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The Impact of the BBL Ban in the UK on Patients Seeking Buttock Augmentation

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(Ultrasound Images provided by Dr Alexandra Chambers, U.K).

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Abstract

There has been an increased number of filler injections in the buttock / hip areas recently in the UK many of which with permanent fillers. This has been triggered by the moratorium on BBL and the subsequent withdrawal of indemnity cover by the insurance companies. Ironically this BBL ban, which was triggered by an increased number of complications, including death from fat embolism, is now possibly the reason for pushing more patients to seek this treatment from unregulated clinics either in the UK or abroad where they can potentially get those exact complications. This, coupled with the group of patients who are very slim and therefore not suitable for a fat transfer, has increased the number of body filler-related complications.

Keywords: ***Brazilian buttock lift; Filler; Fat transfer; Non-surgical hip enlargement; Non-surgical buttock enlargement; and Buttock volume.***

1. Introduction

The Brazilian Buttock Lift (BBL) is a procedure in which fat is taken from another part of the body, then injected into the buttocks in order to achieve augmentation. Therefore, it is not strictly speaking a lift as in the 'classic lift' whereby excess skin is removed and the buttock repositioned to a higher, more aesthetically pleasing position. However, with BBL a lift is achieved in an indirect way by “inflating" the buttock volume which, being a part of the augmentation, also gives the impression of lifting. The reason this procedure gained more popularity compared to the classic buttock lift or buttock implants is that it is more of an increasing trend amongst the younger population who do not need a buttock lift with skin excision; they mostly want to optimise their waist to hip ratio and therefore would benefit from a volume addition to the buttocks and fat removal from the waist (commonly both procedures are carried out at once). There is also still a very guarded approach towards buttock implants amongst the general population and practitioners

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in the UK. The latter most likely because of a lack of experience, the former because of negative publicity giving buttock implants a bad reputation.

Another reason the younger demographic is more likely to seek BBL is the reality TV / celebrity and social media influence, which has created a new aesthetic ideal of a more hourglass figure with a smaller waist to hip ratio. The ideal waist to hip ratio is considered to be 0,7 [1]. However, these days women are seeking even smaller numbers and a more exaggerated look. This is influenced by race, occupation, social media position (influencers) and personal preferences. The combination of the popularity of BBL, coupled with the fact that BBL in the UK is expensive compared to Europe and the younger demographic seeking BBL perhaps do not have this amount of disposable income, has led to many going abroad for this type of surgery [2].

The most popular destination was Turkey, claiming a quarter (25%) of cases; followed by Belgium (15%) and many others such as France, Cyprus, Tunisia, and Colombia [2]. Some patients have opted for going abroad for economic reasons while others have been refused surgery in the UK due to smoking and weight (BMI) – and psychological issues as well [2]. The problem with this so-called 'surgery tourism' is that some patients can find themselves in unregulated clinics and, because of this, there were several cases of death following BBL procedures due to fat embolism. This has led to BAAPS placing a moratorium on the procedure [2].

In 2018 BAAPS (The British Association of Aesthetic Plastic Surgeons) warned its members not to perform the procedure until more data on its safety has been collected [2]. The British Association of Body Sculpting (BABS) followed suit soon after and gave the same advice to its members [4].

At the time this procedure was considered one with the highest death rate (thought to be as high as 1:2351 operations [10] of all cosmetic surgery procedures, due to the risk of injecting fat into large veins that can travel to the heart or brain and cause severe illness and death. This is going even further than the American and Australian [3] Societies, which only alert members to reporting outcomes. With this moratorium, however, more problems are arising. The measures taken have certainly not led to curbing of the demand for BBL. Instead, this has created two serious consequences; more patients are pushed to fly abroad and come back with complications and many patients resort to fillers, which are poorly regulated, especially in the UK.

