

Patient Information to be retained by patient

Lipomodelling / Fat grafting

affix patient label

What is lipomodelling?

Lipomodelling (or fat grafting) is a procedure used to improve the volume, shape, contour and feel of the breast after previous cancer surgery, reconstructive surgery and/or radiotherapy. It involves taking fat from elsewhere in your body (harvesting), usually from your abdomen, but sometimes from your thighs, hips, back or buttocks. The fat is then prepared ready for injection into the area of the breast where it is needed (fat grafting).

Why do I need it?

You will have had a discussion with your breast surgeon about how lipomodelling can be used to improve deformity texture and feel, contour irregularities, asymmetry and may improve some of the unwanted effects of radiotherapy and scarring.

Lipomodelling may be used following breast conserving surgery (wide local excision of cancer followed by radiotherapy) or following mastectomy (with or without radiotherapy). It may be used as part of a breast reconstruction strategy involving implants, or a flap of your own body tissues, to improve the result of a breast reconstruction. Sometimes it may be recommended to improve the quality of skin and body tissues, in preparation for reconstructive surgery.

Are there any alternatives?

Following breast cancer surgery, asymmetry in the breast can be corrected by other reconstructive surgery procedures. However, these can be more complex and higher risk than lipomodelling, with different recovery times and potential complications. Your surgeon and reconstruction nurse specialist will have discussed any other possible options with you in detail, to help you finalise your decision.

How do I prepare for surgery?

You will attend a pre-admission clinic where you will be asked for details of your medical history and any necessary clinical examinations and investigations will be carried out. Please ask any questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure that your stomach is empty when you have anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food.

You can drink water or a drink without fats in it (eg black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation, which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask questions about the anaesthetic.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make note of important landmarks on your skin with a special marker pen. This is called the 'marking up' process and may be done while you are sitting, standing or lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

What does it involve?

Your fat will be harvested from a suitable 'donor site' on your own body through small incisions in your skin. A water spray-assisted suction instrument is used so the surgeon can be as delicate as possible whilst harvesting the fat. This ensures the best possible quality of healthy fat and therefore the best possible chance of a successful graft. Fat is usually taken from your lower abdomen or sometimes from your thighs, hips, back or buttocks. The surgeon will have discussed your best donor sites with you and you will have decided together upon the exact plan of harvesting before your operation. Sometimes if you are due to have more than one procedure, you and your surgeon will decide which donor site to use for each operation session.

Once the fat has been harvested, it is prepared by filtering and concentrating it before it is injected, with great care, in tiny separate amounts, into the treatment area through small puncture sites.

This procedure is done in one or more sessions depending on the amount of fat graft needed.

It is usually a day case procedure, although occasionally an overnight stay is required.

The procedure is normally performed 2-3 years after the initial treatment for cancer, but this may vary in certain situations. You will usually need to have had a normal mammogram prior to this procedure.

What happens afterwards?

You will often be able to go home the day of your surgery. Your surgical team will see you at the end of the operating list and ensure that there are no immediate complications. You will be sent home with instructions about the post operative care and an appointment to come back to the Mermaid Centre for your post operative check.

It may be necessary for you to spend longer in hospital. In that case the nursing team will encourage you to be up and about as much as possible.

You should rest for 24 hours and then increase your activity. You may have stitches to close the incisions, which may have to be removed in 7-10 days. Mostly you will have absorbable sutures that will dissolve.

You will be advised to wear support underwear, like a tight corset, around the donor area for a minimum of 6 weeks to control swelling and bruising. It also helps with the contouring of the donor area. Please bring this corset with you. Following your procedure ensure the support bra you wear is comfortable and does not put pressure on the lipomodelled area. Your breast care nurse will be able to advise what garments to purchase before you come into hospital. You must bring these support undergarments with you on the day of the operation. You will be helped to put these on at the end of the operation, in the recovery room or soon after returning back to the ward depending upon your individual circumstances.

Before you go home, the nursing staff will check that you are well enough and that the conditions at home are such that you can manage safely.

Are there any risks or complications?

As with all procedures, there are risks from having this operation.

General risks:

Risks from anaesthetic – the risk to a healthy patient of problems from an anaesthetic is very small. Each year in the UK however a few healthy people will die or suffer serious heart, lung, or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to a general anaesthetic is less than 1%.

