



Dr Wei-Han Chen Plastic Surgery Inc.

Ground floor Suite 3, Netcare Rosebank Hospital
11 Sturdee Avenue, Rosebank, 2132
Website: www.whcplasticsurgery.co.za
Tel: +27 11 328 0500
Email: weihanchen@whcplasticsurgery.co.za

Buttock Augmentation - Patient Information Leaflet

Introduction

Improving Buttock Shape and Projection

Buttock augmentation, also known as implant gluteoplasty, is performed to improve the shape, fullness, and projection of the buttocks.

It may be considered by patients with inadequate projection or flattening of the buttocks caused by:

- Natural body shape
- Ageing
- Weight loss
- Developmental differences
- Loss of volume over time

Gluteal implants may also be an option for patients who do not have enough donor fat for fat-transfer surgery or who prefer the more predictable volume provided by an implant.

What Can Gluteal Implants Improve?

Gluteal augmentation may help:

- Increase buttock volume and projection
- Improve upper-buttock fullness
- Create a rounder or more defined shape
- Improve the overall shape of the gluteal region
- Improve balance between the buttocks and the rest of the body
- Correct selected developmental differences
- Improve mild asymmetry

Gluteal implants cannot reliably correct significant loose skin, cellulite, stretch marks, or severe buttock drooping. Patients with substantial skin laxity may require a buttock lift or another body-contouring procedure.

Gluteal Implants or Fat Transfer?

Gluteal implants and fat transfer are different procedures.

Gluteal implants:

- Do not require a large amount of donor fat
- Provide a more predictable volume
- Are placed through surgical incisions
- Remain as permanent medical devices
- May require revision, replacement, or removal in the future

Fat transfer, commonly called a Brazilian Butt Lift or BBL, uses fat removed from other areas of the patient's body.

The most appropriate option depends on the patient's anatomy, available donor fat, skin quality, desired result, and tolerance for the different risks and recovery requirements.

The Procedure

Gluteal augmentation is performed under general anaesthesia.

An incision is made within the natural cleft between the buttocks. A pocket is carefully created within each gluteus maximus muscle. This is known as intramuscular placement.

A preformed gluteal implant is inserted into each muscular pocket. The muscle provides coverage over the implant and helps create a smoother, more natural-looking contour.

Implant size and shape are selected according to:

- Buttock dimensions
- Muscle size and thickness
- Existing tissue coverage
- Body proportions
- Desired projection
- Safe anatomical limits

Because important nerves and blood vessels lie within and around the gluteal region, careful surgical planning and precise implant placement are essential.

The incisions are closed with sutures, and dressings and a compression garment are applied.

Preparing for Surgery

The cleft between the buttocks naturally contains bacteria. Careful hygiene is important to help reduce the risk of infection.

As part of our pre-operative protocol, you will be instructed to clean the buttock cleft with Betadine twice daily for 7 days before surgery.

Use Betadine only as instructed by the practice. Please tell us before use if you have previously experienced irritation or an allergic reaction to povidone-iodine, have a relevant thyroid condition, or have been advised not to use iodine-containing products.

Additional preparation instructions will be provided during consultation.

Hospital Stay

An overnight hospital stay is usually required for monitoring, pain control, and assistance with movement during early recovery.

The length of stay may vary according to the patient's health, comfort, mobility, and the surgeon's or anaesthetist's recommendation.

Sitting and Positioning

Direct sitting places pressure on the operated muscles, incisions, and implant pockets.

For the first 14 days after surgery:

- You must not sit directly on the buttocks
- Sitting is permitted only when using the bathroom
- You should sleep on your front or side
- You should change position carefully
- Gentle walking is encouraged as instructed
- Assistance may be required with daily activities

These restrictions are important for protecting the wounds and implant pockets during early healing.

Recovery

Swelling, bruising, tightness, and discomfort are expected during early recovery. Walking, sleeping, and changing position may initially be uncomfortable.

General recovery guidance includes:

- Avoid sitting except when using the bathroom for 14 days
- Walk gently and regularly to support circulation
- Keep the incision and buttock cleft clean and dry
- Take prescribed medication as directed
- Wear the compression garment for 1 month
- Avoid strenuous activity and heavy lifting
- Attend all follow-up appointments
- Avoid smoking, vaping, and nicotine

Normal light daily activity may usually be resumed after approximately 2 weeks, depending on healing and comfort.