One striking study presented at this international BAAPS conference analysed a single UK NHS hospital, recording a six-fold rise in cases needing urgent follow-up care from procedures done abroad, since 2013 [3]. The patients who resort to fillers instead also pose just as serious of a problem because of the fact that in the UK dermal fillers are classed as medical devices, therefore you do not even have to be a medical professional in order to inject fillers. Hence, there are a lot of potentially dangerous fillers on the market. According to Beauty Uncovered magazine, one of the upcoming trends for 2022 is an increase in the number of fake fillers [5]. The two patient groups above, together with a big group of patients who are too slim and have no fat to harvest for transfer, has led to an increase in the number of filler injectable complications in the buttock/hip areas. Four such cases are presented in this article.

2. Case Presentation

Four cases of body filler injected into buttock/hips are presented in this article, all unknown origin except one which is a hyaluronic acid filler.

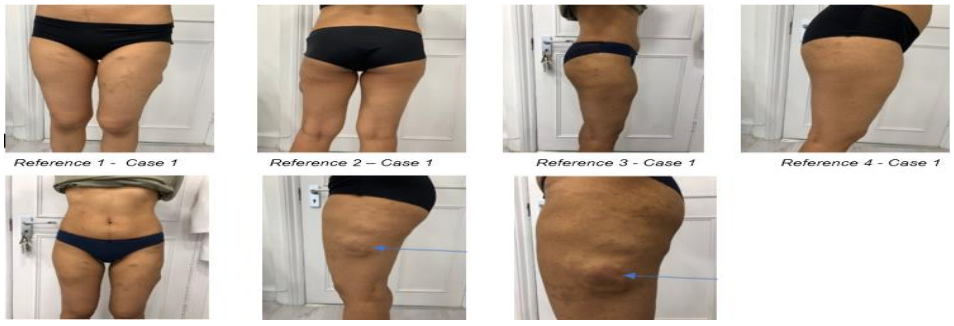
2.1 Case 1

A 39-year-old female with skin type four, who wanted a curvier body. Patient had filler injected into her hips and buttocks. The patients think she had 300cc in total but was not sure what type of filler. The filler started to migrate with pain, inflammation and change of colour. (Refer to Reference 1 – Reference 7, Case 1).

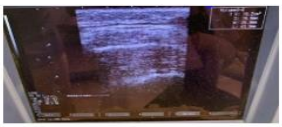
On examination there were areas of unevenness, lumps over the hips and thighs (Refer to Reference 6 – Reference 7, Case 1) and significant greyish discolouration. There was one well-defined area of pronounced fluctuant contour irregularity on the left lateral thigh just below the hip joint. The patient had pain and had an obvious sign of abscess needing incision and drainage, so therefore and incision and drainage was performed. An incision and drainage were performed under local anaesthetic and the specimen was sent to the laboratory for microscopy, culture, sensitivity and cytology. There were other similar areas over the thighs. The microbiology results showed no new growth after five days, which confirmed the suspicion of a sterile abscess. The cytopathology report stated "amorphous material consistent with the stated history of filler injection. Occasional macrophages are noted. Epithelial or malignant cells are not seen." Soft tissue Ultrasound scans of the affected area was performed. The report stated the following: (Refer to Reference A – Reference K, Case 1).

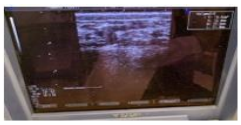
Gel like substance was identified in the immediate subdermal space on the left outer thigh corresponding to the irregularities of the contours. There was no apparent capsule formation and some diffuse spread leaks of gel were seen from the main depot area to posterior and anterior thigh, as well as caudally towards the lower one-third thigh.

On the right thigh (Refer to Reference 3 – Reference 4, Case 1) the substance was in honeycomb pattern distributed in subdermal fat and muscle plane of the thigh. No depot of the gel was present on this side of the thigh and as the filler dissipated in deep tissue plane removal attempt of it is impossible on right thigh. On the left thigh the area bulging from beneath the skin is amenable to surgical evacuation. Reference 6 – Reference 7, Case 1). No lymph glands uptake of the foreign substance was noted on the scans. (Refer to Reference A – Reference K, Case 1).



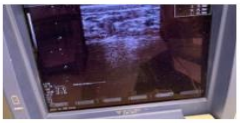
Reference 5 - Case 1 Reference 6 – Case 1 Reference 7 - Case 1.

