



Dermaf fat grafting

affords reliably good outcomes

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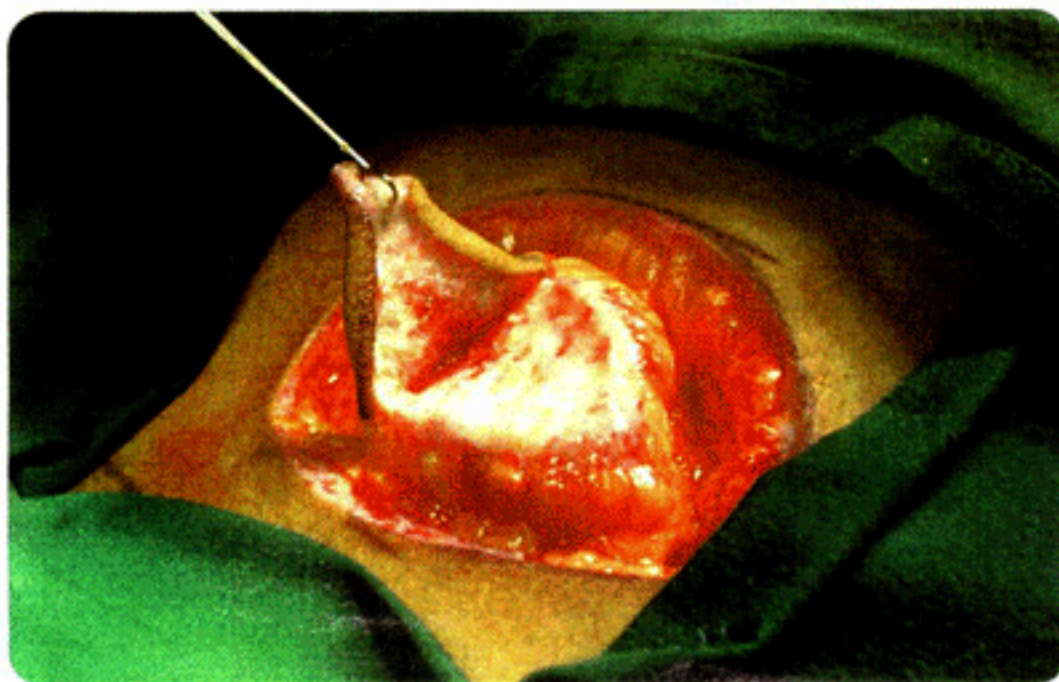
Dermaf fat grafting is a very useful technique for augmentation of soft tissue deformities in the face. It has many advantages and is time-proven to produce results that are reliable, predictable and surgeon-independent.

By **CHERYL GUTTMAN**
STAFF CORRESPONDENT

Orlando, Fla. — Dermaf fat grafting is a time-proven approach for correcting facial soft tissue deformities offering the advantages of using autologous tissue in a procedure that is easy to perform, associated with minimal morbidity and predictable for yielding favorable outcomes, according to Mohan Thomas, M.D., D.D.S., speaking at the American Academy of Cosmetic Surgery 22nd Annual Scientific Meeting here.

"Dermaf fat is easy to harvest, both the donor and recipient sites heal quickly and there is good take and survival because the graft is viable tissue with a dermal element that acts as a vasoinductive agent. As a result, good results can essentially be achieved by all surgeons, and that is one reason why this procedure is such a great tool," says Dr. Thomas, med-

Correct candidates enable surgeon's abilities, fat's stability



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Photos: Mohan Thomas, M.D., D.D.S.

ical director, The Cosmetic Surgery Institute, Mumbai, India.

Dermaf fat grafting is indicated primarily for cosmetic enhancement, since it cannot be used to correct very large defects. Nor is it a technique for addressing deformities due to loss of muscle or bone. However, it is an excellent option for augmentation of reconstructed congenital defects such as cleft disorders or hemifacial

atrophy, correcting traumatic and iatrogenic deformities, improving the appearance of patients with lipodystrophy syndromes and for addressing facial atrophy due to aging.

"Loss of tissue is an important element in the facial aging process, so that volume augmentation with dermaf fat used alone or in combination with other rejuvenation procedures is a valuable technique," Dr. Thomas tells *Cosmetic Surgery Times*.

Technical considerations

In patients who are undergoing simultaneous facelift surgery, preauricular tissue removed during that procedure can be used as the source for the dermaf fat graft. In other situations, depending on the amount of tissue needed, other good donor sites include the suprapubic area for smaller procedures requiring less than 10 cc of tissue or the posterior iliac region for a larger volume. If the total tissue volume requirement is very small, such as for a patient having a solitary lip procedure, the mastoid area behind the ear can also be used for harvesting.

"The amount of tissue necessary for augmentation should be quanti-

fied, and the volume removed should be about 10 percent greater than the size of the defect to allow for some tissue shrinkage," Dr. Thomas says.

After marking the donor site, the skin is incised and dissection carried down to the level of fat. De-epithelialization is done before performing the full-thickness excision. The harvested tissue is kept moist in normal saline and covered with gauze until it is ready to be transferred. The donor site is closed with subcuticular sutures to eliminate dead space and covered with a dressing. A pressure dressing is also recommended at the posterior iliac area.

According to Dr. Thomas, "As long as dead space is eliminated with careful closure, there is no need to place any drain."

The graft is placed so that the dermis side is against the more nutritive surface. In areas other than the lip, the tissue is anchored with a few fine Vicryl (Ethicon) or chromic sutures.

"It is important not to strangulate the graft, but some sutures should be placed to stabilize the lip because mobility of surrounding tissues across the graft works against its survival," Dr. Thomas says.

Overlying soft tissue is mobilized over the graft and the entry sites closed in a tension free manner with application of a pressure dressing.

Postoperative care includes application of a topical antibiotic, frequent follow-up to monitor healing and for signs of infection and instructions for patients to try to limit activity of the treated area.

"Casting is not necessary," Dr. Thomas says. "However, patients should be careful to limit animation and may be told to keep to a liquid diet during the early post-op period. Initially, they should expect some significant swelling and ecchymosis, but that disappears over seven to 10 days, and because the facial recipient sites are highly vascular, healing occurs relatively quickly." **CST**



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