

Fat Transfer Aftercare

General recovery guidance for fat transfer (fat grafting) based on Waterfront Private Hospital's written aftercare information. This online guide should be used alongside the official leaflet and the specific instructions given to you by your surgical team. Fat transfer involves two surgical sites: the donor site (where fat is harvested via liposuction) and the recipient site (where fat is injected).

Typical recovery: 1–2 weeks initial recovery, final results over 3–6 months as transferred fat settles · Reviewed 4 July 2026 · Version 1.0

When to get help — your traffic light guide

RED

Call 999 or go to A&E now if you have:

These can be life-threatening. Do not wait to call the hospital first.

- Chest pain or difficulty breathing (if breast/chest transfer)
- One leg suddenly swollen and painful (possible blood clot)
- Heavy bleeding that won't stop from incision sites
- High temperature (over 38°C) with confusion or unusual drowsiness

AMBER

Contact us now — do not wait — if you have:

- Temperature above 38°C
- Signs of severe infection (spreading redness, pus, severe pain at any site)
- Sudden dramatic size change at recipient site (loss of volume may indicate fat absorption, but sudden change needs assessment)

Office hours (Mon–Fri 9am–5pm): 0131 376 3785

Evenings and weekends during your early recovery: Out-of-Hours Nurse Advice Line 07405322689 — our nurse can advise you, contact your surgeon, or direct you to NHS services.

After your early recovery period: call the hospital in office hours, or NHS 24 on 111.

Had your surgery at Spire Shawfair Park (overnight stay)? Contact Spire directly using the number on your discharge paperwork — not the Waterfront advice line.

GREEN

Tell us at your next appointment:

Anything else that is niggling or worrying you — no concern is too small. Mention it at your next appointment, or call us during office hours.

Related Information Leaflets

Separate leaflets about the procedure itself — not the aftercare instructions above. Tap a title to download, or find them all on your procedure page in the portal.

- [Fat Transfer — FAQs](https://waterfront-patient-portal.netlify.app/waterfrontaftercare/fat-transfer-faqs.pdf) (https://waterfront-patient-portal.netlify.app/waterfrontaftercare/fat-transfer-faqs.pdf)
- [Facial Fat Grafting — FAQs](https://waterfront-patient-portal.netlify.app/waterfrontaftercare/facial-fat-grafting-faqs.pdf) (https://waterfront-patient-portal.netlify.app/waterfrontaftercare/facial-fat-grafting-faqs.pdf)

How to Use This Information

The advice below is based on Waterfront Private Hospital's written fat transfer aftercare leaflet. It is general guidance for the average patient and may be adapted by your consultant for your individual circumstances.

Always follow the specific instructions given to you on the day of your surgery and in your printed leaflet. If there is ever a difference, follow your consultant's written or verbal instructions and contact us for clarification.

Post-Operative Checklist

- Pain medications received (including dihydrocodeine if prescribed)
- Donor site dressings applied and comfortable
- Follow-up appointment card received with contact details
- Transport home arranged
- Responsible adult with you for first night if general anaesthetic used
- Emergency numbers saved to phone
- Medication schedule understood
- Instructions for both donor and recipient site care understood
- Questions answered by nurse or surgical team

Wound Care

- Shower from day 1, pat skin dry gently after washing
- Do not soak in baths, hot tubs, or swimming pools for first 2 weeks
- Keep small incision sites clean and dry
- Watch for signs of infection at both donor and recipient sites: spreading redness, pus discharge, or severe pain
- Attend week 1 nurse appointment for dressing removal and wound check
- Once wounds fully closed (around week 3), begin scar care with moisturizer or bio-oil on donor site incisions only

Pain Management

- Take your painkillers as directed on their labels — every medicine you go home with is labelled with its dose and frequency, and your nurse will go through them with you before you leave. Paracetamol and ibuprofen can safely be taken together
- Take paracetamol 2 tablets (1g total) every 4–6 hours, max 8 tablets daily
- Take ibuprofen 400mg three times daily with food
- Take dihydrocodeine as directed for severe donor site pain
- Take prescribed antibiotics if provided
- Always take medication with food
- Avoid alcohol while taking painkillers
- Do not exceed maximum doses prescribed
- Most pain subsides significantly after first week
- Contact your surgeon if pain is not controlled

