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Brazilian Butt Lift / Gluteal Fat Grafting - Patient Information Leaflet

Introduction

The shape and proportion of the buttocks vary naturally between individuals. They are influenced by:

- Genetics
- Bone structure
- Muscle development
- Fat distribution
- Skin quality and elasticity
- Ageing
- Pregnancy
- Weight changes
- Previous injury or surgery

With ageing or weight loss, the buttocks may lose volume and projection. The skin may become looser, and changes in fat distribution may affect the balance between the waist, hips, and buttocks.

A Brazilian Butt Lift, commonly called a BBL, uses a patient's own fat to improve the shape, volume, projection, and proportion of the buttocks.

Despite its name, a BBL does not necessarily lift or remove loose skin. It is primarily a fat-transfer and body-contouring procedure.

What is a Brazilian Butt Lift?

A Brazilian Butt Lift is also known as gluteal fat grafting, gluteal fat transfer, buttock fat transfer, or superficial gluteal lipofilling.

The procedure involves:

- Removing fat from selected areas using liposuction
- Processing and preparing the collected fat
- Injecting the prepared fat into the fatty tissue beneath the skin of the buttocks
- Contouring the surrounding areas to improve overall body proportion

Liposuction of the waist, abdomen, flanks, lower back, hips, or thighs may improve the apparent shape and projection of the buttocks even before fat is transferred.

The aim is to create a balanced and natural-looking contour that is proportionate to the patient's body.

What Can a BBL Improve?

A BBL may be performed to:

- Increase buttock volume
- Improve buttock projection
- Improve upper-buttock fullness
- Improve the curve between the waist, hips, and buttocks
- Correct selected contour depressions
- Improve mild buttock asymmetry
- Restore volume following weight loss or ageing
- Improve the appearance of "hip dips" in suitable patients
- Improve body balance and proportion

The result depends on the patient's anatomy, skin quality, available donor fat, and the amount of fat that can be transferred safely.

What a BBL Cannot Reliably Correct

A BBL cannot correct every concern.

It may not adequately treat:

- Significant loose or hanging skin
- Severe buttock drooping
- Major skin laxity following substantial weight loss
- Cellulite
- Stretch marks
- Significant muscle weakness
- All forms of asymmetry
- Expectations that are not compatible with the patient's anatomy or safe surgical limits

Patients with significant loose skin may require a skin-removing procedure such as a buttock lift or lower body lift.

These operations create longer scars and have different risks and recovery requirements.

Planning the Procedure

A detailed consultation is required to assess:

- General health and medical history
- Previous operations and scars
- Body weight and weight stability
- Skin quality and elasticity
- Buttock shape and existing projection
- Buttock and hip asymmetry
- Waist, abdomen, flank, back, and thigh contour
- The amount and distribution of available donor fat
- The thickness of the fat beneath the buttock skin
- Risk factors for blood clots
- Current medication and supplements
- Smoking, vaping, and nicotine use
- Previous liposuction or body-contouring procedures
- The patient's goals and expectations

Photographs and measurements may be taken as part of the planning process.

The surgeon must determine whether the desired result can be achieved within safe anatomical limits.

If there is not enough space to place the desired volume safely beneath the skin, a smaller transfer or staged procedure may be recommended.

Who May Be Suitable for a BBL?

A suitable patient generally:

- Is in good overall health
- Has realistic expectations
- Has a stable body weight
- Has enough donor fat for harvesting
- Has adequate fatty tissue beneath the buttock skin for safe placement
- Does not smoke, vape, or use nicotine
- Understands the recovery and pressure restrictions

- Is willing to follow all post-operative instructions
- Accepts that not all transferred fat will survive
- Understands the serious risks associated with the operation

A BBL is not a weight-loss procedure.

A very low amount of body fat may mean that insufficient donor fat is available. A higher body weight or certain medical conditions may increase the risks of anaesthesia, wound problems, infection, and blood clots.

The decision to proceed must be based on an individual medical and anatomical assessment.

Donor Sites for Fat Harvesting

Fat may be harvested from one or more areas, including:

- Abdomen
- Waist
- Flanks
- Lower back
- Upper back
- Hips
- Inner thighs
- Outer thighs
- Arms
- Other suitable areas with localised fat

The donor sites are selected according to the patient's body shape, the amount of fat required, and the desired overall contour.

Fat harvesting is an important part of the result. Liposuction around the waist and lower back may create a narrower silhouette and improve the transition into the buttocks.

