

## Lipomodelling in breast surgery

### What is it?

Lipomodelling is often called lipofilling, fat-graft or fat transfer. It is a surgical procedure used to improve the contour, shape and volume of your breast after breast cancer surgery. It can be performed following either a mastectomy or after breast conservation surgery. This procedure is normally performed eight to twelve months after you have completed your initial cancer treatments, including radiotherapy.

Lipomodelling involves taking fat through liposuction from elsewhere in the body (donor site) and injecting it into the required areas in the breast (recipient site). Common donor sites are the abdomen, flanks, hips and thighs.

### Why would I need this procedure?

While breast cancer treatments are successful in achieving local control, this is at the expense of altering the volume of the breast and creating internal scar tissue. In turn this can affect the contour of your breast and result in a degree of asymmetry between the two sides. The degree of asymmetry may vary from mild to severe. This can be particularly significant after breast reconstruction. Some types of reconstruction are planned as two stage procedures from the outset, where lipomodelling is performed as a second surgical procedure to complete the reconstructive work.

### What are the symptoms that have led to me having this procedure?

You may require this procedure if you feel that you need to improve the appearance, symmetry and the comfort of your breast after cancer surgery, most usually after breast reconstruction.

### What are the alternatives?

Lipomodelling can help improve the cosmetic outcomes of breast cancer treatments. As such, it is your choice whether you want to undertake this procedure or not. Depending on your specific circumstances it can be entirely reasonable not to proceed with any further corrective surgery after you have completed your cancer treatments.

Corrective surgery encompasses many options and it is a broad and complex subject. Please discuss with your surgeon to see what procedures would be most suitable for your specific case and needs.

### What are the potential risks and side effects?

As lipomodelling involves a transplant of your own tissue from the donor site to the recipient site, the results are expected to be permanent. However, some of the fat graft will disappear over time after your surgery. Volume loss of up to 30% over 3-6 months can be expected and is considered within normal limits. If you are a smoker and/or you have had radiotherapy to the recipient site, you might experience a higher degree of reabsorption. This can be more than 60-70% over the first six months, and if so you are likely to require further lipomodelling.

To minimise the amount of reabsorption from the recipient site, we recommend that you do not put sustained compression to this area for at least 2 to 3 months (for example by not wearing a bra on the fat grafted breast).

All procedures carry some risks and complications can happen. Some of these can be serious and even cause death. You should ask your doctor if there is anything you do not understand. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. With this procedure most patients have minimal side effects and complications, but you should be as fit as possible before the surgery and your body weight should be stable for at least three months before this procedure. If you smoke, you should have stopped several weeks before the operation.

Below you can find the most common complications of lipomodelling and our recommendation to minimise your risks.

- **Pain and discomfort.** Donor and recipient sites can be sensitive or uncomfortable for several weeks after the procedure. Your healthcare team will prescribe you medication to keep you comfortable. Avoid taking aspirin or aspirin-based medication and anti-inflammatory medications such as Ibuprofen, Nurofen, etc until advised by your surgeon.
- **Bleeding and bruising** may occur during or after the operation. It is common for the donor sites to be bruised after surgery. This can range from minor to extensive. If you are currently taking any blood thinning medication, you must discuss an alternative plan with your surgeon beforehand. Wear your compression garments as directed.
- **Swelling and contour irregularities** at the donor sites. As with any liposuction, swelling can take a while to settle. A compression garment is advisable such as total support pants or cycling shorts. If you need an abdominal binder, we will fit it for you in theatre.

Less common complications include the following:

- **Infection** of the wounds at the donor or recipient site. Let the healthcare team know if you get a high temperature, notice pus in your wounds or if the wounds become red, sore or very painful. An infection needs to be treated with antibiotics.
- **Haematoma.** A blood clot might form at the donor site, which presents as a hard lump associated with bruising. Massage can help improve the lump, nevertheless you need to bring this to the attention of your healthcare team.
- **Fat necrosis** is where an area of the grafted fat dies and repairs itself by forming chalky deposit or oil cysts. This is harmless and can become apparent at some stage after surgery. It presents as a lump with or without swelling and redness which does not respond to antibiotics. It can be seen on mammography or ultrasound and can often look or feel like breast cancer. Therefore, it sometimes necessitates a biopsy.
- **Damage of breast implants.** If your implants are damaged during fat injection, you will require further surgery to replace the implants.
- **Unsightly scarring of the skin and altered sensation** including **numbness** at the donor sites. This should recover over 6-12 months.

