



URGENT WARNING TO SURGEONS PERFORMING FAT GRAFTING TO THE BUTTOCKS (Brazilian Butt Lift or "BBL")

This urgent advisory is in response to the alarming number of deaths still occurring from the Brazilian Butt Lift (BBL).

The Multi-Society Task Force for Safety in Gluteal Fat Grafting (ASAPS, ASPS, ISAPS, IFATS, ISPRES), representing board-certified plastic surgeons around the world, recently released a practice advisory. Additionally, the Task Force is conducting anatomic studies to develop specific technical safety guidelines.

Since the release of the practice advisory, deaths from this procedure continue to be reported. The unusually high mortality rate from this cosmetic procedure is estimated to be as high as 1:3000, greater than any other cosmetic surgery.

The cause of mortality is uniformly fatal fat embolism due to fat entering the venous circulation associated with injury to the gluteal veins. In every patient who has died, at autopsy, fat was seen within the gluteal muscle.

In no case of death has fat been found only in the subcutaneous plane.

The Task Force has therefore concluded that: **FAT SHOULD NEVER BE PLACED IN THE MUSCLE. FAT SHOULD ONLY BE PLACED IN THE SUBCUTANEOUS TISSUE.**

If the desired outcome might require another procedure, then manage the patient's expectations and discuss the possibility of staging (as often done with fat injections, hair transplants, etc.)

IT IS EASY TO UNINTENTIONALLY ENTER THE MUSCLE DURING SUBCUTANEOUS INJECTION.

Therefore, stay mentally focused, alert, and aware of the cannula tip at every moment; be vigilant about following the intended trajectory with each stroke and feel the cannula tip through the skin. Consider positioning that can favor superficial approaches, such as table jackknife. Use cannulas that are resistant to bending during injection and recognize that Luer connectors can loosen and bend during surgery.

The risk of death should be discussed in your informed consent process, along with alternative procedures (such as gluteal implants or autologous flap augmentation).

No published series of BBLs done with intramuscular injections is large enough to demonstrate it can be done without the risk of fat embolism.

The subcutaneous plane has not been linked to pulmonary fat embolism. Until and unless data emerges that intramuscular injections can be done safely, the subcutaneous plane should remain the standard.

Fat injected into the subcutaneous space cannot cross the superficial gluteal fascia and migrate into the muscle; therefore, any intramuscular fat found at autopsy can be concluded to be the result of injection into the muscle.

Surgeons wishing to continue performing this procedure should strictly adhere to these guidelines. The Task Force is actively performing anatomic studies, and more specific technical guidelines will be forthcoming. We need to dramatically improve patient safety with this procedure through careful technique, or reconsider whether the procedure should still be offered. Patient safety is the number one goal of board certified plastic surgeons across the globe.

Sincerely,

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* The information in this Advisory Statement while setting forth the strong recommendations of the Task Force, should not be considered inclusive of all methods of properly performing buttock augmentation with fat transfer or as a statement of the standard of care or as a mandate to strictly follow the recommendations of the Task Force.

This Advisory Statement is not intended to substitute for the independent professional judgment of the treating plastic surgeon nor for the individual variation among patients.

The Members of the Multi-Society Task Force and the participating societies assume no responsibility or liability for injury arising out of any use of the information contained in this Advisory Statement.

** The Inter-Society Gluteal Fat Grafting Task Force represents leading clinical plastic surgery societies, including the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS), and the International Society of Aesthetic Plastic Surgeons (ISAPS). Additionally, two scientific societies, the International Society of Plastic & Regenerative Surgeons (ISPRES) and the International Federation for Adipose Therapeutics and Science (IFATS) are represented and provide scientific support. The efforts of the Task Force build upon a foundation of important work by the Aesthetic Surgery Education and Research Foundation (ASERF), the American Society of Plastic Surgeons (ASPS) Regenerative Medicine Committee, and the International Society of Aesthetic Plastic Surgery (ISAPS) Patient Safety Committee. The Task Force is an unprecedented collaborative effort to address a major patient safety concern, investigate factors that lead to increased risk with gluteal fat grafting, perform scientific studies to improve safety, and educate plastic surgeons.