Liposuction cannot guarantee perfectly smooth skin or remove all loose skin, stretch marks, or cellulite.

Safe Placement of Fat

Patient safety depends on keeping the injected fat within the fatty tissue beneath the skin and above the covering of the gluteal muscles.

Fat must not be injected into or beneath the gluteal muscles.

The buttocks contain large blood vessels. If fat enters an injured blood vessel, it may travel to the lungs or heart and cause a pulmonary fat embolism. This can result in sudden collapse, permanent injury, or death.

Current specialist safety recommendations support:

- Placement of fat in the subcutaneous tissue only
- Avoidance of injection into the gluteal muscle
- Real-time ultrasound guidance during fat placement
- Direct confirmation that the cannula remains above the muscle covering
- Performance of the operation by an appropriately trained surgeon
- Surgery in a properly equipped and regulated facility
- Appropriate anaesthetic and post-operative monitoring
- Staged surgery when the desired volume cannot be placed safely in one operation

Ultrasound does not eliminate every risk, but it helps the surgeon confirm the position of the injection cannula during fat placement.

The volume transferred must be limited by the amount of safe subcutaneous space available. Patient safety takes priority over a requested buttock size.

The Procedure

A BBL is usually performed under general anaesthesia.

Small incisions are made in selected donor areas. Fat is removed using liposuction and then processed to separate usable fat from unwanted fluid, oil, blood, and damaged cells.

The prepared fat is transferred into the fatty tissue beneath the buttock skin using specialised cannulas.

Real-time ultrasound guidance is used during fat placement to confirm that the cannula remains in the intended subcutaneous tissue plane.

The surgeon gradually distributes small amounts of fat to improve shape and contour.

The operation commonly takes several hours. The duration depends on:

- The number of liposuction areas
- The amount of fat collected
- The degree of contouring required
- The amount of fat transferred
- Whether another procedure is performed at the same time

For safety reasons, the surgeon may limit the amount of liposuction, the volume transferred, the duration of surgery, or the number of procedures performed together.

Hospital Stay

A BBL may be performed as a day procedure or may require an overnight hospital stay.

An overnight stay may be recommended when:

- General anaesthesia is used
- More extensive liposuction is performed
- Additional monitoring is required
- The procedure is combined with other surgery
- The surgeon or anaesthetist considers it appropriate

A responsible adult should take the patient home and remain available during the early recovery period.

Incisions and Sutures

The liposuction and fat-transfer incisions are small and are positioned in less visible areas where possible.

Absorbable sutures may be used and usually do not require removal.

If non-absorbable sutures are used, they will be removed at a follow-up appointment.

All incisions produce scars. The number, position, colour, and final appearance of the scars vary between patients.

Recovery

Recovery varies according to the extent of liposuction, the amount of fat transferred, and whether additional procedures are performed.

Swelling, bruising, tightness, tenderness, and numbness are common in both the donor and treated areas.

General recovery guidance may include:

- Arrange for a responsible adult to assist during the early recovery period
- Walk gently and regularly to support circulation
- Take prescribed medication as directed
- Wear compression garments as instructed

- Avoid strenuous exercise and heavy lifting until cleared by the surgeon
- Avoid smoking, vaping, and nicotine
- Maintain adequate hydration and nutrition
- Attend all follow-up appointments
- Follow the surgeon's instructions on sitting, sleeping, and pressure relief

Most patients require approximately 2 weeks away from work, although more time may be needed depending on the type of work and extent of surgery.

Strenuous exercise and heavy lifting are generally restricted for several weeks.

Swelling may take several months to resolve fully. The final contour cannot be assessed immediately.

Sitting and Pressure Restrictions

Prolonged or direct pressure on the grafted areas may reduce fat survival during the early healing period.

The surgeon may advise the patient to:

- Sleep on the front or side
- Avoid prolonged sitting for approximately 2 weeks or as directed
- Stand and walk regularly
- Use a recommended pressure-relieving cushion when sitting is unavoidable
- Keep sitting periods short during early recovery
- Avoid driving until sitting is comfortable and safe
- Avoid pressure-producing exercise until cleared

Instructions vary according to the areas treated and the surgeon's technique.

Pressure restrictions should be followed carefully, but patients must still walk regularly to reduce the risk of blood clots.

Compression Garments

A compression garment may be worn over the liposuction areas to reduce swelling and support healing.

The garment should not place excessive pressure on the newly grafted buttock areas.

The type of garment and length of use will be directed by the surgeon.