Activity Restrictions

- Showering: permitted from day 1
- Light walking: from day 1 (short walks every few hours)
- Driving: week 1 if no longer taking strong painkillers
- Desk work: week 2
- Physical work: end of week 2
- Short flights (under 3 hours): week 1
- Long flights (over 6 hours): week 2
- Gentle exercise (walking, light stretching): week 4

- Full exercise: week 6
- Swimming: week 4 when wounds fully healed
- For BBL (buttock transfer): avoid sitting directly on buttocks for 2–3 weeks, use donut pillow
- For breast transfer: avoid tight bras; sleep in whatever position is comfortable — most patients avoid lying on the treated area at first
- For facial transfer: avoid facial massage or pressure for 2 weeks
- Avoid smoking and vaping nicotine for at least 4 weeks — smoking significantly impairs wound healing and increases infection risk
- Avoid alcohol while taking painkillers and for 3 weeks post-surgery
- Avoid heavy lifting and strenuous activity for 4 weeks
- Avoid hot baths for 2 weeks
- Avoid sun exposure on scar sites for 6 months
- Avoid tight clothing over donor sites

Understanding Fat Transfer

What is Fat Transfer?

Fat transfer (also called fat grafting or autologous fat transfer) involves harvesting fat cells from one area of your body (the donor site) and injecting them into another area (the recipient site) to add volume or enhance contours.

Donor Site (Where Fat is Harvested)

Fat is harvested using liposuction techniques from areas such as:

- Tummy (abdomen)
- Thighs (inner or outer)
- Hips and flanks
- Knees or other areas with excess fat
- Your donor site recovery will be similar to liposuction recovery: expect bruising, swelling, discomfort, and requiring careful wound care for several weeks.
- **Recipient Site (Where Fat is Injected)** — Fat is injected into areas such as:
 - Breasts (for augmentation or correction)
 - Buttocks (Brazilian Butt Lift or BBL)
 - Face (cheeks, lips, chin, temples)
 - Hands, calves, or other areas for volume
 - Unlike the donor site, your recipient site should NOT be compressed. Instead, it needs to be protected from pressure to allow the transferred fat to establish a blood supply and survive.
- **Fat Survival Rates** — Not all transferred fat survives. On average:

- **60-80%** of transferred fat typically survives long-term
- **Roughly 20–50%** of transferred fat is naturally absorbed by your body — the fat that remains is then permanent
- The surgeon accounts for this by injecting more fat than your final desired volume ('over-correction')
- This is why you may look larger than expected in the first few weeks—the extra volume accounts for expected fat loss as healing occurs.

Before You Leave the Hospital

- **Painkillers:** Make sure you have your painkillers before you leave — the nurse looking after you will go through them with you.
- **Dressings:** Applied to donor site before discharge.
- **Recipient site protection:** You will be advised on how to protect your recipient area (no compression garment needed).
- **Follow-up appointment:** You will be given a card with details of your first nurse check appointment.
- **Responsible adult:** If general anaesthetic was used, you must have a responsible adult with you for the first night.

Medication Guide

Paracetamol (standard tablets or soluble)

Ibuprofen (e.g., Ibuprofen, Brufen)

Dihydrocodeine (Strong Painkiller)

Antibiotics (If Prescribed)

- **Paracetamol — Notes:** Take with food, safe for most people
- **Ibuprofen — Notes:** Take with food to prevent stomach upset, helps reduce swelling
- **Dihydrocodeine — Dose:** As directed by your surgeon
- **Dihydrocodeine — Important:** Do not drive or operate machinery while taking this
- **Dihydrocodeine — Notes:** Take with food, may cause drowsiness or constipation
- **Antibiotics — Dose:** As directed by your surgeon
- **Antibiotics — Uses:** To prevent infection at surgical sites
- **Antibiotics — Important:** Complete the full course even if you feel better
- **Antibiotics — Notes:** Take exactly as prescribed at the specified times

- **Important:** Paracetamol and ibuprofen can safely be taken together — taking both regularly usually controls pain better than either alone. Take ibuprofen with food, follow the doses on the labels, and avoid alcohol while taking painkillers. Contact us if your pain is not controlled despite taking them as directed.