Rare complications include the following:

- **Perforation of the abdominal organs** (ie bowel etc). The risk is increased if you have a clinically undetectable abdominal hernia. This might lead to **peritonitis** and require emergency surgery to repair the damaged organ.
- **Perforation of the chest wall** resulting in a **pneumothorax** (air entering the lining of the lung) and/or **haemothorax** (blood entering the lining of the lung). This may result in partial or complete lung collapse which may need insertion of a chest drain and prolonged stay in hospital.
- **Fat embolism** and **Fat Embolism Syndrome (FES)**. This happens when fat enters accidentally into your blood stream. If you start struggling with your breathing in the first 48 hours after your procedure, you should seek emergency treatment as this is a life-threatening condition.

You should also consider that any operation carries the following risks:

- **Blood clot in your leg (DVT)**. This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. Let the healthcare team know straight away if you think you might have a DVT.
- **Blood clot in your lung (pulmonary embolus or PE)**, if a blood clot moves through the bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, please let the healthcare team know straight away. If you are at home call an ambulance or go immediately to your nearest emergency department.

## What are the expected benefits of treatment?

The benefits are an improvement in the appearance of the breast in terms of contour, size, shape, texture and symmetry. The result can give a natural appearance. Often more than one procedure is needed if the volume of fat needed is large or if there is a lot of fat re-absorption after the first procedure.

## What should I do before I come into hospital?

You will need to attend a pre-assessment clinic one or two weeks before your operation. You will meet with your ERAS (Enhanced Recovery After Surgery) Nurse who will provide you with further information and advice regarding your procedure. Please follow the instructions received at this appointment.

Bring support underwear and/or compression garments with you to the hospital, as directed.

Stop blood thinning medications as directed. If you smoke or vape with nicotine, we recommend that you stop smoking or vaping at least four weeks before your operation. You should not be actively dieting for at least three months before your procedure.

If your operation is in Eastbourne, your pre-assessment appointment will be on Firle Ward and you will be admitted to the Hailsham Ward.

If your operation is at Conquest Hospital, your pre-assessment appointment will be on Egerton Ward and you will be admitted on Gardner Ward.

## Will I have an anaesthetic?

You will have a general anaesthetic to undergo this procedure. The possible complications of a general anaesthetic will be discussed with you by the anaesthetist and the pre-assessment team prior to surgery.

## How will I feel afterwards?

You may have pain afterwards. The healthcare team will give you medication to keep you comfortable. Do not take any aspirin or aspirin based medication until advised by your surgeon. Additionally, do not take any anti-inflammatory medication like Nurofen or Ibuprofen or similar until advised. You can ask your GP to prescribe you stronger pain relief, if required.

## How long will I be in hospital?

After the operation you will be transferred to the recovery area and then to the ward. You should be discharged on the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a phone in case of an emergency.

## What should I do when I go home?

It is advisable to wear total support pants or cycle shorts over the donor sites for four to six weeks after your operation. This will help reduce swelling and bruising and aid with the contouring of the donor sites. Abdominal binders can be removed after two weeks.

TED anti-embolism stocking must be worn continuously for two weeks. Keep your dressing dry and undisturbed for two weeks. Your ERAS Nurse may contact you within the first week and may arrange to check your wounds if necessary.

You can expect to have a slight temperature of about 38C for three days after surgery. If this does not return to normal (around 36.5c) after three days, please contact your healthcare team.

We encourage you to be as mobile as possible. However, you should rest for 24 hours and then gently and progressively increase physical activities.

Do not wear anything restrictive, **including a bra** over the breast area for at least two months as this will encourage the fat grafted to be reabsorbed. After one month it may be possible to wear a very light bra but please ask your surgeon for advice.

## How soon will I be able to resume normal activities?

Do not drive, operate machinery (this includes cooking) or do anything potentially dangerous for at least 48 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

Normal non-strenuous activity can be resumed in 2-3 days. However, you must not engage in strenuous exercise or heavy lifting for six to eight weeks after your procedure as this will increase your risk of bleeding.

You should not be driving for at least two weeks and not until your movement feels unrestricted and you are pain free. You must be able to wear your seat belt comfortably and to perform an emergency stop safely. You are advised to discuss with your insurer before resuming driving.

## Will I have to come back to hospital?

The healthcare team will arrange for you to come back to clinic within three weeks. The wounds will be checked and any follow up arranged. It will take several months for the outcome of the lipomodelling to be fully evaluated, so further follow up appointments will be arranged. Sometimes a second or even third procedure may be needed.

You should not have a mammogram for at least six months after this procedure.

## When can I return to work?

Your healthcare team will sign you off for four weeks. Your GP will be able to give you an extension or a fit note as required.

## Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. If you change your mind or need further information, please discuss this with your medical team at your earliest convenience.

## Sources of information

Breast Clinical Nurse Specialists, ERAS (Enhanced Recovery after Surgery) Nurse, Hailsham Ward, Consultant's secretary.

## Important information

The information in this leaflet is for guidance purposes only, and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:  
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The directorate group that has agreed this patient information leaflet: Caner Services

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