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Fat Transfer to the Breast Consent Form

General Risks

All operations have some inherent risk due to the administration of drugs and the induction of sedation or anaesthesia.

Risks that are involved in having an operation include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are asleep, or anaesthetised, you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to a pneumonia or lung infection. Smokers are at a higher risk than non-smokers as the waste products from cigarette smoke clog the airways and damage the airway lining cells, which prevents them from cleaning out the usual mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this from occurring. This is one of the reasons that we insist that all smokers abstain from smoking for 6 weeks prior to an elective operation.

Deep venous thrombosis and pulmonary embolism

This gained notoriety as “Economy Class Syndrome” but the medical profession has been aware of this for decades. Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins, and then later dislodge and end up in your lungs. Whilst you are asleep, you generally move around enough to keep the blood moving, but whilst you are anaesthetised, your legs do not move at all. So we put compression stockings on most patients (to collapse the veins) and all patients have Sequential Compression Devices put on their legs (to massage the blood back to the heart, and the intermittent compression on the veins releases a natural anti-clotting agent). Once you go home from hospital, you should go to the emergency department if you experience irregular heartbeat, shortness of breath or chest pain.

Stroke, Heart Attack

These are very rare complications of general anaesthesia in otherwise fit & healthy patients. Elderly patients, whom are at a greater chance of having these events happening daily, are at a greater risk. If we believe that you are at increased risk of such a complication, we will arrange for you to see our anaesthetists prior to the operation and may arrange additional tests to ensure your safety in the operating room.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This question will be repeated by your anaesthetist prior to the operation. During the administration of any drug there is a small risk of allergy. Reactions can be from mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur during the operation it will be treated immediately, and you will be notified at the end of the operation.

Awareness

This is a favourite topic of TV shows but is exceptionally rare. Increased blood pressure or heart rate will alert anaesthetists that the patient is feeling pain. Nowadays brain wave monitoring will alert anaesthetists that a patient is not completely asleep enough earlier than heart rate and blood pressure will rise.

Death

The risk of death under anaesthesia in Australia is around 1 in 3 million cases for elective procedures in healthy patients. Your level of health before the operation will impact on your personal risk. In general terms, you are more likely to have an accident travelling to and from the hospital than your risk of dying in the hospital.

Specific Risks – Intraoperative

Bleeding
There is always some bleeding with surgery. We aim to minimise this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for the bleeding to be significant enough to require a blood transfusion (with its attendant risks). However, it is prudent to ensure that your haemoglobin levels are well stocked before the operation by ensuring that you have a diet high in iron and vitamins for about a month prior to the operation. Doing this will mean you are less likely to feel washed out after the operation.

Damage to surrounding structures
During any operation there is always a risk of damage to surrounding structures. Fat harvesting and grafting surgery is performed in the fat layer between muscle and skin, so the aim is to stay well away from deeper organs. However, fat is harvested using a fine cannula that can slip between ribs and muscles, which can injure bowel and lungs. This is much more likely if you have a hernia and compounded more if we do not know about it before the operation.

Fat embolism
Liposuction & fat transfer is a very safe procedure. However, serious complications have been reported to arise during this procedure in very rare circumstances. Most of these complications are due to fat embolism, a term used to describe when a piece of fat finds its way into the bloodstream and is washed into the lungs, brain or other organ. This may result in, but is not limited to:-

- Lung injury
- Stroke, with or without meningitis
- Blindness or loss of vision
- Death

Specific Risks – Short Term

Bleeding
There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm, using ice packs and applying constant firm pressure to the area. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. Very rarely, bleeding after surgery requires a visit back to the operating room to drain the collected blood and control any bleeding vessels.

Infection
Infection is uncommon after elective plastic surgery. You will be given antibiotics through the drip during the operation and you will be sent home with tablet antibiotics for two weeks after the operation. Should an infection develop, it would usually begin at about the 5^{th} to 7^{th} post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the rooms or the hospital.

Tissue loss
In most cases, transferred fat brings stem cells and will improve the appearance of overlying skin & soft tissue. In rare cases, the transferred fat may cause the skin over the treated area to be injured, resulting in loss of skin and surrounding tissue. This may require additional surgery and leave additional scars and contour deformities.

Firmness & Lumpiness
While most transferred fat results in a natural feel, it is possible that some or all the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 6 weeks, but the last small amounts can take up to a year or so to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues. You will be advised by our nurse, when and how to perform this massage.

Dressings
Dressings need to remain in place until your first post-operative check in rooms. You should expect that they could become warm and have a small amount of pressure. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the rooms to arrange for them to be changed.

A slightly oversized fitted bra with an underwire might be helpful in managing breast shape.

Specific Risks – Long Term

Scars
The scars involved in harvesting and grafting fat are very small and are usually hidden within normal skin folds. Please read your scar management sheet for more in-depth information on scars.

Change in appearance
Typically, the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. In rare cases, grafted fat may overgrow the initial volume. It is important to understand that more than one treatment may be needed and therefore to discuss with your surgeon the costs associated with repeat treatments.

Changes in the volume, shape or appearance of both the sites where the fat was harvested and where it was placed may occur due to aging, weight loss or gain, and other circumstances not related to the fat transfer procedure. This may result in an undesirable appearance of the transferred fat or donor site, and require additional surgery to correct.

Contour irregularities, skin deflation
The areas from which we harvest fat from are at risk of not settling smoothly. This is partially technique dependent but is also affected by the use of compression garments. Massaging donor sites from about 3 weeks after the operation will help drive out extra fluid (oedema) and encourage the body to settle smoothly. Taking too much fat from a specific area can result in the overlying skin settling in a floppy manner.

Breast Cancer Screening
At this stage, there is no evidence that fat transfer to the breast can cause breast cancer. In laboratory studies, stem cells in a test tube can change breast cells that are next to them. The changes seen on mammograms and ultrasounds are similar to the changes seen after any breast surgery – however it is recommended that your breast screening be performed by a radiology practice that is highly experienced.

Changes in the breast after fat grafting

As fat cells take, some or all of them may not gain a blood supply and therefore die. Areas of calcification, cysts and fat necrosis occur in up to 10% of patients. These are usually able to be distinguished from more sinister mammographic changes but may need an MRI or biopsy to be sure. It is our recommendation that all patients have a preoperative MRI and a 1 year post operative MRI to check that their procedure has not lead to any changes in the breast that should be investigated.

Fat volume changes

The safe volume of fat that can be transferred to the breast are determined by many factors. Placing more fat into an area will not guarantee greater long-term volume – increased tissue pressure from 'over-grafting' can contribute to greater long term fat loss.

Patients requesting greater volume changes than their native tissue can cope with have a few options. Serial grafting (doing several sessions, at least 3 months apart) or Brava (external tissue expansion) are the most common methods to address this issue.

Long term data shows gradual loss of fat volume from the initial swelling, then stabilising at about 1 month post operatively, and then a more gradual loss of up to 30% in the first year.

Fat cells that are grafted (transferred) are living cells and will behave the way that they did in their original (donor) area. This means that they may gain and lose weight at a rate that is slightly different than the surrounding fat cells that are native to that area.

Gaining or losing weight will have some impact on the appearance of both your donor and grafted areas.

Unsatisfactory Result

It takes about 3 months for fat grafting results to stabilise (but there will be some smaller ongoing volume loss in the first year), and 6-12 months for your scars to fully mature. Your pre-operative consultations should help you realise the objectives and limitations of your operation.