

## **Revisiting buttock implant placement-tilt your implants, enhance your shaping results**

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### **Summary:**

Most surgeons with clinical interest in buttock surgery will favour fatgrafting as the gold solution in buttock surgery. While we share this view, in our experience good results are reserved to patients with favourable buttock shapes before surgery and BMI values around 26-30.

If patients are thin good fatgrafting results are still possible but surgeons may often encounter some disappointment with the size achieved. For those patients, implants ideally supplemented by moderate volume fatgrafting may yield more patient satisfaction. We present our modification in implant placement with supplementary fatgrafting as a pearl to get more impressive results out of buttock surgeries on female patients.

### **Methods:**

Our goldstandard for patients with a BMI less than 26 is to combine intramuscular placement of anatomical implants supplemented by fatgrafting wherever possible.

During the last years, we have modified our technique from vertical placement of the implants, as recommended by the manufacturer, towards a rotation paralleling the gluteus muscle fibres. The technical challenge in comparison to vertical implant placement is to avoid violation of the lateral gluteus muscle border.

In all cases presented, Waterjet assisted fat transfer was added before placement of the implants, with focus on the midbuttock area.

### **Discussion:**

This is an adjustment with a learning curve, but the result is a much more pronounced enhancement of the hip area and widening of the inferior frame, a feature highly desired by most patients seeking buttock augmentation surgery.

### **Conclusion:**

Standard industry recommended vertical placement of anatomical buttock implants does not exhaust the potential of these devices, since the volume addition to the hips is limited. We have found that our adjustment with rotation of the implant rewarded us with much more rewarding results on the hips of operated patients