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ABSTRACT

Background: Autologous gluteal fat grafting (AFG), otherwise referred to as Brazilian Butt Lift (BBL) has gained popularity for its natural outcomes and lower complication compared with implants. However, despite its appeal, fat resorption often reduces long-term volume retention, prompting the desire to seek repeat lift procedures. Patients' aesthetic goals may also influence the desire for repeat operation, yet still little is known about the tendency to seek a redo surgery.

Objective: To evaluate the proportion of patients expressing desire to undergo repeat gluteal augmentation following initial gluteal fat grafting and identify factors likely to influence this desire.

Study Design: This was a multicenter prospective cohort, Patient reported outcome study.

Study Setting: This study was carried out in four selected private aesthetic hospitals in Nairobi.

Subjects/Participants: Forty seven (47) eligible participants were selected by consecutive non-random sampling and recruited during consultative screening clinic visits over a period of seven months; these were mostly women who presented requesting for buttock enhancement surgery for the first time. Subjects meeting the selection criteria had demographic characteristics and pertinent history recorded, then followed up for a period of six-months, we then assessed surgical outcomes and ultimately desire to repeat the procedure, using the BODY-Q™ for buttocks and a five-point Likert scale questionnaire tools respectively. The likelihood to repeat the surgery was especially evaluated by question 5 of the Likert Scale (Table 1). The relationship between; Marital status, Occupation, Body shape, satisfaction with outcome was evaluated against the desire to repeat surgery. Spearman's correlation was used for analysis of ordinal data.

Results: Thirty one point seven per cent (31.7%) of respondents were open to repeat surgery, 41.5% were unlikely and the rest remained neutral. Marital status and dissatisfaction with certain physical outcomes, say; buttock smoothness and skin quality impacted this desire.

Conclusion: One-third of respondents desired to repeat the butt fat grafting procedure whereas majority did not desire.

Key Words: Autologous Fat grafting, Brazilian Butt lift, Repeat butt lift

INTRODUCTION

Gluteal augmentation via autologous fat grafting (AFG) commonly referred to as BBL, is an aesthetic procedure to augment and or contour the buttocks region by injecting fat/lipo-filling, using the patients' own fat harvested from another body part. This procedure has increasingly gained favor in body contouring due to its dual benefit of body fat reduction/redistribution and buttock enhancement (1). In Kenya, as in many urban African settings, this procedure is becoming more accessible through private aesthetic surgery practices.

Internationally, AFG has become standard for individuals seeking fuller buttock contours, reflecting shifting beauty ideals that favor accentuated hips and buttocks (2). These preferences, once regionally distinct, have spread globally via media and celebrity influence, shaping beauty norms in places like Kenya (3,4).

Fat resorption however, remains a key limitation in autologous fat grafting, with studies suggesting only 40–60% of transferred fat remains viable after four to six months, prompting some patients to consider repeat surgery to restore volume or improve symmetry (5,6). Additionally, some patients also have specific body goals with a desire for fuller buttock contour which may generally not be achievable in a single session. In this respect therefore, most existing studies on patient satisfaction and desire for repeat surgery originating mainly from North America, South America, and Europe (7–9), place emphasis on the importance of managing expectations and providing preoperative education to improve outcomes and satisfaction. However, data from Sub-Saharan Africa remains sparse, particularly regarding whether patients desire to undergo a second surgery.

Understanding patient desires for reoperation is critical, especially in private-sector African settings where procedures are elective, self-funded, and often driven by psychosocial factors. This study therefore aims to assess the repeat surgery interest in a Nairobi-based cohort and explore the demographic and perceptual variables that may influence this decision.

MATERIAL AND METHODS

We carried out this study to evaluate the proportion of patients who express desire to undergo repeat gluteal augmentation after the initial autologous fat grafting procedure. We also assessed the factors likely to influence this desire.

Study Design and Population

We conducted a multicenter prospective cohort study among patients who underwent AFG from four selected specialist aesthetic centers in Nairobi, which were within our reach and provided permission for this study. Inclusion criteria for the respondents encompassed all patients seeking to undergo their first gluteal fat grafting procedure and consented to a six-month follow-up period.

A total of forty-seven eligible participants were selected by consecutive non-random sampling and recruited during consultative screening clinic visits over a period of seven months; the participants were mostly women who presented requesting for buttock enhancement surgery and were surgical candidates. Patients with history of previous aesthetic gluteal surgery or reconstructive procedures for any deformity were consequently excluded.