Bleeding – this is usually minor and is stopped during the operation. Occasionally patients develop a collection of blood called a haematoma, which may require a second operation. For breast surgery this is about 1-2 in 100.

Infection – all surgery has a risk of infection. If the wound becomes red, hot or weeps or you feel unwell you should consult your doctor.

DVT/PE – with all surgical procedures there is a risk of developing a clot in the deep veins of the leg-deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is pulmonary embolus (PE) and in extreme cases can be life threatening. Your surgical team will prescribe you compression stocking and/or blood thinning medications after careful assessment of individual risk.

Risks specific to lipomodelling:

Pain – a degree of pain is likely after any surgery. Following your operation, we aim to manage your pain with painkillers to an acceptable level. If the pain is troublesome please let your surgeon or the breast care nurse know and we can give you suitable painkillers.

Seroma – this is a collection of fluid in the donor site after lipomodelling. This is quite rare, usually resolves by itself and rarely needs draining.

Swelling and bruising – this is quite common in the donor site after fat harvest, and takes a while to settle. You will be advised to use a tight corset (Magic Knickers) to prevent the swelling and bruising. You are expected to wear this for a minimum period of 6 weeks after the procedure.

Numbness – the donor area and the breast where fat is transferred can be numb or sometimes over sensitive for a few weeks. Numbness may sometimes be prolonged or even permanent (this is rare).

Need for further surgery – depending on the amount of fat grafting needed and the retention of the grafted fat, some patients may need 2-3 sittings to achieve the desired result. Some of the fat injected is naturally lost over 3-6 months and depending on the final result you may need further surgery.

Fat necrosis – this can occur when some of the injected fat doesn't survive in its new position in the breast. When the fat is not completely absorbed or healed it can form lumps, chalky deposits (called calcifications) or oil cysts. These are not harmful or dangerous and usually disappear over a few months. Sometimes they may persist permanently.

If you develop any new lump after your surgery it needs to be fully assessed by your breast team and must never be assumed to be simply fat necrosis until a diagnosis has been properly made. This is likely to require further tests including imaging (ultrasound and/or mammography) and may involve a biopsy or rarely further surgery before reassurance can be given. This process of discovering and diagnosing fat necrosis may be anxiety provoking and stressful particularly since it occurs close to a place where you have previously had a cancer. It may also take several days and consultations to be able to be reassured.

Asymmetry – it is not possible to guarantee exact symmetry of shape, volume, or perfect cosmetic outcome. It may be necessary to have further surgery at any time in the future either to refine the outcome or to treat a complication as mentioned.

Damage to implants – damage to implants during fat injection is rare but possible. This would require further surgery to replace a damaged implant.

Guttering – guttering or unevenness of the skin in the donor site is due to fat harvest too close to the skin (this is rare).

Pneumothorax – air leak outside the lungs is extremely rare and can happen due to the fat-injecting needle accidentally entering the chest. Your anaesthetist would be able to detect this and take any measures necessary to prevent complications.

Peritonitis – this is another extremely rare possible complication and happens when the harvesting instrument accidentally enters the abdomen and damages internal structures such as the bowel. Peritonitis may not develop for several hours after surgery and would require emergency treatment and surgery.

Fat embolism – this is an extremely rare complication when fat is injected into blood vessels and can travel to other parts of the body. Some effects of this could potentially be life threatening and require emergency treatment.

Recurrent breast cancer – since its invention there have always been theoretical concerns expressed about the possibility of lipomodelling leading to the recurrence of breast cancer. To date there have been no published studies demonstrating an increased cancer risk in previous cancer patients undergoing lipomodelling.

Any questions?

If you have any questions or need further information, please contact your breast cancer nurse.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Lipomodelling / Fat grafting

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To improve the volume, shape, contour and feel of the breast after previous cancer surgery, reconstructive surgery and/or radiotherapy.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, pain, numbness, swelling and bruising, need for further surgery, fat necrosis asymmetry.*

Uncommon but more serious risks:

- *Guttering, damage to implants, pneumothorax, peritonitis, fat embolism.*

Rare but serious risks:

- *Anaesthetic risks, which include a very small risk to life or limb from complication such as heart attack or stroke.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Lipomodelling / Fat grafting (CHA4070) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Lipomodelling / Fat grafting (CHA4070) which forms part of this document.

Patient signature: Name (PRINT): Date:

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

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