Caring for Donor Sites

Your donor site (where fat was harvested) recovers similarly to liposuction. It will be bruised and swollen, requiring compression and careful wound care.

Days 1–7: Early Recovery

- Keep donor site dressings clean and dry
- Keep incisions clean and dry
- Shower from day 1, pat skin dry gently
- Do not soak in baths for first 2 weeks
- Take painkillers regularly as directed
- Rest but take short walks to encourage circulation
- Attend week 1 nurse appointment for dressing check

• Weeks 2–4: Gradual Improvement

- Follow wound care instructions as advised
- Start gentle scar moisturizing from week 3 with bio-oil, E45, or Aveeno
- Perform gentle circular massage of incisions (2–3 minutes, twice daily)
- Bruising should be fading significantly
- Swelling reducing noticeably

• After Week 4: Long-term Scar Care

- Continue scar care on donor site
- Continue scar moisturizing and massage for best cosmetic results
- Incisions should be fully healed
- Swelling mostly resolved
- Can resume normal activities and exercise

• Incision Care and Monitoring

- Small incisions used for fat harvesting (similar to liposuction)
- Watch for signs of infection: spreading redness, pus discharge, warmth
- Mild redness and swelling around incisions is normal
- Stitches will be removed at week 1 nurse appointment if non-dissolving
- Once healed, continue moisturizing to optimize scar appearance

Caring for Recipient Sites

The key to successful fat transfer is protecting the recipient site from pressure and compression to allow transferred fat to establish a blood supply and survive.

General Recipient Site Care (All Areas)

- **Avoid pressure:** Do not compress or apply pressure to injected area
- **Avoid friction:** Avoid tight clothing that rubs the area
- **Expect swelling:** Swelling is normal and expected for 2–6 weeks
- **No massage:** Avoid massaging or kneading the recipient area for at least 2 weeks
- **Gentle handling:** Treat the area gently as transferred fat cells are delicate
- **No compression garment:** Do not wear compression garments on recipient site
- **Monitor appearance:** Over-correction is normal; final results clear by month 3
- **Breast Transfer Specific Care**
- **Sleep position:** Sleep on your back for the first 2–4 weeks to avoid pressure on breasts
- **Avoid tight bras:** Wear soft, comfortable bras without compression (no underwire or very tight fitting)
- **No direct pressure:** Avoid lying face-down or pressing against the chest
- **Avoid impact:** No contact sports or activities that could compress breasts for 4 weeks
- **Avoid massage:** Do not massage or manipulate breasts for 2 weeks
- **Swelling timeline:** Expect significant breast swelling for 2–4 weeks; this is normal
- **Buttock Transfer (BBL) Specific Care**
- **No direct sitting:** Avoid sitting directly on buttocks for 2–3 weeks
- **Use support:** When you must sit, use a donut pillow or special BBL pillow to distribute weight to thighs
- **Sleep position:** Sleep on your stomach or side, never on your back directly on buttocks
- **Gradual sitting:** From week 3, gradually increase sitting time with pillow support
- **Normal sitting:** By week 6, you can sit normally without special support
- **Avoid pressure garments:** Do not wear tight compression pants on buttocks
- **Swelling timeline (BBL):** Expect significant buttock swelling for 3–6 weeks; this will resolve
- **Facial Transfer Specific Care**
- **Minimal downtime:** Facial fat transfer has the quickest recovery
- **No facial massage:** Avoid any massage or pressure on injected facial areas for 2 weeks
- **Avoid makeup:** Avoid makeup for at least 1 week, or until wounds fully closed
- **Sleep position (facial):** Sleep on your back initially to avoid pressing face into pillow
- **Swelling:** Expect facial swelling that peaks at days 2–3 and resolves over 2–3 weeks
- **Normal activities:** Can return to desk work and light activity immediately
- **Bruising:** Bruising may be visible on face; use makeup to cover after 1 week