Six participants were lost to follow-up, of whom three kept postponing submission of their response and were eventually left out due to non-compliance, two others could not be reached through the contact information availed and one (male) openly declined to provide the response.

Data Collection and Tools

We recorded; Age, gender, weight, height, parity, Marital status, body shapes, Occupation and calculated Body mass index (BMI) during recruitment period, before surgery.

After a six months follow-up period, forty-one respondents completed a standard customized five-point Likert-based questionnaire (Table 1), evaluating satisfaction across multiple domains, including overall satisfaction, psychosocial impact of the procedure, and quality of life. Question five (5) of the Likert scale was modified to gauge the patient's likelihood to repeat the procedure to improve the appearance of the buttocks. The question phrased "How likely are you to repeat the operation? (to improve the appearance of the buttocks)" was used and responses were graded based on the five likelihoods, from (1 = Very unlikely, 2 = Unlikely, 3 = Neutral, 4 = Likely, 5 = Very likely) Table 1. We also obtained patient responses on their satisfaction with gluteal aesthetics as evaluated after the procedure, using the BODY-Q™ for buttocks. (Table 2)

Table 1: LIKERT scale - psychosexual satisfaction post operation.

For each question, mark the box corresponding with your response.

| After the Operation: | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Rate your overall satisfaction with your buttocks? | | | | | |
| 2. Rate your overall attractiveness? | | | | | |
| 3. Grade improvement in your psychosexual life. | | | | | |
| 4. Rate your overall Quality of life. | | | | | |
| 5. How likely are you to repeat operation? (To improve appearance of buttocks) | | | | | |
| 6. How likely will you recommend this operation to others. | | | | | |

Qn: 1 to 4: 1= Very dissatisfied, 2=Dissatisfied, 3= Neutral, 4=Satisfied, 5 =Very satisfied.

Qn: 5 and 6: 1=Very unlikely, 2 =Unlikely, 3= Neutral, 4 =Likely, 5= Very likely:

Table 2: Body-q™ - regarding buttocks appearance.

For each question, circle only one fitting response.

With your buttocks (i.e., bum), in mind, after operation, how satisfied or dissatisfied are you?

| How do you feel about: | Very Dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Very satisfied |
|---|-------------------|-----------------------|--------------------|----------------|
| 1. The size of your Buttocks? | 1 | 2 | 3 | 4 |
| 2. How your buttocks look from the side? (i.e., Profile view)? | 1 | 2 | 3 | 4 |
| 3. The Shape of your buttocks? | 1 | 2 | 3 | 4 |
| 4. How smooth your buttocks look? | 1 | 2 | 3 | 4 |
| 5. The skin of your buttocks looks? | 1 | 2 | 3 | 4 |

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Data Analysis

Data were analyzed using International Business Machines Corporation's (IBM) software; Statistical Package for the Social Sciences (SPSS) Version 25. Descriptive statistics were used to summarize patient responses. Chi-square analysis was used to determine associations between categorical demographic factors and likelihood of repeat surgery. Statistical significance was set at $p < 0.05$.

Ethical Consideration

Approval was obtained from the Kenyatta National Hospital/University of Nairobi (KNH-UON) Ethics and Research Committee. Approval to access patients

and patient information was obtained prior from the respective private surgery facilities. Written informed consent for information and for the study was obtained from all participants on both hard copy and a secure.

RESULTS

Patient Demographics

Among the 41 Respondents, only one was male. This group had a mean age of 32.6 ± 6.4 years, an average weight of 74.2 ± 9.8 kg, and a mean height of 165.1 ± 5.7 cm, corresponding to a mean BMI of 27.3 ± 3.1 kg/m².

Slightly more than half (51.2%) were not married, while 39% were married and 9.8% were separated. A majority (56.1%) identified as businesswomen. The hourglass figure was the most frequently observed

body shape. Figures 1 and 2 respectively illustrate the distributions of participants according to occupation and body shape.

