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Breast Lipomodeling Doesn't Interfere with Mammograms

No Problems with Breast Cancer Screening after Fat Transfer Procedure for Breast Augmentation

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ARLINGTON HEIGHTS, Ill. - Lipomodeling - a relatively new approach to breast augmentation in which fat is transferred to the breasts from other parts of the body - doesn't interfere with routine screening mammograms, reports a study in the March issue of *Plastic and Reconstructive Surgery*®, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"Radiographic follow-up of breasts treated with fat grafting is not problematic and should not be a hindrance to the procedure," concludes the new study, led by Michaël Veber, MD, of University of Lyon-Léon Bérard Cancer Center, France.

No Increase in Abnormal Mammogram Results After Breast 'Lipomodeling'

Originally developed for breast reconstruction surgery, lipomodeling is now being used by some plastic surgeons for cosmetic breast shaping. In this procedure, small amounts of fat are taken from one part of the woman's body (such as the hips or thighs) and transferred (grafted) to the breasts. The new study was designed to determine whether lipomodeling caused any problems with routine mammograms to screen for breast cancer.

First, the researchers reviewed mammograms performed an average of 16 months after lipomodeling in 31 women. In more than half of cases, the mammograms showed no abnormalities.

Some women had small calcifications or cysts as aftereffects of the fat transfer procedure. A few women had other abnormalities related to scarring from their breast surgery. However, none of these changes were considered likely to raise suspicions of breast cancer on routine mammograms.

Dr. Veber and colleagues then analyzed mammograms performed before and after lipomodeling in 20 women. Based on standard criteria, there were no significant differences in the mammographic results from before to after the procedure. In particular, there was no increase in abnormal results that would spur suspicion of breast cancer.

There were no major changes in breast density after lipomodeling. Perhaps most importantly, it was no more difficult to perform and interpret follow-up mammograms in breasts that had undergone the procedure.

Although the study is only preliminary, it provides important information for health care professionals performing mammograms in women who have undergone this new approach to breast augmentation. Dr. Veber and coauthors suggest that women undergoing lipomodeling have a complete evaluation-including mammograms-before and after the procedure. This will provide reassurance that any new abnormalities are a result of the lipomodeling procedure, rather than a possible sign of breast cancer.

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About ASPS

The American Society of Plastic Surgeons is the largest organization of board-certified plastic surgeons in the world. Representing more than 7,000 physician members, the Society is recognized as a leading authority and information source on cosmetic and reconstructive plastic surgery. ASPS comprises more than 94 percent of all board-certified plastic surgeons in the United States. Founded in 1931, the Society represents physicians certified by The American Board of Plastic Surgery or The Royal College of Physicians and Surgeons of Canada.

Contact ASPS

Media Relations
847-228-9900
media@plasticsurgery.org