Compression Garments (Optional — Donor Site)

Compression garments are not required for the donor site from our perspective, but some patients find them helpful for comfort and swelling management. Discuss with your surgeon whether a compression garment may be beneficial for your recovery. The recipient site should NEVER be compressed.

If Your Surgeon Recommends a Compression Garment

- **Appropriate coverage** for your donor site (tummy, thighs, etc.)
- **Adjustable closures** (hooks, velcro, or clips) for comfort as swelling changes
- **Breathable fabric** that allows skin to breathe
- **Firm but comfortable** fit without cutting off circulation
- **Where to Purchase** — If your surgeon recommends a compression garment, you can find them at:
 - M&S
 - Tesco
 - Asda
 - [Macom](https://www.macom-medical.com) (<https://www.macom-medical.com>)
 - [Lipoelastic](https://www.lipoelastic.co.uk) (<https://www.lipoelastic.co.uk>)
- **Note:** Use code QUABA for a discount. Waterfront has no financial affiliation with these suppliers.

Scar Care (Donor Site)

The small incisions from fat harvesting will fade with proper care. Scar care applies to donor site incisions only.

When to Start Scar Care: Begin scar care at **week 3** once your donor site wounds are fully closed and any stitches or steri-strips are removed.

Daily Scar Care Routine

- **1. Clean:** Gently clean the scar area with mild soap and water
- **2. Dry:** Pat the area dry gently with a soft cloth
- **3. Apply:** Apply bio-oil, E45 cream, or Aveeno moisturizer to the scar
- **4. Massage:** Massage the area in gentle circular motions for 2–3 minutes
- **5. Repeat:** Repeat this routine twice daily for best results
- **Scar Appearance Timeline — Weeks 3–4:** Start gentle massage as scars begin to heal
- **Scar Appearance Timeline — Months 1–3:** Scars appear pink or red (this is normal)

- **Scar Appearance Timeline — Months 3–6:** Gradual fading of colour and texture
- **Scar Appearance Timeline — Month 6+:** Continue scar care for best long-term results

Lifestyle Guidelines

✓ DO

- Follow donor site wound care instructions
- Protect recipient site from pressure and compression
- Walk regularly to encourage circulation
- Drink 8-10 glasses of water daily
- Eat a healthy diet with plenty of protein
- Sleep in appropriate position for your recipient site
- Take your medications as prescribed
- Attend all your follow-up appointments
- Ask questions if you're unsure about anything
- Be patient with over-correction; final results emerge over 3–6 months

• X AVOID

- Smoking or vaping nicotine for at least 4 weeks
- Alcohol while taking painkillers
- Alcohol for 3 weeks after surgery
- Pressure or compression on recipient site
- Massage or kneading of recipient site for 2 weeks
- Tight clothing over recipient site for 4 weeks
- Heavy lifting for 4 weeks
- Strenuous exercise for 6 weeks
- Hot baths for 2 weeks
- Sun exposure on donor site scars for 6 months
- Tight clothing over donor site during compression phase
- Missing follow-up appointments

Your Recovery, Stage by Stage

Days 1–3 — Early Recovery

Immediate post-surgery care managing pain at donor and recipient sites

WHAT'S NORMAL

- Moderate to severe pain at donor site (similar to liposuction)
- Mild to moderate discomfort at recipient site
- Significant swelling and bruising at both sites
- Swelling may actually make recipient area look larger than expected
- Small amount of fluid leaking from incisions
- Tiredness and emotional sensitivity

