, followed by inner and outer thigh. The procedure is performed under a general anesthetic.

How it is done

A small incision (cut) is made on the skin and the fat is harvested using a syringe. This 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?

All surgery carries risks and benefits. It is for you to weigh up the risks and benefits before deciding to proceed. This leaflet describes the likely disadvantages or more serious problems that may occur. It does not cover the more remote, unusual or unlikely complications. Please discuss these and any specific concerns you may have with your surgeon before agreeing to proceed with the operation. If you agree you will be asked to sign a 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)
- under-correction/over-correction (under-correction 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 associated with any surgical procedure and anaesthetic, such as blood loss, infection, cardiac arrest, airway problems and blood clots. The anaesthetist will discuss this with you.

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 the risks.

What are the benefits?

- the technique of autologous fat transfer is used to restore a 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
- autologous fat transfer can be also used in other areas of the face to restore volume loss

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 stabilise.

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

Further information:

For further information visit the British Oculoplastic Surgery Society website: **www.bopss.co.uk**

For further information about the risks of anaesthetics please see the booklet 'You and your anaesthetic' or visit the Royal College of Anaesthetists' website: **www.rcoa.ac.uk**

Further queries

If you are concerned about any aspect of your treatment please contact:

Eye Emergencies: 01342 306782 Monday to Friday
9am-5pm

Ross Tilley Ward: 01342 414451 After 5pm,
weekends or bank holidays

Eye Clinic: 01342 414470 / 4166 / 4038 for
appointments

Switchboard: 01342 414000 After 5pm, weekends or
bank holidays

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

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