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Interview with Dr Barry Lycka & Dr Julian Gordon

Dr Barry Lycka cosmetic dermatologist from Edmonton, Alberta is talking today with

Dr Julian Gordon, Board Certified Plastic Surgeon from Atlanta, Georgia, and an expert in butt augmentation surgery.

Talking today about butt augmentation surgery, either by fat transfer or by silicone buttock implants.

Welcome, Dr Gordon!

Today we are talking about a procedure that is very popular in the southern United States, and lots of people are having it done… the J Lo Butt … butt augmentation procedures.

How popular is butt augmentation in the Atlanta area, Dr Gordon?

It is very popular. Originally, Dr Gordon had a practice in New York and he did not do many of these at all. Since he moved to Atlanta, it started to pick up and since it's been in the news so much, in Cosmo magazine, J Lo, Kim Kardashian, the popularity and public awareness has increased and that has led to an increase in the number of patients that Dr Gordon is seeing for butt augmentation procedures.

What sort of butt augmentation are you doing, and which is the most popular?

There are two styles accepted by the medical community – there are more than that which are done 'illegally' which we can talk about later if we get time…

The two procedures are either

1. an implant augmentation which uses a solid soft silicone implant
2. a fat grafting augmentation where we perform liposuction on the patient, process and then graft the fat into the buttock area.

How do you choose the best one for a patient?

Well the basis is a physical examination to check that they actually have enough fat to donate to do the augmentation. One complication that Dr Gordon sees all the time is that women come into the office with low body fat and they want a fat graft for their butt augmentation – it just is not possible.

How much fat generally is needed to get a good result?

On average we use 200 to 400 ccs of fat per buttock – which is similar in size to an average breast implant size in volume if you can imagine that.

The biggest problem that Dr Lycka sees with harvesting fat and transplanting it within the buttock area is getting the fat 'to take'. Is that true, Dr Gordon?

Sure. Although, the procedure has come a long way in terms of fat survival rates, with the newer techniques of harvesting, prepping and placement.

What has been the big breakthrough there?

Firstly, when harvesting the fat, the suction has to be at a very low or zero pressure, because the pressure from the suction cannula was killing some of the fat cells. Secondly, the other issue with fat grafting was that people were trying to put in too much volume in one pass whilst doing the graft, rather than doing smaller volumes with multiple passes.

That is the nub of the matter isn't it – each fat cell that you are transplanting has to get a good blood supply or it won't take.

Absolutely! Dr Gordon sees a lot of patients who were treated for a fat graft outside of the US, and it was done with one large volume of fat injected rather than in smaller volumes and they form seromas which are chronically painful and it's a big problem caused by people who are not trained correctly to do this.

When doing this procedure, how long does it typically take? To harvest, process and then inject?

For an average patient with 300ccs in each buttock the total surgical time is about 3 hours, split evenly between the harvesting and then the prepping and grafting.

When you do it, what sorts of complications are reasonable, and what complications do you look out for?

The most common complication with fat grafting butt augmentation would be, well it's not really a complication, but it would be pain in the area of the injection, swelling and pain that lasts 1 to 2 weeks – its minor pain but it does occur. It is also possible to have some fat loss, and if that happens it can cause low areas because the fat died. When that happens we do minor fat grafts about 2 months later, these are done under local anesthetic and are a 30 minute 'touch up'.

Is the fat grafting butt augmentation usually done with the patient asleep?

Yes it is with the primary procedure because we are injecting over a large area of the buttock and we cannot numb it under local.

As we move into heavier sedation we move into a spectrum of higher risk, don't we?

Yes it's absolutely true, every time we put someone to sleep, use heavy sedation, we are adding to the risk with the anesthesia.

Dr Lycka is a big fan of tumescent liposuction he has done over six to ten thousand cases over the years all totally under local anesthesia – it's nice to do that. He also does breast augmentations but using small volumes of fat which are harvested and injected under local anesthetic which is also nice. He does the procedure serially, where the small amount of fat is injected over a few months. The results are great with no increased risk for the patient and is altogether a much gentler experience for the patients.

Dr Gordon uses the exact same process for patients that want a high volume butt augmentation - he does smaller amounts of fat, repeated over time, so someone who wants 800cc's of fat for their augmentation, we would do it over 3 separate procedures.

Are the results better that way, Dr Gordon?

Yes because it allows you to re-contour any areas that didn't come out exactly as you wanted, so it is always nice to have the opportunity and it's easier to get a perfect result.

Moving on to performing a butt augmentation using an implant – what sort of procedure is that?

Dr Gordon prefers to insert the implants using the subfascial plane – that is the area above the buttock muscles, the gluteus maximus. He finds that location is the best and there are the least amount of complications and the least amount of pain. The implant that is used is not like a breast implant, which is essentially a bag filled with silicone gel or saline. A buttock implant is solid soft silicone implant. It's very different – you couldn't have the breast implant style implant in a buttock because it would rupture.

That would worry Dr Lycka as a main complication from this procedure, something like that.

Does it ever happen that a buttock implant can rupture?

No. Rupture is never a risk because it is solid, there is no gel inside. The biggest risk with a buttock implant is the forming of fluid around the implant itself and also having the implant move or rotate and that would distort the appearance of the buttock region.

Dr Lycka has seen a video of that very unlucky situation – is it caused by bad placement?

It is caused either by the pocket being made too large so that the implant can rotate, or it is caused by an implant being inserted (as was taught 15 years ago) into the sub muscular position, so the pocket is made a lot larger and therefore there is more scope for the implant to rotate.