Figure 1: A bar graph showing the various occupations of the participants

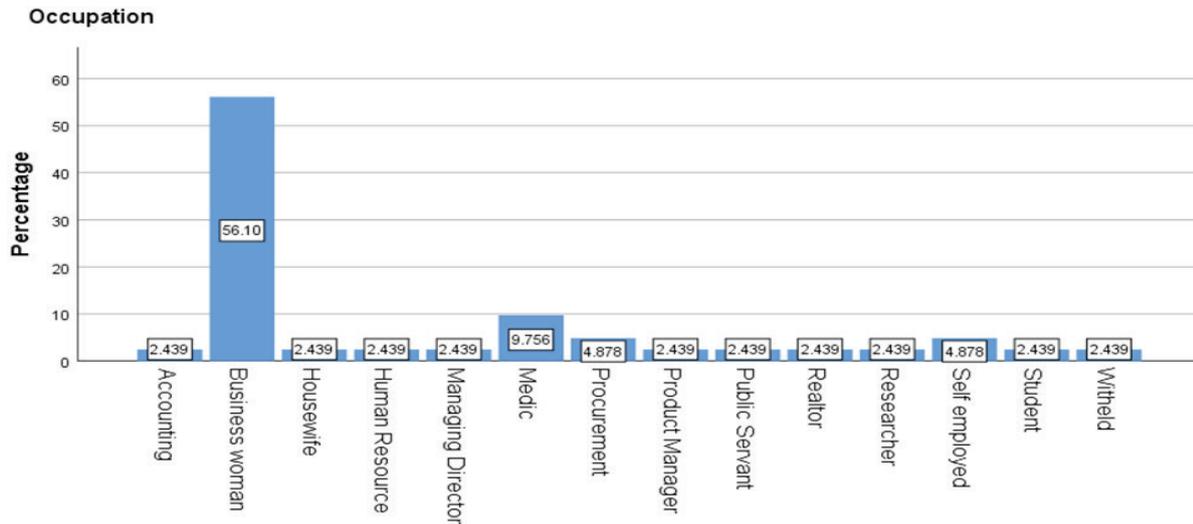
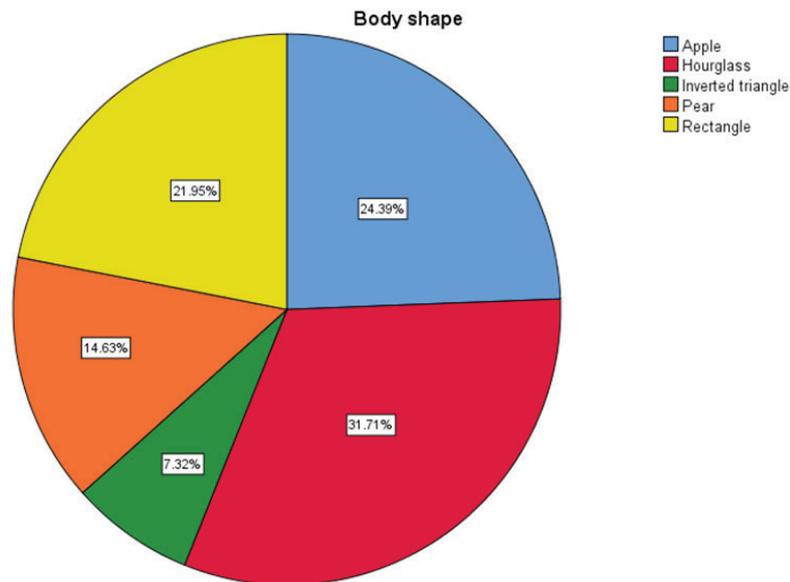


Figure 2: A pie chart of various body shapes of the participants



Desire to repeat the operation

About one-third, 31.7% of the participants expressed desire of repeating the surgery, while the majority

of patients (41.5%) were unlikely to undergo the procedure again and 26.8% remained neutral regarding their decision (Figure 3).

