



PATIENT INFORMATION

# AUTOLOGOUS FAT TRANSFER



## Breast Unit

Name of procedure: Autologous fat transfer

### What is it?

An operation where fat deposits are removed from an area of the body using liposuction. These fat deposits are then transferred to correct a defect, usually in the breast.

### How is it done?

A small incision(s) is made in the donor area, normally the abdomen or thigh, and fat cells are sucked out through a hollow tube. The cells are then cleaned and the surrounding liquid removed to give concentrated fat cells which are then transferred into the defect in the breast. This procedure may need to be repeated (i.e. more than one operation) to get the final desired effect.

### Serious or frequent risks

There are some risks associated with this type of surgery. The general risks of surgery include problems with:

- **Infection:** A fairly rare complication which may result in pain, redness and swelling.
- **Bruising:** To the donor site and breast is to be expected and should resolve within a few weeks.
- **Haematoma:** Rarely a small bleed may occur underneath the skin causing a tender swelling, should this happen please contact the Breast Care Nurse. A further small operation is occasionally required to remove the clot and stop any bleeding.
- **Numbness:** Nerves to the skin can be damaged during surgery resulting in numbness over that area. This usually resolves over time.
- **Scarring:** The wounds will initially be red and raised but should settle down given time. The scars on the donor site should be small (under 1cm), and those on the breast will normally be placed into pre-existing scars.
- **Seroma:** Occasionally a small collection of fluid may accumulate and may require draining using a small needle.
- **Fat Necrosis:** Should the blood supply to a small area of fat be lost, a small lump may be felt. Although this is perfectly harmless, further investigations such as a core biopsy may be necessary.
- **Loss of Fat:** Occasionally the fat transfer does not 'take' – this risk is increased if you are a smoker.
- **Risk of damage to underlying organs at donor site (rare complication).**
- **Minor skin burn.** Due to heat conduction used to stop bleeding during surgery.

## Post-Operative Advice

- Done as a day case or sometimes an overnight stay in hospital.
- Mild to moderate discomfort
- Dissolvable stitches with steristrips on skin surface. Please do not get these wet for 7 days
- Take things easy for the first week but do not stay in bed, build up to normal activity over the following weeks
- Avoid strenuous exercise/gym for 4-6 weeks
- Advisable to stop smoking 6 weeks prior to your operation to lessen the risk of complications from the anaesthetic and/or delayed wound healing. Please leave at least 4 weeks after surgery before commencing smoking again.
- You may find it helpful to wear supportive abdominal pants/girdle to wear for the first two weeks

## Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

### **Worcestershire Breast Unit** – 01905 760261 (ext. 36711)

Rachel King [rachel.king18@nhs.net](mailto:rachel.king18@nhs.net)  
Emma Chater [e.chater@nhs.net](mailto:e.chater@nhs.net)  
Liz Jarman [elizabethjarman@nhs.net](mailto:elizabethjarman@nhs.net)  
Fiona Brooke-Bills [f.brooke-bills@nhs.net](mailto:f.brooke-bills@nhs.net)  
(Support worker – non clinical)

### **Alexandra Hospital** – 01527 503030 (ext. 44625)

Julie Weston [sheila.weston@nhs.net](mailto:sheila.weston@nhs.net)  
Joanne Buckell [joanne.buckell@nhs.net](mailto:joanne.buckell@nhs.net)

### **Kidderminster Treatment Centre** - 01562 512373 (ext. 53806)

Nicola O'Hara (Lead Nurse Practitioner)  
Amanda Salt [amanda.salt1@nhs.net](mailto:amanda.salt1@nhs.net)

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.