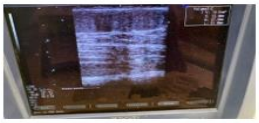

Reference A - Case 1


Reference B - Case 1

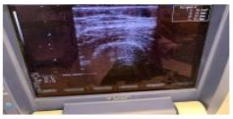

Reference C – Case 1


Reference D - Case 1


Reference E - Case 1

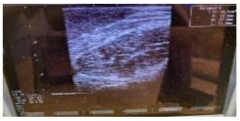

Reference F – Case 1


Reference G - Case 1


Reference H - Case 1


Reference I – Case 1


Reference J - Case 1


Reference K - Case 1

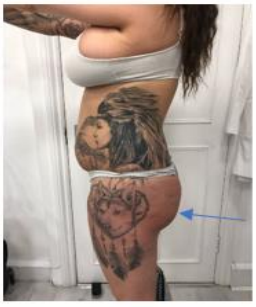
2.2 Case 2

A 41-year-old female had a permanent filler substance injected into her hips and buttocks three months previously. (Refer Reference 1 – Reference 4, Case 2). Since then, patient had two reactions to this where the skin discoloured, and she had to have treatment on the first occasion but on the second occasion it settled on its own. Patient was visited at home three times and given a steroid injection, betamethasone and Cetriax (antibiotic) intravenously and it helped her in relieving her symptoms, but only for a certain amount of time before another flare up. Patient was not sure about the name of the filler but was told this was the name of the filler DMPS Carboxylic Hydrogen which is a non-hyaluronic acid and therefore a non-dissolvable type of filler.

Patient was concerned about having this type of filler in her body and wanted it removed, she wanted buttock augmentation in order to give her a better shape. The patient was otherwise fit and well and had two pregnancies and was not planning any more. On examination, I could see some hard discoloured areas (Refer Reference 1, Reference 3, Reference 4 – Case 2) presumably where the filler was injected, and this is in the lower part of the buttocks and at the top of the hips, she also has some fat deposits on her upper and lower abdomen, back and flanks. This would have created a more favourable waist to hip ratio for her. The patient's current waist to hip ratio was 0.9.


Reference 1 - Case 2

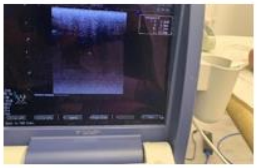

Reference 2 - Case 2

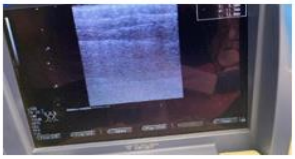

Reference 3 - Case 2

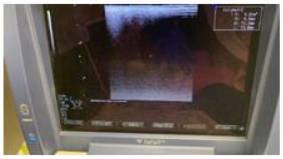

Reference 4 - Case 2

Ultrasound scan was performed (Refer Reference A – Reference D, Case 2), the report concluded:
The injected substance is migrating diffusely into dermal, fat and muscle layer, with associated tissue reactive response. Therefore, she was not suitable for a surgical filler removal.


Reference A – Case 2


Reference B - Case 2

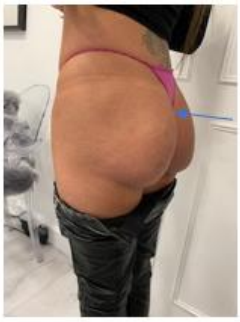

Reference C - Case 2


Reference D - Case 2

2.3 Case 3

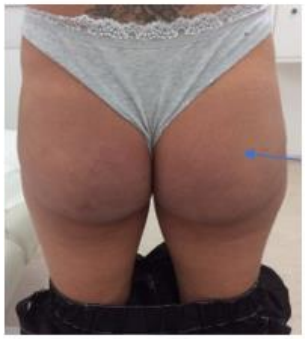
A 27-year-old female, fit and healthy, who had some unknown substance injected into her buttocks and outer thighs 18 months ago. Patient remains well. Initially results were satisfactory, and the volume of buttocks and lateral hip dips were corrected. Now thighs remain quite good, but buttocks feel saggy with the volume accumulated at gluteal folds. Skin of buttocks is also dark and mottled (Refer Reference 1 – Reference 4, Case 3).

