

Safety and efficacy of combined gluteal lipofilling with silicone cohesive implants for gluteal enhancement in an Egyptian population

Abstract

Buttock augmentation surgery is on the rise in the recent years. Different approaches exist with different advantages and complication rates. Furthermore, ethnic groups might have different aesthetic demands. Here, we describe our experience with a combined lipofilling and silicone implant approach in 20 female Egyptian patients. Our results reveal both an objective success with an average achieved waist-to-hip ratio of 0.78 after 6 months postoperatively, together with a subjective success with statistically significantly higher scores reported by both the patients and two independent aesthetic surgeons. Our complication rates were minimal and planned for. Gluteal lipofilling can thus safely and effectively be combined with silicone implants for gluteal enhancement, giving better shape and projection and avoiding implant dissatisfaction

Introduction

Buttock augmentation surgery has been widely on demand in the recent years owing to more focus on body sculpting and the widespread media access to global figures (1). The ideal waist-to-hip ratio of 0.7 that had been previously regarded as the gold standard may even see a shift in the coming years towards a lower ratio and a curvier figure (2). Many factors affect the perception of optimum buttock size, including important sociodemographic and cross-cultural ones, but there seems to be a global consensus when it comes to waist-to-hip ratio (3).

The main methods used to achieve buttock augmentation are the introduction of prostheses, autologous fat sculpting, or a mixture of both techniques (4). The advancement of lipoinjection techniques in the modern times has allowed larger infiltrations in multiple areas (1). The fat is placed in the gluteal region within the superficial intramuscular or subcutaneous plane with the goal of augmenting fat survival (5). Contrarily, implant insertion for buttock augmentation (that has doubled in annual numbers between 2005 and 2010) involves one of the 4 anatomical planes: subcutaneous, subfascial, submuscular, or intramuscular (5). The subfascial plane is, however, the most preferred position by surgeons (6).

A combined butt augmentation technique with implants and fat transfer is a great option for patients that want the maximum amount of projections to improve their overall shape, and still want to have a natural feel to their buttock (7). The implant is used to shape the buttock giving it a more rounded, lifted and youthful appearance, while the fat transfer serves two purposes. The first is to sculpt the waist as the liposuction that is needed for the fat harvesting is typically removed from the flanks and abdomen.

This is useful in transforming the waist-hip region's shape from square to hourglass. The second use is that fat transfer gives the implant an almost natural appearance with minimal capsular contracture all around (8). Generally speaking, the more fat there is around the implant (whether it is fat that was naturally there or fat that was transferred), the more buffered the implant is (9).

The above procedure, while optimal, is challenging with variable reported outcomes and complications. Previously reported to have a complication rate of 38.1 percent, a recent systematic review demonstrated a significantly lower rate, with the most common implant-procedure-related complications being dehiscence, seroma, and infection, and the most common fat-procedure-related complications being seroma, undercorrection, and postoperative pain (10). No examination of the complications of the combined approach was attempted to date, but it would be assumed to be higher than each technique alone owing to the more steps and manipulation. This necessitates an experienced surgeon with proper knowledge of the anatomical landmarks, proper decisions during patient selection, procedural components, and extent, and proper instrumentation (11).

Ethnic gluteoplasty is emerging as a hot topic in the scene of buttock augmentation, owing to differences in aesthetic ideals and body characteristics of different ethnic groups (7). Although the Middle East has witnessed a blooming demand when it comes to aesthetic procedures, literature on the subject remains lacking. Only a single study (12) published in 2011 discussed buttock augmentation using the fat transfer technique in 40 female patients in Kuwait. The study combined liposuction from areas around the buttocks and lipoinjection to achieve volume and projection. This combined enhancement and augmentation technique achieved satisfactory results with minimal complications as reported by the author. To the best of our knowledge, the literature does not have any reports on a combined-technique buttock augmentation in the Middle East, nor does it have any report of buttock augmentation of any sort in Egypt - one of the leading countries in aesthetic procedures in the Middle East.

In this work, we describe our experience with twenty Egyptian women that underwent gluteal augmentation over a two-year period. Intramuscular gluteal implants were placed to obtain optimal filling and expansion of small buttocks, and autologous fat grafting was performed above the gluteal thigh sulcus to prevent implant visibility and palpability due to insufficient soft tissue coverage.