

Buttock augmentation

ONLINE
EXCLUSIVE

Buttock augmentation is a popular treatment in high demand in South America. As in all aesthetic treatments, gluteal enhancement is not free from risks. Practitioners looking to expand into the gluteal area should know the gluteal anatomy, and they also need to familiarise themselves with different product ranges. There are risks with going for cheaper products as these usually lack the quality of product and service backup of more expensive brands.

In my clinic I chose Variofill® for gluteal augmentation. This is a high concentration of pure hyaluronic acid (33mg/ml) which is made in Germany by Adoderm, a company making hyaluronic acid fillers since 2005 with a presence in Chile since 2006. The main characteristics of Variofill® are its high rheological values (G', G'', G*) giving us the desired volume effect and contour with much less injected product and with sustained results. Thanks to those properties, I can also offer the treatment to patients who can't afford more than three to four injections. The results are extremely satisfactory.

Step 1: Patient selection

Choosing the correct patient is key for good results. Patients with enough fat to give support and have a healthy lifestyle are the best. No presence of any other filler in the area. Athletes and skinny patients are not optimal due to lack of fat tissue.

The treatment is indicated for patients seeking improvement of shape and size of their buttocks, generating elasticity, firmness and volume to them, especially in those patients with flat or fallen buttocks, without having to resort to any surgery.

I assess the patient's gluteals and how they harmonise her curves. It is important to follow the rule that injections must always be at deep subcutaneous fat tissue, above the muscle and away from the anal area. The technique is safe and simple as long the practitioner knows about the anatomy and the patient is in good health.

Step 2: Preparation

After assessment, an appointment is made. Patients are informed in writing about the procedure and product (specifications, lot number). They must comply with all the legal requirements, pre-treatment routine (avoid taking blood thinners, no alcohol intake 48 hours before, avoid heavy exercise four hours prior the treatment) and a post-treatment care plan so the patient does not have any discomfort after the treatment. Photos are taken.

Adequate and correct asepsis of the gluteal area and working area is highly important to avoid any infection. Injections of HA in buttocks require the use of big size blunt cannulas (wide entry hole on the skin).

In general, we focus to improve lateral depressions and lift the infragluteal folds, therefore in most cases I tend to prioritise areas A and B (Figure 1).

After asepsis, the patient is covered with a sterile surgical drape, we inject local anaesthesia at the entry points. I prefer the 16G (90mm at least) cannula. Injection must always follow your markings. Once the cannula is introduced or the position is changed, always aspirate and proceed to inject in the deep subcutaneous fat tissue using the retrograding fan technique.

Treatment is not painful for the patient. The quantities injected vary according to each body type, but in general I inject a total of five to six syringes with a maximum of 13 syringes and minimum of three, based on patient budget. After injection, a massage is performed in the gluteal area to spread the gel uniformly and achieve the best results. The area is covered with suture strips and sterile adhesive bandages which are left for eight days.

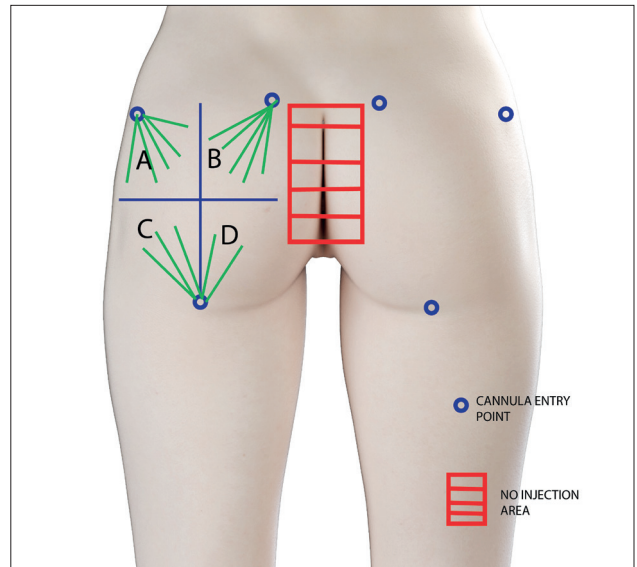


Figure 1



Figure 2

Step 3: Post-treatment

I advise close follow-up the first 48 hours. I recommend that the patient gently massages the area for the next three to seven days. Patients are advised regarding proper diet, hydration and avoiding alcohol for the first 48 hours. High intensity physical exercise is avoided for up to four weeks and I always prescribe antibiotics to reduce any risk of local infection. Results are natural both in appearance and to the touch (see before and after the procedure in Figure 2).

AUTHOR



Maria Vazquez

Aesthetic Practitioner; Owner, Maria Vazquez Advanced Aesthetics, Concón, Santiago, Chile.

E: maria.vazquez42@icloud.com

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EDITOR COMMENTARY

Read a commentary on this topic from Editor Dalvi Humzah:
www.thepmfajournal.com/blog/post/the-injectable-buttock-procedure