CARE ROUTINE

- Take painkillers regularly (don't wait for pain to worsen)
- Keep donor site dressings clean and dry
- Avoid any pressure or compression on recipient site
- Rest but take short walks every few hours to encourage circulation
- Drink 8-10 glasses of water daily
- Sleep position varies by recipient site: if breast transfer, sleep on back; if buttock transfer, sleep on stomach or side
- Shower from day 1 onwards
- Pat skin dry gently after washing
- Do not soak in baths during first 2 weeks

COMFORT

- Take paracetamol 2 tablets (1g total) every 4–6 hours (max 8 tablets daily)
- Take ibuprofen 400mg three times daily with food
- Take dihydrocodeine as directed by your surgeon for donor site pain
- Take prescribed antibiotics if provided
- Always take medication with food
- Do not exceed maximum doses
- Avoid alcohol while taking painkillers
- Contact your surgeon if pain is not controlled

Days 4–7 — Improving Daily

Gradual reduction in pain and swelling at both sites

WHAT'S NORMAL

- Pain gradually decreasing at donor site
- Bruising at its worst, then beginning to fade
- Swelling still present but stabilizing
- More energy returning
- Ready for first check-up appointment

CARE ROUTINE

- Continue gentle movement as advised
- Continue avoiding pressure on recipient site
- Increase amount of walking (gently)
- Continue regular hydration (8-10 glasses water daily)
- Attend first nurse check-up appointment (usually around day 7)
- May start driving if not taking strong painkillers

COMFORT

- Pain should be noticeably decreasing
- May reduce to paracetamol and ibuprofen only
- Continue medication as needed
- Gradually reducing need for strong painkillers

Week 1 Check-Up — Nurse Appointment

First post-operative assessment of both donor and recipient sites

WHAT'S NORMAL

- Nurse will assess recovery at both sites
- Dressings will be removed
- Healing will be checked
- Fat survival cannot be assessed yet (will become clearer over weeks 3–6)

CARE ROUTINE

- Attend your scheduled nurse appointment
- Nurse will remove dressings from incisions
- Non-dissolving stitches will be removed if needed
- Steri-strips will be removed if still in place
- Ask any questions during this appointment
- Follow donor site wound care instructions
- Continue avoiding pressure on recipient site

COMFORT

- Pain should be significantly improved
- Continue pain relief as advised

Week 2 — Return to Light Work

Resuming some normal activities while protecting recipient sites

WHAT'S NORMAL

- Pain continuing to decrease at donor site

- Bruising gradually fading
- More energy
- Able to manage most daily activities
- Swelling at donor site starting to reduce noticeably
- Recipient site swelling still present (this is normal)

CARE ROUTINE

- Follow donor site wound care instructions
- Continue avoiding pressure on recipient site
- Can return to desk work and light activities
- Most daily tasks manageable
- Gentle walking encouraged
- May stop painkillers if comfortable
- If BBL (buttock transfer): may start to sit briefly on regular seat with donut pillow
- If breast transfer: avoid tight bras, sleep on back
- If facial transfer: minimal restrictions, avoid facial massage

COMFORT

- Most patients able to stop or significantly reduce painkillers
- Use paracetamol/ibuprofen as needed for mild discomfort

Weeks 3–4 — Increased Activity

Gradual return to normal activities as swelling resolves

WHAT'S NORMAL

- 80-90% of swelling gone at donor site
- Bruising almost completely resolved
- Recipient area starting to show more natural contours as initial swelling reduces
- May feel firm lumps at donor site (normal)
- Feeling much more like yourself
- Shooting pains as nerves reconnect at donor site (normal)

CARE ROUTINE

- Follow nurse guidance on donor site care
- Gradually reduce pressure restrictions on recipient site as advised by surgeon
- Start moisturizing incisions with bio-oil or recommended cream
- Gentle scar massage on donor site incisions in circular motions (2–3 minutes, twice daily)
- Can resume gentle exercise (walking, light stretching)
- If BBL: gradually increase sitting time with pillow support
- If breast: can wear supportive but not tight bras
- Full range of activities manageable