Expected Results

The goals of a BBL may include:

- Increased buttock volume
- Improved projection
- Improved hip and buttock contour
- Better waist definition
- Improved balance between the waist, hips, and buttocks
- Correction of selected depressions or asymmetry
- A natural-looking result that is proportionate to the body

The buttocks may initially appear larger than expected because of swelling and the amount of fat transferred.

Not all transferred fat will survive. Some reduction in volume is expected during the first several months.

The final result may take approximately 3–6 months to assess, and the tissues may continue to settle after this period.

The surviving fat behaves like fat elsewhere in the body. It may enlarge with weight gain and reduce with weight loss.

Perfect symmetry and an exact final size cannot be guaranteed.

Fat Survival and Repeat Treatment

For the transferred fat to survive, it must develop a new blood supply.

Fat survival depends on:

- The patient's anatomy
- The quality of the donor fat
- The harvesting and preparation technique
- Safe placement and distribution of the fat
- The blood supply in the recipient tissue
- Smoking or nicotine use
- Pressure on the grafted areas
- Individual healing
- Weight changes following surgery

Some transferred fat will be absorbed by the body.

Possible outcomes include:

- Less volume than expected
- Uneven fat survival
- Persistent asymmetry
- Under-correction
- The need for further fat grafting

If additional volume is desired, a staged procedure may be safer than placing an excessive amount of fat during one operation.

Alternative Treatment Options

Alternatives may include:

- No treatment
- Exercise to improve gluteal muscle tone
- Weight management
- Clothing or padding to alter the silhouette
- Liposuction without fat transfer
- Buttock implants
- Buttock lift or lower body lift
- Non-surgical treatments in selected patients

Exercise can improve muscle tone but cannot control where the body stores fat or reliably correct loose skin.

Buttock implants may be considered when insufficient donor fat is available, but they have different risks, including infection, implant movement, wound problems, pain, and the need for revision surgery.

Injectable silicone and unapproved permanent fillers must not be used for buttock augmentation. They can cause severe injury, infection, tissue damage, embolism, and death.

Risks and Possible Complications

All surgery carries some degree of risk. Possible complications may include:

- Bleeding
- Bruising
- Swelling
- Pain or prolonged discomfort
- Infection
- Delayed wound healing
- Wound separation

- Fluid collection
- Blood collection beneath the skin
- Numbness or altered sensation
- Persistent swelling
- Thickened, raised, widened, darkened, or uneven scars
- Skin discolouration
- Skin loss
- Fat necrosis
- Oil cysts
- Firm lumps
- Calcification
- Uneven contour
- Rippling, dents, or depressions
- Buttock or body asymmetry
- Under-correction
- Over-correction
- Excessive or insufficient fat survival
- Loose skin following liposuction
- Seroma
- Damage to nerves, blood vessels, muscles, or other deeper structures
- Persistent pain
- Unsatisfactory cosmetic result
- Need for revision surgery
- Anaesthetic complications
- Blood clots in the legs or lungs
- Fat embolism
- Serious injury or death

The risks depend on the patient's health, the extent of liposuction, the volume of fat transferred, the duration of surgery, and whether other procedures are performed.

Pulmonary Fat Embolism

Pulmonary fat embolism is a rare but particularly serious complication of gluteal fat grafting.

It may occur if injected fat enters a blood vessel and travels to the lungs or heart.

Possible signs include:

- Sudden shortness of breath
- Rapid breathing
- Chest pain
- Fast heart rate

- Low oxygen levels
- Confusion
- Dizziness or collapse
- Cardiac arrest

Pulmonary fat embolism can cause permanent injury or death and requires immediate emergency treatment.

Keeping fat above the gluteal muscle covering and using real-time ultrasound guidance are important safety measures intended to reduce this risk. They cannot guarantee that no complication will occur.

Blood Clots

Liposuction, general anaesthesia, reduced mobility, and longer operations may increase the risk of deep vein thrombosis and pulmonary embolism.

Measures used to reduce this risk may include:

- Individual blood-clot risk assessment
- Compression stockings
- Compression devices during or after surgery
- Blood-thinning medication where appropriate
- Adequate hydration
- Early and regular walking

Calf pain, calf swelling, sudden chest pain, shortness of breath, coughing blood, faintness, or collapse requires urgent medical attention.

