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Move that muffin top to your chest?

New study details a plastic surgery procedure that puts pudge to good use

By **Melissa Dahl**

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Like so many of us, Liliana Huerta wished someone, somehow, could transform the pudge around her middle to something a little more useful.

Problem solved. A new study suggests an inventive use for your muffin top: In Miami, a [plastic surgeon](#) is liposuctioning that excess fat and injecting it somewhere many women actually want a little extra bulge — their breasts. (Waste not, want not, right?)

The procedure combines two of the most popular cosmetic surgeries in America — 307,000 breast augmentations and 245,000 [liposuction](#) procedures were performed in 2008, according to the American Society of Plastic Surgeons. It essentially gives patients a twofer, said Dr. Roger Khouri, the Miami plastic surgeon who pioneered the technique and is now reporting results in 50 women.

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"You get rid of the fat where you don't want it, and you move it where you want it to be," said Khouri, who recently presented his findings at the annual meeting of the plastic surgeons' society in Seattle. "The augmentation looks completely natural. This does not have the implant look; this does not have the fake look. There's no scar, and there's no incision."



msnbc.com illustration

Waist overhang, known as a muffin top, is put to good use in a new breast-enhancing procedure.



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And that's the appeal for many women. Khouri's approach seems like a



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more natural way to up your cup size, as opposed to getting breast implants. It's your own fat, after all — it's all still you. Just ... rearranged.

"I live in Miami, and it's pretty common to see women here with breast implants," said Huerta, who's 28 and had the procedure done two years ago. "But it's really uncommon to see breasts I really like. They look really fake — too separate, too bubbly, too plastic-y. Just the thought of putting an implant in me — putting something foreign in my body — was not an idea that I'd really felt comfortable with."

Cheeseburgers find a new home

In the weeks before her surgery, Huerta decided to give Khouri a little more to work with, and packed an extra 9 pounds on her 5-foot-4-inch frame with a diet that consisted of more cheeseburgers and fries than usual. "I wanted to make sure I could make my breasts as big as possible, so I decided to store as much fat as possible — so he could pull out as much fat as possible," said Huerta, who went from weighing 115 to 124 pounds. "I was eating everything in sight."

That's not exactly the route Khouri recommends, but it worked in Huerta's case, who went from a small B cup to somewhere between a C and a D.

Huerta's plan backfired a bit, as it took some dieting to get back to her normal weight, but she's still loving the natural look and feel of her surgery results. (And so is her boyfriend, she adds.)

Khouri notes the procedure works best on women who aren't really fat, but who have just a little extra squishiness in some of the usual places: the hips, tummy or thighs. His research tracked 50 women, ages 17 to 63, over five years, and found that the average increase was about 210 milliliters, or about two cup sizes.

"The advantage of this is you can put the fat exactly where you want it so you can sculpt the breast a little bit more, whereas the implants only come in so many shapes and sizes," said Dr. Karol Gutowski, a clinical associate professor of surgery at the University of Chicago and the chief of [plastic surgery](#) at the NorthShore University HealthSystem in Illinois. Gutowski did not contribute to this study, and hasn't done the procedure himself, but he's familiar with Khouri's research.

Plastic surgeons first tried this fat-recycling tactic in the mid-1980s, soon after liposuction was developed, and since then, experts have argued about the procedure's safety and effectiveness. Initially, doctors were concerned that the displaced fat would calcify, and either obscure mammograms or be mistaken for cancer growths. Now, improvements in MRI make those fears a non-issue, experts say.

"So far, we're not seeing there's any increased [risk of cancer](#) or any problems with detecting of cancer," Gutowski said.

There was still one drawback: It just didn't work very well. Over time, the body usually reabsorbed the fat that surgeons had injected into the breast.

"You can overstuff as much fat as you want, but unless the fat is surrounded by a lot of tissue, it's not going to grow," Khouri explained. "Every little droplet of fat, to survive, has to be surrounded all around by healthy tissue with human blood supply."

Liposuction plus vacuum bra does the trick

So Khouri tried combining liposuction with an earlier breast-enhancing innovation of his that hadn't exactly taken off — the Brava, which went on the market in 2001. It works like a motorized suction-cup, it's shaped like a giant bra and it sucks and stretches breast tissue. Marketed as a nonsurgical do-it-yourself boob job, the Brava has been met with disappointment by users who felt, well, deflated by the lack of long-term results from the device alone.

In Khouri's study, patients wore the Brava for 10 to 12 hours a day several weeks before and after surgery. Most patients, like Huerta, wore the device overnight, mostly to avoid the attention they'd attract in

public. Awkward as it may be, the Brava seemed to do the trick. The vacuum bra expanded the breasts just enough to give Khouri pockets surrounded by healthy tissue where he could inject the liposuctioned fat.

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And so far, so good. The study followed each of the women for an average of three years after surgery, and for these women, fat graft survival averaged 85 percent. A Harvard doctor picked up the procedure and has done several surgeries this way, and in February, Khouri will run a two-day workshop where he will perform the fat-grafting surgery in front of 500 plastic surgeons.

Now, this method is being focused toward breast reconstruction for cancer survivors, such as Astrid Nicastrì, who is 32 and lives in Miami.

"I was really unhappy with the idea of getting implants," says Nicastrì, who was diagnosed with breast cancer in 2007 and had one breast removed in 2008. It was not her first bout with the disease. She'd had brain cancer at 12, another brain tumor in 2006 and after surviving breast cancer, she says, "I'd had enough. I didn't want anything more messing with my body. I didn't want implants in my body to remind me. For me, it would be a reminder that I'd had breast cancer. ... I didn't want something foreign in my body."

After Nicastrì heard about Khouri's work at a cancer support group, she scheduled an appointment and had her surgery earlier this month. She loves her results, and has even passed out Khouri's card to other breast cancer survivors she's met.

"When you have something missing from you, you're more self-conscious," Nicastrì says. "It gives me so much more courage to go out there in the world. *And I got a little liposuction, too.*"

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