

A conversation with Dr. Andrew Kornstein: Pacesetter in the art of fat injections

Autologous Fat Grafting (AFT) is Mother Nature's favorite filler. Using your own fat, a naturally full look and soft feel to the face and other areas of the body is restored where volume has been lost. Many physicians have joined in the fat injection rage in order to address patient demand, but few have the training, experience or skill required to successfully deliver consistent results with this highly technique dependent procedure.

Here, Dr. Andrew Kornstein explains his philosophy and approach to AFT which he refers to as "the only dynamic surgery."

Fat Grafting (AFT) has caused considerable buzz lately, yet you have been involved with this procedure for over 15 years. What precipitated your interest that long ago?

Dr. Ralph Millard is not a household name, but to those of us well trained, his is a god. His publication, *The Principalization of Plastic Surgery* suggests physicians "replace like with like." I was lucky enough in the early 1990's to be in the same training program with Dr. Sid Coleman when the whole notion of "replacing fat with fat" was born. At first it was rudimentary and experimental, but today through discussion, observations and refined techniques it has become my signature procedure. I am a proponent of reshaping versus removing tissue.

What is your opinion on synthetic fillers and collagen?

I started my private practice in 1993. No Restylane, Juvederm or Radiesse. Even collagen did not strike me as the right thing to do because essentially the swelling effects are brought on by a patient's body rejecting the cow protein. That's not a natural restoration. For me, the only authentic way to re-volumize is through fat grafting. It appeals to my aesthetic sense and philosophical belief that being Mother Nature's partner was the right thing to do. I began doing it out of instinct and it has always rewarded me (and my patients.)

What exactly is AFT? Why do you call it “dynamic surgery?”

AFT stands for Autologous Fat Transfer. It is using your own tissue, taking fat from one area (the donor site) and putting it into another. Fat can be taken from anywhere on the body—no one source is better than another. Unlike a filler that is put in a space, “transfer” or “grafting” denotes that the body is incorporating it. It becomes an active part of that area. Centrifuged cells are placed in syringes and tiny strands of fat are placed strategically so each has access to blood supply. The fact that it is living tissue makes it more resilient to stress and improves your ability to heal.

I call it “dynamic” because after a successful fat graft, people actually *grow young*.

If you looked at an AFT patient who had the procedure 5 years ago and look at them today, you will see they age more slowly going forward. It’s virtually universal. There is a potential stem cell element at work...evidence that these fat cells are adult stem cells with the ability to repair the area in which they reside.

With conventional surgery and fillers, you are cutting and tightening or adding respectively, but gravity and atrophy will continue to take their toll as you age.

Who is a candidate? Who is not?

Everyone is a candidate, but timing becomes an issue. The more damage that needs to be repaired, the longer the recovery...so it is good to consider AFT earlier rather than later. Adjusting facial volume can certainly turn back time, but you may need a brow or face lift depending upon your individual signs of aging.

Many surgeons are doing fat grafting today. How does your approach differ?

First, any procedure can be done well, or poorly. Not everyone has the patience or the training. The learning curve is steep. Fat grafting is very technique dependent both in terms of preserving viability and precise application. It demands a keen aesthetic sense because it is a 3 dimensional proposition. With the exception of the neck which must be addressed in 3D, you are simply cutting—it is 2 dimensional and shape and contour are not necessarily paramount. Second, is my experience with how the facial skeleton ages. I have the ability to look at a patient, glimpse into the future and predict how they will look in 5 years. That way I can anticipate how to apply the fat for the best outcome. Three, many practitioners use fat as a filler. They treat one or two areas and the cells don’t survive. I treat patients globally by doing the entire face as an anti-aging procedure. As a result, they age more harmoniously with all the aspects of the face aging at the same rate. The numbers of surgeons who prescribe to this method are few and far between.

Dispel some common myths associated with AFT.

This is a good question because a lot of people leave my office excited, but by the time they speak to friends or other practitioners, they have doubts. They opt for conventional surgery. I can tell you that those who select me to do their AFT are universally rewarded. It exceeds their wildest expectations. The point is that the age of a person is multi-factorial. What I mean is by cutting and pulling the skin, it won't make the face young; it will make it look tight. The quality of the result is so extraordinary with my technique. It's the best way to turn the clock back. The other myth is that fat does not survive. If it is done properly, the fat will survive. Lumping and bumping is another myth. This happens, but rarely. I treat it right in the operating room if it occurs. One reasonable fear is being "overfilled" where the face becomes distorted. This usually is the result of treating only one area on the face versus taking the entire face into consideration. The fat grafting operation is perfect...assuming you have the right surgeon.

If you are using someone's own tissue, what can go wrong? Are there any risks?

Not really. There is no opportunity to reject your own fat. Lumps can happen if enough care is not taken. Again, it is very practitioner dependent. Infection is always a risk, but my O.R. is rigorously sterile.

You like to see patients in consultation twice prior to doing a procedure. Why?

It's important to me to see someone as both a patient and a person. The first time we meet we discuss history and physical and what procedure they are interested in having. I evaluate them and make recommendations based on their concerns, more in a general sense. By the time of the second appointment, I have had time to think about them and review photos and notes. Our subsequent meeting helps us connect on a more intuitive level and more closely define our mutual aesthetic plan. I always learn more the second time around.