

**Interview with Barry Lycka, MD, and Suzan Obagi, MD  
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Dr. Barry Lycka, cosmetic dermatologist from Edmonton, Alberta, is talking today with Dr. Suzan Obagi, associate professor of dermatology at the University Of Pittsburgh.

**Talking today about the latest information on fat transfer – where the patients' own body fat is used as a facial filler to restore lost volume and rejuvenate the face.**

As we get older, we lose volume in our face, and we cannot replace that lost volume naturally. There are a number of minimally invasive procedures that we can use to restore the volume and eradicate the fine lines and wrinkles, such as Botox and an ever increasing range of synthetic facial fillers.

However, there is also the process known as fat transfer, also known as fat augmentation. This is where fat is removed from one part of the body, processed and then injected into the face as a facial filler. Our guest today, Dr. Suzan Obagi, has taken the art of fat transplantation to a whole new level.

**How long have you been doing fat transfer Dr. Obagi?**

Well over 11 years now.

I got interested in this whilst attending a conference on the aging face. I saw presentations about volume restoration, and also presentations about surgical techniques, facelifts, brow-lifts and so forth. I noticed that whilst the surgical techniques resulted in tightened skin, it didn't look more youthful. But I noticed that the volume restoration techniques did result in a more youthful and refreshed look. It is not the tightness of the skin, but the volume additions that make a face look younger and fresher.

**Are there problems with harvesting the fat to start the procedure?**

This is a very frequently asked question. The process must be done in a sterile accredited facility, obviously. The fat harvesting process is like liposuction, its quick and we are only taking fat. It has to be very carefully handled and processed for the best results.

However, the placement of the fat requires a high level of artistry to get the right look and also the safe surgical techniques to do it correctly and to put the fat into the exact places needed, in the right amounts. The person doing the injections must know anatomy so that there is no damage to nerves and tissues, and there must be no infection introduced.

The secret to a successful fat augmentation is firstly, to study the patient, and Dr. Obagi has an algorithm she applies as to whether someone will be a suitable patient for this process.

And secondly, to place the fat into the correct anatomical locations, in the right quantities. If too much goes into one area, it will look great at first but then the fat cells will die off.

**When the fat is harvested, can it be kept by freezing perhaps, or does it have to be used straight away?**

Initially we used to use the fat the same day as it was harvested. However, we have discovered that if we handle it carefully, and we can freeze it, then we keep it up to a year. This means that after the initial transplantation, we can do touch ups if needed.

The aging process continues obviously, so further treatments are needed over the years to keep the refreshed look, but with fat transfer, it is needed every 3 or 4 years, but people love this procedure, as it is a simple process and they love the natural look it gives them.

The best technique is to use very small amounts of fat at a time, this is because the fat cells need to form their own blood supply in order to grow and 'keep'.

#### **And what about using fat to do breast augmentations?**

Dr. Obagi doesn't do those, she finds that a lot of fat is required to do those, and that most patients prefer to use their fat to restore their face.

#### **How satisfied are patients with fat transfer?**

From the patients' perspective, the majority are moderately happy to extremely happy with their results. But if they have a poor diet and lifestyle, or they lose more weight, then they will lose the fat and so will be at the lower end of the happiness scale.

From the doctors' point of view, Dr. Obagi is moderately happy to extremely happy with the results she gets with the procedure, if she is able to pre-select the patients for it.

#### **So who are the worst patients for this?**

Those who continue to lose weight, because they lose their fat. Dr. Obagi will not take patients who smoke, as smoking affects the blood supply and the fat cells don't 'take'. Smoking also causes this same problem for skin graft patients. Also those patients who are heavy exercisers are not good candidates – again because they tend to burn off their fat.

So the best patients are those who have a normal weight and a thin face, or a heavier weight with a thin face. And those who keep their weight stable. They have the best fat survival results.

#### **IF people gain weight afterward, does that weight gain also affect the fat transplant areas?**

Yes, the weight gain is also reflected in the transplanted fat cells – so for best results, patients must keep to a stable weight.

#### **Is there a best place to take the fat from?**

Yes, we have found that the fat from the outer thigh is the best to use – it is more fibrous and has more collagen.

#### **What about using stem cells for fat transfer?**

This is the subject of some very interesting research at the moment, and it appears that stem cells in fat will give better results. We have discovered that stem cells taken from fat do better than stem cells taken from blood. It is all at the experimental level at the moment, and it could turn out too expensive to use for cosmetic procedures anyway.

#### **Comparing using fat transfer vs. using synthetic fillers**

Well as we have already said, not everyone is suitable for fat transfer. Also if someone only needs a small amount of filler then fat transfer is not suitable. But if we are dealing with pan-facial volume loss, and they need so much volume everywhere, and also need bone rebuilding and structure creation then actually fat transfer becomes cost effective and it will last longer, with less upkeep than synthetic fillers.

Typically we find that those people who actually need the most volume, often have the least fat available to harvest, that can be very frustrating! In such cases, we will use a combination of fat and fillers.

On the subject of fat and volume loss, Dr. Obagi has found an interesting connection between the number of pregnancies and the amount of volume loss in a woman. The more pregnancies they have, the greater the volume loss and thinner face. It seems to be the third pregnancy that really 'tips them over the edge', possibly it's a hormonal effect, and we see the same volume loss in the breast also.

We have come a long way over the last decade in understanding the aging processes in the body, and there are more exciting discoveries to be made.

**Any final advice on fat transfer, Dr. Obagi?**

The key point is to be assessed correctly to ensure that fat transfer is appropriate – so that if there is anatomical loss of volume, in a larger area, not just in one or two small areas.

Check the person doing the procedure is experienced with it, check out their before and after pictures, what are their complication levels, what are their success levels. How many have they done, what have been the results, and the problems. These factors will help you to choose the most suitable person for this procedure.

And finally, both Dr. Lycka and Dr. Obagi agree... the best is still to come in how we deal with the aging process.

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