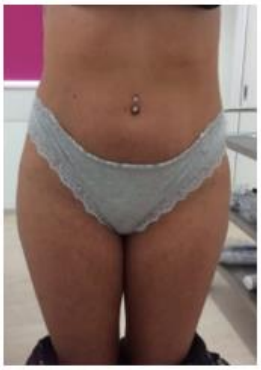
On USS of soft tissues (Refer Reference A – Reference H, Case 3), there is poor echogenicity in areas injected with the substance. No defined injectable device with its capsule, but rather diffusely infiltrated into dermis, subdermal fat and partially muscle dense foreign material. Removal of it by traditional liposuction would be difficult and not advisable in my opinion. The foreign substance's echo texture was consistent with industrial grade oils or composite liquids (silicone with less water composition in comparison with traditional injectable devices). There are traces of the substance in the inguinal lymph glands.

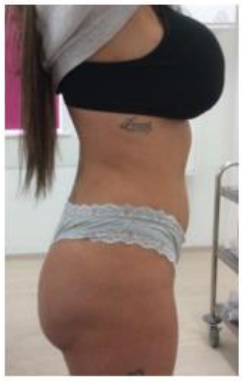

Reference 1 - Case 3

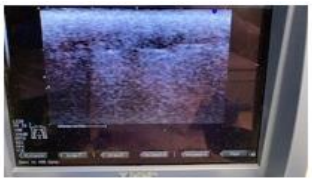

Reference 2 - Case 3


Reference 3 - Case 3


Reference 4 - Case 3

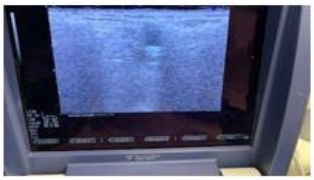

Reference 5 - Case 3


Reference 6 - Case 3



Reference A - Case 3

Reference B - Case 3



Reference C - Case 3

Reference D - Case 3

Reference E - Case 3

Reference F - Case 3

Reference G - Case 3

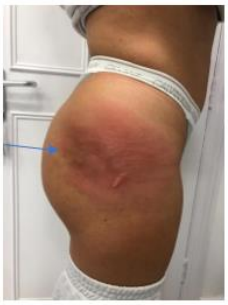
Reference H - Case 3

2.4 Case 4

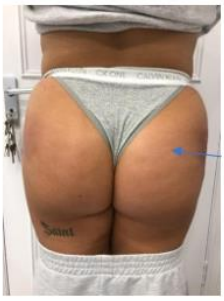
A 28-year-old female, fit and well, had HA type filler, injected three times each time 75ml per side for hip dips, between November 2020 and March 2021. On the 21 May 2021 patient started noticing swelling, redness, and pain (Refer Reference 1 – Reference 3, Case 4). Patient was put on Augmentin 625mg TDS. After examination on the 24 June 2021 both hip dips areas looked well-defined, but were red and hot to touch, the right side worse than the left. Patient also reported to me that she had episodes of shivering and general flu like symptoms when the redness gets worse.

During the examination, a specimen was taken on the 24 June 2021 by using a needle and syringe, but the filler came out quite easily through the puncture site. The swab was sent to the laboratory for Microscopy Culture Sensitivity (MCS.) The report came back as no growth after 48 hours. It looked well-defined red and hot so more like infection. The patient was advised to continue with the antibiotics until such time that we get the results from the laboratory and then we can change the antibiotic.

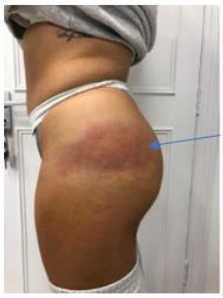
On the 28 June 2021 we were informed by the patient that she has been admitted into hospital and had been kept on intravenous antibiotic Ceftriaxone and had a scan which apparently showed no abscess. This concurred with my conclusion that there was not yet an abscess there, but it looks very much that an abscess would form in due course. The patient was subsequently treated by the manufacturer's team with high doses of steroids and the filler was dissolved with Hyalase and apparently everything had settled well (Refer Reference 5 – Reference 6, Case 4).



