



Behind the Curve

M. Mark Mofid, MD, FACS, debunks myths about buttock implants

By Denise Mann

Buttock augmentation is all the rage today, thanks in large part to celebrities like Jennifer Lopez, the Kardashian sisters, Nicki Minaj, and others who have helped put big booties on the pop culture radar. While fat grafting to the buttocks is certainly one way to round out a derrière, buttock implants can also play an important role. For some patients, implants may be the only realistic choice.

According to the American Society for Aesthetic Plastic Surgery, 7,286 buttock augmentation procedures, and about 3,655 fat grafting buttock lifts, were performed in 2012.

A more widespread adoption of the use of buttock augmentation with implants has been stymied by exaggerated reports of complications, says San Diego-based plastic surgeon M. Mark Mofid, MD, FACS.

The truth is that the complication rate for buttock implantation is likely on par with breast augmentation with implants, he tells *Plastic Surgery Practice*.

In a review study published in the April 2013 issue of *Plastic and Reconstructive Surgery*, Mofid and colleagues reviewed 2,226 cases of buttock augmentation with silicone implants that were performed by 19 surgeons. Each surgeon performed 5 to 1,240 cases, with an average 117 and median of 35. Of these, there were 848 complications, or a 38.1% complication rate. The study was not powered enough to

By the Numbers: Buttock Implant Complications	
Chronic Seromas Requiring Frequent Aspiration or Drain Placement	82 (3.7%)
Hematoma	17 (0.8%)
Minor Infection Not Requiring Implant Removal	80 (3.6%)
Major Infection Requiring Implant Removal	38 (1.7%)
Incisional Separation	175 (7.9%)
Acute Prolonged Pain (less than 12 weeks)	93 (4.2%)
Chronic Pain	16 (0.7%)
Sciatic Nerve Symptoms	10 (0.4%)
Implant Asymmetry	37 (1.7%)
Inferior Implant Displacement	16 (0.7%)
Excessive Implant Palpability	75 (3.4%)
Capsular Contracture	13 (0.6%)
Need for Implant Revision (for any reason)	111 (5.0%)
Need for Implant Removal (for any reason)	85 (3.8%)
Total Complications	848 (38.1%)

compare complication rates among subfascially and intramuscularly placed implants.

The most common complication reported was incisional separation (7.9%). The rate of infection requiring buttock implant removal was 1.7%. "This is not common, but it's a big fear," he says. [See above chart for more information.]

The No 1 way to reduce complications is to make sure that the buttock implant is in proportion to the soft-tissue envelope, he says. "Do not place an implant greater than 330 cc unless you are prepared for such problems as incisional separation, palpability, and implant displacement," Mofid says.

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FAT VERSUS IMPLANTS FOR BUTT AUGMENTATION

Still, he adds, buttock implants are a major surgery with a long recovery period, and they are not for everyone. “If the choice is fat or implants, hands down I always choose fat as it has fewer risks and complications,” he says. “Fat grafting patients typically want liposuction to another part of their body, and like the added bonus of larger buttocks.”

Recovery from fat grafting is also much shorter. “Butt augmentation with implants has one of the longest recovery periods of any surgery,” Mofid says.

But sometimes fat alone is not enough to make a difference in buttock size. “Some patients don’t have adequate fat or have expectations that can be met by fat alone.” Put another way: “If you want your butt to turn heads in clothing, that is not fat grafting. Those are implants.”

Implants are also much more predictable. “What you put in is what you get,” he says. This is not always the case with fat.

And implants are here to stay, Mofid predicts. “What started as a trend within the African American and Latino communities has really permeated. A lot of butt augmentation patients are now Caucasian, and of those patients, many are soccer moms, teachers, physicians, nurses, and just ordinary people,” he says.

Mofid helped design a new implant for Implantech to keep pace with the growing demand for buttock implants. “I used to shape each of the stock implants with a pair of Mayo scissors in the operating room to decrease the high-profile shape. The old implants all looked like gumdrops,” he says.

The new Low Profile Round Gluteal Implant provides a more tapered profile and shape to ease intramuscular positioning. The improved base width-to-volume ratio allows for a more proportional outcome. Mofid does not receive any royalties from Implantech. ■

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Before and 1 year after fat grafting plus belt lipectomy.



The implant is inserted through the repped intragluteal incision.



The subfascial implant is shown in position.



One year after intramuscular gluteal augmentation with silicone implant.