COMFORT

- Most pain resolved
- Occasional mild discomfort only
- No medication typically needed

Months 2–6 — Final Results Emerging

Final fat survival assessment and scar maturation

WHAT'S NORMAL

- Final transferred fat amount becoming clearer (60-80% typically survives)
- Any over-corrected areas settling as non-surviving fat is absorbed
- Recipient site swelling completely resolved
- Scars continuing to fade
- Complete return to normal activities
- Firm lumps at donor site softening over time

CARE ROUTINE

- Continue scar care on donor site
- Continue scar care on donor site (moisturizing twice daily for best results)
- No restrictions on recipient site
- Can resume full exercise from week 6
- Can sunbathe after 6 weeks, but use high SPF on scars for one year
- Swimming permitted once wounds fully healed (week 4)
- Regular follow-up appointments as scheduled
- If results not satisfactory, discuss top-up transfer options with surgeon

COMFORT

- No pain expected
- Full recovery achieved

Follow-Up Appointments

Week 1 Nurse Check (Days 7–10) — Your first post-operative appointment to assess healing at both donor and recipient sites.

- Dressing removal from incision sites
- Wound healing assessment at donor and recipient sites
- Non-dissolving stitch removal if needed
- Steri-strip removal
- Initial assessment of fat transfer area (cannot assess survival yet)

- Questions answered by nurse

Further nurse reviews — as needed — Some patients need further nurse reviews. If so, the nurses will arrange these with you and will discharge you from nurse-led care once they are happy your wounds have healed.

Around 6 months — surgeon review (final follow-up) — Your surgeon will usually see you at around 6 months to assess your final result. Your surgeon is always available to review you sooner if required, and in some circumstances may wish to see you before your final follow-up.

Your appointment schedule may vary. Always follow the specific dates and times given in your appointment card. Contact us if you need to reschedule.

Frequently Asked Questions

How much of the transferred fat will survive?

Typically 60-80% of transferred fat survives long-term. The surgeon knows this and injects more fat than the final desired volume, a technique called 'over-correction'. This is completely normal and expected.

Why do I look bigger than expected? (Over-correction explanation)

Your transferred area may look larger than desired in the first few weeks due to surgical swelling and over-correction. Typically around 50-80% of transferred fat survives long-term, and your surgeon allows for this by injecting a little extra. Over weeks 2-6, non-surviving fat is absorbed by your body and swelling reduces, revealing your final result.

When will I see my final results?

Initial improvement is noticeable by week 4 as swelling reduces. Final results emerge over 3-6 months as all swelling completely resolves and the transferred fat settles into its permanent location.

Can I sit after a Brazilian Butt Lift (BBL)?

For the first 2-3 weeks, avoid sitting directly on your buttocks as this can compress the transferred fat and reduce survival. Use a donut pillow or special BBL pillow when you must sit. From week 3 onwards, gradually increase sitting time with support. By week 6, you can sit normally.

How do I care for two surgical sites?

Your donor site (where fat was harvested) needs careful wound care and scar care similar to liposuction. Your recipient site needs opposite care: avoid pressure and compression to maximize fat survival. Protect the recipient site from direct pressure, friction, and tight clothing.

Will I need a top-up transfer?

Some patients choose a top-up transfer if they want more volume, but this is not always necessary. Wait until final results are clear (3-6 months) before deciding. Not all patients need or want a top-up. Discuss with your surgeon at your follow-up appointment.

Do I need compression garments on my donor site?

Compression garments are not required from our perspective but can be helpful for some patients. Discuss with your surgeon whether a compression garment may be beneficial for your comfort and recovery. The important thing is careful wound care at the donor site. Never use compression on the recipient area.

Why can't I apply pressure to my recipient site?

Transferred fat is delicate and needs to establish a new blood supply. Pressure, compression, or friction can disrupt the surviving fat cells and reduce how much fat ultimately survives. This is why sleeping position matters (back for breast, stomach/side for buttocks) and why tight clothing must be avoided.