



College of Physicians and Surgeons of British Columbia

Position Statement

Gluteal Fat Grafting

DETAILS

Department/program: Non-Hospital Medical and Surgical Facilities Accreditation Program

Date: December 18, 2018

PURPOSE

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing, the implementation of processes and procedures may be premature, the implementation of a guideline or standard may not be necessary, another credible body (i.e. professional association) has already established guidelines or standards, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses gluteal fat grafting.

BACKGROUND

In August 2018, the American Society of Plastic Surgeons (ASPS) issued an urgent warning about the risks associated with gluteal fat grafting, also known as the Brazilian butt lift procedure. An inter-society task force examining the practice and outcomes of gluteal fat grafting reports an estimated rate of mortality of 1:3,000 and recommends that every surgeon performing gluteal fat grafting immediately re-evaluate their technique using these guidelines:¹

1. Stay as far away from the gluteal veins and sciatic nerve as possible. Fat should only be grafted into the superficial planes, with the subcutaneous space considered the safest. If the aesthetic goal requires more fat than can be placed in the subcutaneous layer, the surgeon should consider staging the procedure rather than injecting deep.
2. Concentrate on the position of the cannula tip throughout every stroke to avoid an unintended deeper pass, particularly in the medial half of the buttock overlying the critical structures.
3. Use access incisions that best allow a superficial trajectory for each part of the buttock; avoid deep angulation on the cannula; and palpate externally with the non-dominant hand to assure the cannula tip remains superficial.
4. Use instrumentation that offers control of the cannula; avoid bendable cannulas and mobile luer connections. Vibrating injection cannulas may provide additional tactile feedback.

¹ American Society of Plastic Surgeons [Internet]. Gluteal fat grafting advisory. Arlington Heights, IL: American Society of Plastic Surgeons; 2018 Jan 31 [cited 2018 Sep 12]; [about 4 screens]. Available from: <https://www.plasticsurgery.org/for-medical-professionals/advocacy/key-issues/gluteal-fat-grafting-advisory>

5. Injection should only be done while the cannula is in motion in order to avoid high-pressure bolus injections.
6. The risk of death should be discussed with every prospective gluteal fat grafting patient.

POSITION

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is responsible for establishing accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP to ensure the delivery of high-quality and safe services in the facility.

The College's overriding interest is the protection and safety of patients. Recognizing the need to balance continued patient access to gluteal fat grafting procedures in our province while at the same time minimizing risk and ensuring safe patient outcomes, the College recommends taking into account the following.

Governance and leadership

- Gluteal fat grafting should only be performed in an accredited non-hospital facility.
- Physicians performing gluteal fat grafting procedures should have the requisite credentials for privileges as outlined in the provincial privileging dictionaries. Refer to <http://bcmqi.ca/privileging-dictionaries/>.
- Physicians performing gluteal fat grafting procedures should have applied for and been granted privileges to perform gluteal fat grafting procedures by the medical director of the non-hospital facility.
- The medical director should maintain records of the number of gluteal fat grafting procedures performed by each physician and these records should be submitted to the College annually and upon request.

Informed consent

- The decision to recommend gluteal fat grafting to patients is that of the physician providing care.
- The risk of death should be disclosed during the consent discussion with the patient.

Procedure guidelines

- Fat should be injected into the subcutaneous layer only. Sub-fascial and/or intra-muscular fat injection is contraindicated.
- A large bore blunt cannula ≥ 4 mm should be used.
- The cannula should be in continual motion while injecting the fat graft.
- Filling to excessively high recipient-site pressures should be avoided. It is recommended that fat volume injected should not exceed 600 mL per buttock.

REFERENCES

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