

Cosmetic Surgery Times

Buttock augmentation latest cosmetic trend

Revival of ancient esthetic opens cosmetic niche

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New Orleans — The number of buttock augmentation procedures performed in the United States increased 533 percent in 2003, rising from 614 procedures performed in 2002 to 3,885 in 2003, according to the American Society for Aesthetic Plastic Surgery (ASAPS). In 2004, there was a 45 percent decrease to 2,141 procedures performed, still well above the number performed in 2002. The ASAPS did not collect data about this procedure before 2002. Thomas Roberts, M.D. expects the desire for this procedure to continue.

"There's a lot of pent up demand," says Dr. Roberts, associate clinical professor of surgery at the Medical University of South Carolina in Charleston, S.C. "Women have known they could do breast augmentation for years but are just learning they can do buttocks too."



According to Thomas Roberts, M.D., the universal gold standard for buttocks size is 1.4 times the circumference of the waist.

Photos: Thomas Roberts, M.D.

Various magazines, including *Vibe*, are beginning to elaborate on surgical options for women who feel inadequate in the buttocks department. While *Vibe* is a magazine aimed at black readers, Dr. Roberts is seeing a cross-cultural selection of women.

He notes, "I'm doing research with a psychologist and cultural anthropologist. We've found at least 18 cultures from primitive African to modern European that value large buttocks."

Universal beauty?

In describing beautiful buttocks, Dr. Roberts says there is a universal gold standard: buttocks about 1.4 times the circumference of the waist.

Beyond that, concepts of beauty tend to diverge along ethnic lines. Asian women want small but shapely buttocks. Some Caucasian women like small, athletic-looking buttocks with a lateral hollow and medial fullness; others seek rounded, lateral buttocks without extension of that fullness to the lateral thigh. Hispanic women prefer full buttocks with moderate fullness in the lateral thigh. Black women request significant fullness, both in the buttocks and in the lateral thighs.

Dr. Roberts notes, "Generally, the patient will come in with a photo of Serena Williams, Jennifer Lopez, Beyonce or a photo from my Web site. I can't make a 230-pound woman look like a 120-pound gal, but whatever their shape, I can improve it by sculpting in the lower back, abdomen and hips, adding cleavage between the buttocks, and increasing fullness wherever they want it."

The procedure is labor-intensive, requiring one surgeon and three to four scrub nurses for a period of four to seven hours. Women who are thin, have had liposuction in the past, or want a dramatic increase in buttocks size take longer to operate on.

Dr. Roberts warns: "Success is technique-sensitive from the standpoint of minimizing infection and maximizing fat survival. I urge people to take a course before trying the procedure."

Implants versus microfat grafting

Dr. Roberts has performed more than 220 buttock augmentations over the last five years. He has two basic approaches: microfat grafting and implants.

Ninety percent of women opt for grafting. Of the rest, some choose implants to save money; others find it's the only viable option because they haven't enough fat and do not gain weight easily.

Quick Read

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Lift		Augmentation	
1997	1,549	1997	N/A*
1998	1,555	1998	N/A*
1999	1,400	1999	N/A*
2000	2,122	2000	N/A*
2001	2,813	2001	N/A*
2002	2,100	2002	514
2003	3,565	2003	3,885
2004	5,960	2004	2,141

N/A: Data was not collected in this survey. Credit: ASAPS

Rise in cosmetic buttocks surgery

When performing microfat grafts, Dr. Roberts makes three small incisions in each buttock and threads droplets of fat through tissue in a fan-like pattern at differing depths. He starts just above the bone and sculpts out a deep sacral "V," augmenting the upper medial edges of the buttocks to emphasize the superior gluteal cleavage.

As for complications, he reports, "Early on, the infection rate was about 10 percent, which was frustrating. It's now down to 2 percent."

All infections cleared quickly. There have been no incidences of lumpiness, bleeding, muscle or nerve damage, numbness, venous thrombosis or arterial embolization.

Dr. Roberts says, "Because there is a tendency for fluid to build up around the waist, we use drains for a few days."

Constructed from an elastomer to prevent leakage, semi-solid implants, approved by the U.S. Food and Drug Administration, are much stronger than breast implants. However when placed in the lower buttocks, these implants can be felt. Selection is better in Europe, where cohesive gel implants are available.

Dr. Roberts makes a two- to three-inch incision in the crease between the buttocks and places implants in either an intramuscular or subfascial position. Intramuscular placement in the gluteus maximus produces upper buttocks fullness. A larger implant can be inserted between the gluteus and its fascia for enhancement of lower buttocks.

"Implants take less time and are less expensive," Dr. Roberts says, "but there is up to a 30 percent chance the wound may open."

He advises patients to remain in town 14 days after surgery for follow-up. Sedentary activity may be resumed at that point.