

There is theoretical concern about any possible recurrence of breast cancer after lipomodelling in the long term, although there is no evidence in the published reports and additional long term data is required.

### What happens afterwards?

You should rest for 24 hours and then increase your activity. Normal non-strenuous activity may be resumed in 2-3 days. You may have stitches to close the incisions which may have to be removed in 7-10 days if they are not dissolvable.

It is advisable to wear support underwear over the donor area for 6 weeks to control the swelling and bruising. It will also help with the contouring of the donor area. Please bring this with you to the hospital. Ensure your bra does not put pressure on the lipomodelled area. It is preferable not to have mammograms for 6 months after this procedure.

Pain can be controlled with usual painkillers which will be given to you at the time of discharge (do not exceed recommended dose).

### When can I resume driving?

Following lipomodelling, you can start driving when your wounds have healed, you are pain free, can wear your seat belt comfortably, and can do an emergency stop safely. You are advised to contact your insurance company prior to this.

### Any questions?

If you have any questions or need further information please contact Sarah Zee, Reconstruction Nurse on:  
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# Lipomodelling in breast surgery



## What is lipomodelling?

Lipomodelling is a procedure used to improve the contour of a breast which has had previous surgery. It involves taking fat from elsewhere in your body (usually from your abdomen) and injecting it into the breast where it is needed to improve the shape. The result can give an improved symmetry, with a soft natural appearance and feel.

## Who may benefit from this procedure?

- Patients who have had breast conserving surgery for breast cancer and who have asymmetry in the breast.
- Following mastectomy, when there has been subsequent reconstruction either with patient's own muscle/fat, or with implants, to improve symmetry and contour.
- Patients in whom radiotherapy has damaged the skin, in an effort to improve the quality of skin, sometimes in preparation for reconstructive surgery.

## What does it involve?

Fat is taken from your own body, often your lower abdomen, thighs or hips. This is done through small cuts into your skin. The removed fat is then concentrated and injected with great care in tiny amounts into the area to be treated. This procedure is usually done under general anaesthetic in one or more sessions depending on the amount of fat graft needed. It is done as a day procedure or with an overnight stay. This procedure is normally performed 2-3 years after the initial treatment for cancer, but this may vary in certain situations. Usually patients should have had a normal mammogram prior to this procedure.

## Are there any alternatives?

Following breast cancer surgery, asymmetry in the breast can be corrected by other reconstructive procedures. However, these can be more complicated than lipomodelling, which simply involves transferring fat to the asymmetric areas.

## Are there any side effects or complications?

Although most patients complete the surgery with no problems, all procedures carry some risk. You should be as fit as possible before surgery, not actively dieting and preferably be a non smoker, ie stops smoking 6 months prior to this procedure. Possible complications for lipomodelling include:

### Common complications

- Swelling and bruising at the donor site, which may take a while to settle. To minimise this, if possible avoid taking aspirin or anti-inflammatory drugs before the procedure.
- The donor area and the breast where the fat is transferred can be numb or over-sensitive or painful for several weeks.
- Some of the fat injected is naturally lost over time and the procedure may need to be repeated. Contour irregularities may occur, but these should settle in time.
- Fat necrosis - up to 15% of patients can develop this. This is where some of the fat injected doesn't survive, and repairs itself forming chalky deposits or oil cysts, which are felt as lumps. This may need assessment if it happens.

### Rare complications

- Infection is possible as in any surgical procedure, but it is uncommon.
- Haematomas or clotted blood which presents as a lump in the donor site.
- Damage to implants during fat injection is possible. This would require further surgery to replace the implant.

### Very rare complications

- 'Guttering' or unevenness of the skin in the donor site due to fat harvest very close to the skin
- Pneumothorax or air leak outside the lungs
- Peritonitis due to bowel perforation while harvesting fat from the abdomen
- Fat embolism where fat gets injected into blood vessels.