Liposuction and Donor-Site Risks

Possible complications at the donor sites include:

- Bleeding
- Bruising and swelling
- Infection
- Fluid collection
- Numbness or altered sensation
- Uneven contour
- Rippling or loose skin
- Depressions or irregularities
- Skin discolouration
- Skin loss
- Persistent pain

- Visible scars
- Injury to deeper structures
- Fluid imbalance
- Need for corrective treatment

Liposuction cannot guarantee perfectly smooth or symmetrical contours.

Fat-Grafting Risks

Risks related to the transferred fat may include:

- Absorption of some of the transferred fat
- Uneven fat survival
- Persistent asymmetry
- Lumps or firm areas
- Fat necrosis
- Oil cysts
- Infection
- Calcification
- Under-correction
- Over-correction
- Need for staged or revision surgery

Smoking and Nicotine

Smoking, vaping, and nicotine reduce blood flow and interfere with healing.

Nicotine use may increase the risk of:

- Infection
- Delayed wound healing
- Wound separation
- Skin loss
- Poor scarring
- Blood clots
- Reduced fat survival
- Unsatisfactory results

Smoking, vaping, and all nicotine-containing products should be stopped according to the surgeon's instructions before and after surgery.

Travel and Surgery Abroad

Long-distance travel soon after surgery may increase the risk of blood clots and make follow-up care more difficult.

Patients considering surgery away from home should understand:

- The qualifications and training of the surgeon must be verified
- The facility should be appropriately licensed or regulated
- The surgeon should personally perform the critical parts of the procedure
- Ultrasound guidance and subcutaneous-only fat placement should be discussed
- A clear plan for complications and emergency care is required
- Follow-up care must be arranged before travelling
- Flying soon after surgery may increase blood-clot risk
- Medical or travel insurance may not cover complications from elective cosmetic surgery
- Additional treatment at home may be difficult or costly

Low cost should not take priority over surgeon training, facility standards, safe technique, and appropriate aftercare.

When to Seek Medical Advice

Contact the surgeon or treating facility promptly if you develop:

- Increasing redness, warmth, or swelling
- Worsening pain not controlled by prescribed medication
- Fever or chills
- Pus or unusual fluid from an incision
- Sudden or rapidly increasing swelling
- Persistent or heavy bleeding
- Opening of an incision
- Pale, mottled, dusky, or darkening skin
- Increasing asymmetry
- New or worsening lumps
- Persistent vomiting or inability to drink fluids
- A drain that stops draining, becomes disconnected, or falls out
- Any unexpected or concerning symptoms

Seek immediate emergency medical attention for:

- Sudden shortness of breath
- Chest pain
- Rapid or difficult breathing
- Coughing blood
- Fast or irregular heartbeat

- Calf pain or swelling
- Confusion
- Dizziness or fainting
- Seizure
- Collapse or loss of consciousness

Important Considerations

Patients considering a BBL should understand that:

- A BBL is a major surgical procedure
- It carries significant risks compared with many other cosmetic operations
- Fat must be placed only in the subcutaneous tissue above the gluteal muscle covering
- Real-time ultrasound guidance should be used during fat placement
- Intramuscular or submuscular fat injection should not be performed
- Patient safety limits the amount of fat that can be transferred
- A requested size or shape may not be safely achievable
- Surgery may need to be staged
- Not all transferred fat will survive
- The final retained volume cannot be predicted precisely
- Direct pressure restrictions must be followed during early recovery
- Regular walking remains important to reduce blood-clot risk
- All surgery produces scars
- Liposuction may result in loose skin or contour irregularities
- Perfect symmetry cannot be guaranteed
- Weight changes may alter the result
- Ageing and gravity will continue after surgery
- Further fat grafting or revision surgery may be required
- Rare complications include pulmonary fat embolism, permanent injury, and death

Final Thoughts

A Brazilian Butt Lift can improve buttock volume, projection, and overall body proportion by combining liposuction with transfer of the patient's own fat.

The quality of the result depends on careful patient selection, realistic goals, available donor fat, skin quality, safe surgical planning, and adherence to recovery instructions.

A BBL is not simply a large-volume fat-injection procedure. The fat must remain within the fatty layer beneath the skin and above the gluteal muscle covering. Real-time ultrasound guidance is an important safety measure used to confirm the position of the cannula during fat placement.

The desired shape or volume must never take priority over safe anatomy. If the requested result cannot be achieved safely in one procedure, a smaller correction, staged treatment, or an alternative procedure should be considered.

A detailed consultation is essential to discuss the expected benefits, scars, recovery, limitations, alternative treatments, and serious potential complications.

The overall aim is to create a balanced, natural-looking contour while maintaining realistic expectations and placing patient safety first.