

Bottoms up

Surgeons say no to Brazilian buttock lift (BBL) but yes to superficial gluteal lipofilling (SGL) as real time ultrasound technology allows gluteal fat grafting to be performed safely.



In 2018 the British Association of Aesthetic Plastic Surgeons (BAAPS www.baaps.org.uk) dissuaded all its members from performing Brazilian buttock lift (BBL) surgery, until more data could be collated. The decision was taken due to the high death rate associated with the procedure. Now, following an extensive four-year review of clinical data, new technology and techniques, BAAPS has published its *Gluteal Fat Grafting (GFG) Guidelines*.

Gluteal fat grafting is currently the procedure with the biggest growth rate in plastic surgery worldwide, with an increase of around 20% year-on-year [2,3]. It has become the most popular means of buttock volume augmentation, overtaking gluteal augmentation with implants. In 2020, The Aesthetic Society statistics recorded 40,320 buttock augmentation procedures, which included both fat grafting and buttock implants [3].

In 2015, there were reports of intraoperative mortality related to pulmonary fat emboli associated with BBL surgery and in 2018 with growing concern about the high mortality rate associated with this procedure BAAPS recommended it was not performed by its members.

So, what's changed?

The development of the present guidelines and recommendations has been stimulated by the evidence that has emerged since 2018, based on scientific review and analysis. BAAPS guidelines now recommend that gluteal fat grafting is safe to perform under two key conditions:

1. Injection into the subcutaneous plane only – the evidence shows that the only deaths from the procedure have been when fat has been injected into the deeper muscle layer.
2. Intraoperative ultrasound must be used during the placement of fat in the gluteal area to ensure that the cannula remains in the subcutaneous plane – this is the only way that surgeons can be confident they are not in the muscle layer.

As BAAPS President Marc Pacifico explains, “The new BAAPS guidelines are very robust and comprehensive, and the evidence has been critically analysed. The deaths recorded with BBL have all had breaches of the fascia with fat injected into the muscle. So, it's no to BBL but yes to superficial gluteal lipofilling where the fascia is not compromised. To ensure this we are recommending that surgeons should only perform this with real time ultrasound guidance as the only way to ensure the procedure is performed superficially and safely.”

Despite the previous moratorium on BBL surgery by BAAPS, the public still sought out the risky procedure and many were prepared to risk their lives by going abroad.



Pacifico adds, “An increasing number of UK based patients are continuing to seek this procedure by surgeons not on the GMC Specialist Register or by venturing abroad. There is a concern regarding higher risk of exposure to risks and complications, such as sepsis, poor techniques, deep vein thrombosis (DVT), and pulmonary embolism (PE). The majority of BBL complications seen in the NHS are related to sepsis, fat necrosis, and skin necrosis. So, by introducing the new GFG guidelines we will help protect the public seeking this procedure.”

Guidelines are available at <https://bit.ly/3fYch92>

References

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2. American Society of Plastic Surgeons. 2018 *Plastic Surgery Statistics Report* [Internet]. 2019. <https://www.plasticsurgery.org/documents/News/Statistics/2018/plastic-surgery-statistics-full-report-2018.pdf> [accessed 27 October 2022].
3. American Society of Plastic Surgeons. 2020 *Plastic Surgery Statistics Report* [Internet]. 2021. <https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf> [accessed 27 October 2022].