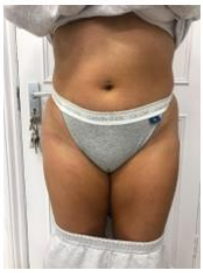
Reference 1 - Case 4



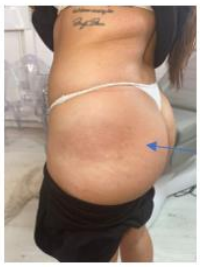
Reference 2 - Case 4



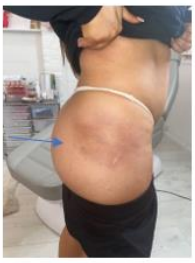
Reference 3 - Case 4



Reference 4 - Case 4



Reference 5 - Case 4



Reference 6 - Case 4

3. Discussion

Filler injections, although seen as not too invasive, still carry risks and complications, especially the permanent non-reversible fillers. Social media plays a big role in influencing patients and demands and sets up certain standards for ideals of beauty and body image. This especially applies to younger patients who want the maximum effect with a minimum investment. This is not helped by the fact that many of the images on social media and in general are heavily filtered and manipulated, which has pushed many young patients to seek enhancement of their buttocks and hips. Those who are slim and not suitable for a fat transfer resort to filler, while others who ideally should have surgical fat redistribution may also opt for fillers in order to achieve a "quick fix" and because it is a cheaper option. Others who have opted for surgical fat redistribution (BBL) in order to create a better body contour due to optimized waist to hip ratio have been pushed to go abroad for that type of surgery.

This is because reputable clinics in the UK are not covered by indemnity insurance for this particular procedure. This has come about due to a series of events which has led to BAAPS placing a moratorium on the procedure. The rationale behind this is the high death rate after BBL, with some sources claiming that it is close to 1:3000 procedures. Initially it was advised that the possibility of a fatal episode would be approximately 1:6200 and non-fatal pulmonary embolism in the region of 1:1900 [6].

However, looking at the literature, there is evidence that the high death rate does not apply to all BBL procedures carried out. In order to investigate further an 'Inter-Society Gluteal Fat Grafting Task Force' [9] was set up in 2017. They autopsied the bodies of the diseased BBL patients and there were some common findings:

There was fat found in, or beneath the gluteal muscles and damage to the superior or inferior gluteal vein. No post-mortem has yet shown a case of death with fat only in the subcutaneous space; this means that surgeons have injected

more deeply than they had intended. The mechanism of death is presumed to be high pressure extravascular grafted fat entering the circulation via tears in the large gluteal veins with subsequent embolization to the heart and lungs [7].

Based on those findings the task force produced recommendations of how to avoid deep placement of fat into the gluteal muscles and make the procedure safer. Amongst those were: place the patient in the so called "jack knife "position, inject only while in motion, avoid too thin and flexible cannulas, keep to small volumes [7].

The conclusion was that if surgeons stick to those recommendations the procedure can be safe. This was confirmed by one of the largest studies on BBL involving 931 patients published in the ASJ in 2018, which failed to identify any vascular complications or fatalities and deemed the procedure to be safe in experienced hands [7].

More recently one of the leading lights on BBL, a study by Daniel del Vecchio, has published a paper that analyses a previous paper written on the subject which claims the mortality rate from BBL is 1:3000. Del Vecchio and his co-authors manage to prove that there are faults with that paper and that the actual mortality rates from BBL are no higher than the mainstay cosmetic procedure, abdominoplasty [8].

Based on those findings, new BBL safety guidelines will be published which will bring a unified approach to this surgical procedure in order to reduce the serious complications and in turn lower the mortality rates.

4. Conclusion

BBL is a popular procedure and will continue to be in demand until such time that the aesthetic ideals for beauty change. This may never happen, especially in some cultures. This will lead to patients seeking the procedure at all costs and even risking going to non-reputable clinics and inexperienced practitioners as shown by the four cases published here. Banning the procedure will not curb the demand but may be the reason for more complications. There is evidence in the literature that this procedure can be made as safe as other standard cosmetic surgical procedures, provided certain safety guidelines are observed. Therefore, the way forward is for all surgeons performing this procedure to follow those safety guidelines and offer our patients the procedure. That way we face the problem rather than running away from it.

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