Exercise may generally be restarted after approximately 2 months, once cleared by the surgeon.

The final result cannot be assessed immediately. Swelling may take several months to settle, and the implants take time to reach their final position.

Compression Garment

A compression garment is worn for approximately 1 month after surgery.

The garment helps:

- Support the operated tissues
- Reduce swelling
- Improve comfort
- Support the developing contour

The garment should fit securely without placing excessive pressure on the incisions.

Expected Results

The aim of gluteal augmentation is to achieve:

- Increased buttock fullness
- Improved projection
- A better-defined gluteal shape

- Improved body balance and proportion
- A natural-looking result suited to the patient's anatomy

The final result depends on implant selection, muscle and tissue coverage, healing, and long-term weight stability.

Mild asymmetry is possible. The two buttocks may differ slightly in size, shape, position, muscular development, or healing.

Perfect symmetry cannot be achieved or guaranteed.

Important Implant Considerations

Patients should understand that:

- Gluteal implants are medical devices
- They are not guaranteed to last for life
- Future surgery may be required
- Implants may move, rotate, become visible, or be felt
- The two sides may heal differently
- Mild asymmetry may remain or develop
- Weight changes and ageing may alter the surrounding tissue
- Implants do not prevent future buttock sagging
- Revision, replacement, or removal may become necessary

Infection

Infection following gluteal implant surgery is uncommon but is an important potential complication.

The implant pocket may become infected despite careful surgical technique, antibiotics, and wound care.

Possible signs of infection include:

- Increasing redness or warmth
- Increasing swelling
- Worsening pain
- Fever or chills
- Pus or unusual fluid from the incision
- Opening of the wound
- Implant exposure

Some infections may respond to antibiotics. If the infection involves the implant pocket or does not settle, the implant may need to be removed.

A replacement implant may be considered only after the infection has been fully controlled and the tissues have healed.

Risks and Possible Complications

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

- Bleeding or haematoma
- Bruising and swelling
- Infection
- Delayed wound healing
- Wound separation
- Fluid collection or seroma
- Pain or prolonged discomfort
- Numbness or altered sensation
- Visible, widened, raised, or darkened scars
- Mild or noticeable buttock asymmetry
- Implant visibility or palpability
- Implant movement, rotation, or malposition
- Implant rupture or damage
- Firm scar tissue around the implant
- Pressure on or injury to nearby nerves
- Persistent pain when sitting or exercising
- Muscle weakness or discomfort
- Skin or tissue loss
- Implant exposure
- Need for implant removal or revision surgery
- Blood clots in the legs or lungs
- Anaesthetic complications
- Unsatisfactory size, shape, or contour

Who May Be Suitable?

A suitable patient generally:

- Is in good overall health
- Has inadequate buttock projection or flattening
- Has realistic expectations
- Has a stable body weight
- Has sufficient muscle and tissue for implant coverage
- Understands the scars and recovery requirements

- Accepts the possibility of future implant surgery
- Does not smoke, vape, or use nicotine
- Is willing to follow sitting, hygiene, activity, and wound-care instructions

Smoking, vaping, and nicotine increase the risk of infection, wound breakdown, poor scarring, tissue loss, and implant exposure.

Planning Your Surgery

During consultation, we assess:

- Buttock size, shape, projection, and symmetry
- Gluteus maximus muscle size and thickness
- Skin and soft-tissue coverage
- Body proportions
- Previous surgery or scarring
- General health and medication
- Risk of infection, wound problems, or blood clots
- The implant size and shape that can be accommodated safely
- The patient's desired outcome and expectations

The largest implant is not necessarily the best or safest choice. Implant size must be appropriate for the patient's muscles, surrounding tissues, body proportions, and safe anatomical limits.

Final Thoughts

Gluteal augmentation with implants can improve buttock shape, fullness, and projection in patients with flattening, inadequate projection, or insufficient donor fat for fat transfer.

In our technique, a preformed gluteal implant is placed within a carefully created pocket in the gluteus maximus muscle.

Successful recovery requires careful hygiene, strict avoidance of sitting for the first 14 days except when using the bathroom, use of a compression garment for 1 month, and avoidance of exercise for approximately 2 months.

Patients must understand that infection, although uncommon, may require removal of the implant and later replacement once the infection has been controlled.

A detailed consultation is essential to determine whether gluteal implants are appropriate and to discuss implant selection, scars, recovery, risks, and alternative treatments.