Dr Gordon uses the subfascial plane and has never had an implant rotate.

So the key is to identify the right plane, Dr Gordon?

Correct. The technique originally started under the muscle, then we went into the muscle, and now we go over the muscle. Different doctors will be very much a proponent of one way above the others. Dr Gordon finds that the subfascial position has the best cosmetic result, with the lowest risk so he performs that almost exclusively The under the muscle method is also close to the sciatic nerve and he doesn't think it is worth the risk. The sciatic nerve is a major nerve and it will only give problems –when you are having cosmetic surgery, you don't need to not be able to walk again afterwards!

We have talked about two great procedures. When counselling a patient about it, what sort of things do you talk about with the patient? What do you want them to know about these procedures?

With fat grafting, one important the thing that Dr Gordon wants to point out to his patients is that they really need the amount of fat to give from the belly, thighs, flanks and back in order to actually do the augmentation in the buttock. One thing he sees over and over is a patient who has about 300 to 400cc' of fat to give but they want a 700cc augmentation in each buttock – that is just not possible! Therefore Dr Gordon has to do a physical exam and make it clear to the patient during their discussion.

Another important thing to realize is that buttock implants, because they are firm, they will be palpable – meaning that you can feel the implant if you touch the buttock, it feels like a very firm body builders butt. If you look at the buttock you will not see the implant. You won't look like a large breast implant does where everyone knows that they look fake. A buttock augmentation with an implant does not typically look like that.

So could you walk around Atlanta and pick out all the people that have had butt implants?

No I don't think I could do that! Even if they were all nude it would be difficult if the procedure was done correctly.

And that is what we need to emphasize – it's a procedure that once it is done, you don't have to worry that people can tell!

Another very interesting thing that listeners might be interested in is that this is not just a procedure for women – Dr Gordon has around 50% men getting it done.

That is very interesting – Dr Lycka would have thought that it would be mainly a women's procedure because of all the publicity and so it is interesting to see that men are getting it done too.

Yes – men are vain too!

When Dr Lycka started in cosmetic surgery 30 years ago he probably saw one guy for every 100 women – now he sees one guy for every 10 women, the number of men getting cosmetic procedures has gone up drastically in his area and it's a very conservative area. In Dr Gordon's practice its about 30% men – he has been in practice 12 years and it's changed from about 1 in 10 when he started to the 30% men coming for cosmetic procedures – it's nice to see. Both doctors agree that it is nice to see a bigger market and more people are thinking about cosmetic procedures, a large part of that is due to media attention and also the safety aspects have improved over the years. It is also more accepted for men to have things that make them 'pretty'. When men first used to come, they were almost embarrassed but now they are not, and that change has happened in society and in the media over the last 10 years. In New York it was actually a status symbol to go out in your bandages, like you had just bought a new watch or a new car.

When a person gets a butt augmentation, what can they expect? Do they have to stay away from exercise?

The buttock augmentation with implants vs. fat grafting is very different in terms of recovery.

With an implant, the patient is able to sit up right away, sleep on your back and pretty much everything else, except heavy exercise, almost immediately, within 1 to 2 days post operation.

When talking about fat grafting, the patient must not sit or sleep on the area that was grafted for 2 to 3 weeks after to allow the blood supply to come in as we previously mentioned.

It's very important to note that it is very different from the fat grafting breast augmentation, where because we are using small volumes the patient can go back to daily activities straight away.

Dr Gordon explains the reason like this – if you look at your fingernail it goes white when you push on it – that is because you are pushing the blood supply away from the tissue. And when we are fat grafting, as we have said, it is critical in those early stages that those grafted fat cells get that all important blood supply and so if you sit or sleep on that area, then you are cutting off the blood supply with the pressure.

These procedures need time to recover afterwards but the results are good to excellent, with little in the way of complications and it is a much different procedure than it was 10 years ago. In fact when Dr Gordon was a resident 15 years ago, they didn't even do butt augmentations. It has slowly grown, originally it had a high complication rate and a high re-do rate but now it has become almost like breast augmentation where the patient is very happy afterwards and gets on with their life.

Any final words that you would like to say about the butt augmentation procedures?

The thing that comes to mind is that a lot of people seem tenuous or embarrassed or afraid to come in and see a cosmetic surgeon and be evaluated. This is shyness that is inside all of us, and the thing that is exciting for Dr Gordon as a cosmetic surgeon is just the personality change and how happy people are after these procedures and they regret having waited so long to come and get the information and then have the procedure, so Dr Gordon would say at the very least to the listeners, that if this (or anything else) has crossed your mind, then go see a consultant so you really know what you are dealing with, and almost all patients that he is aware of are happy with their procedures.

The good thing is that the patient gets the chance to evaluate the doctor and the doctor gets the chance to evaluate the patient, and very importantly, once Dr Gordon has seen a patient, then he can also accurately answer questions over the phone. He gets emailed all day long with questions but they are difficult to accurately answer them properly without having done a physical examination.

Typically the consultation will not be enough and afterwards there will always be further questions that come up. The things that Dr Gordon says everyday over and over, are a flood of new information for the patient so it is very common to have thoughts or questions after the initial consultation, and it's also great to get an understanding between doctor and patient. What people see on TV is certainly not the whole story, they have really painted a picture that cosmetic procedures are suitable for everyone and that makes both doctors cringe because it certainly is not the case.

Dr Gordon does not charge for initial consultation so he is always happy to see people to discuss their needs and concerns.

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