Figure 3: A pie chart of likelihood to repeat the operation

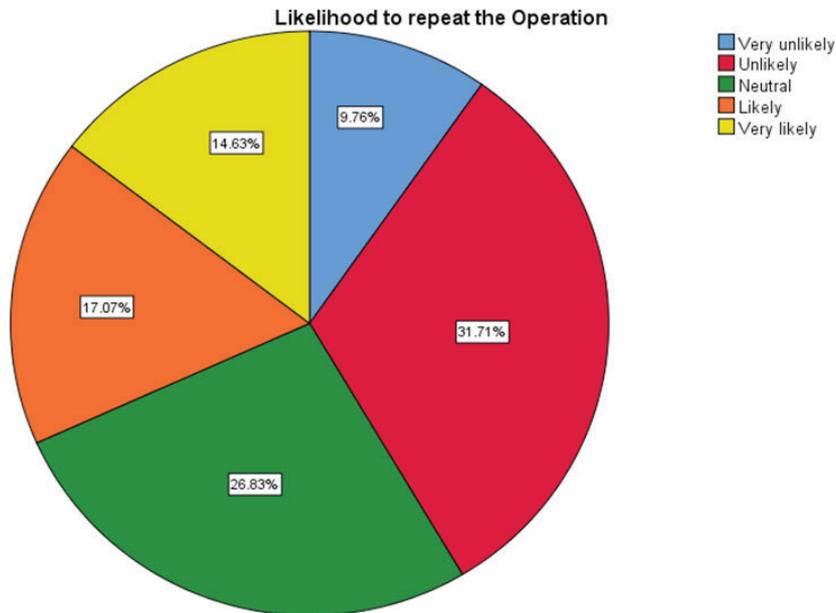
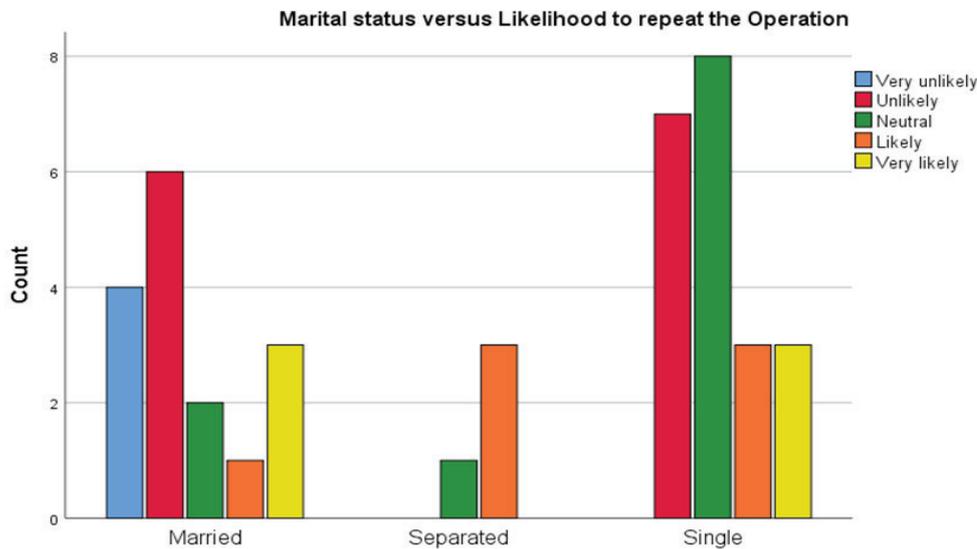


Figure 4: Relation between marital status with likelihood to repeat operation



Marital status was significantly associated with desire for repeat surgery ($p = 0.022$), with married and single respondents expressed less desire for a repeat operation compared to divorced individuals (Figure 4).

Although also the participants who were either married or single were likely to be satisfied with their buttock smoothness. The likelihood of satisfaction of

the married and the single respondents could explain the unwilling or undecided about consenting to a repeat operation (Figures 6). Table 3 summarizes the p-values for the Chi-square results.

In this study, body shape and occupation did not show a significant association of with the tendency or desire to for repeat operation, it was also not found to influence aesthetic outcome, although this assertion

is limited by the different surgical settings and techniques by the different surgeons that performed the procedure.

DISCUSSION

Of the patients who underwent autologous fat grafting in our cohort 31.7% desired to have a repeat operation, this finding contrasts the findings typically reported in the western cohorts (6), with O'Neill *et al* reporting 6–10% of patients desiring a repeat fat grafting, a proportion that is significantly lower than that in our cohort (10). This discrepancy possibly suggests regional differences in expectations, satisfaction thresholds, or aesthetic ideals or goals. One general explanation to this observation however, pertains to the resorption tendency of fat graft with resorption rate ranging from 20 to 50% (5), consequently only a partial volume retention is observed, in some patients more than others. This finding may speak to the idea that the consequence of fat resorption does not promise retention of the infiltrated volume in all patients alike due to different patient characteristics. However, the great discrepancy in our cohort compared to the western cohort may partly be explained by the multicenter setting of our study which ushers in confounders like different technique, different surgeons' expertise and post-operative protocols among other factors.

In many African communities, fuller buttocks are deeply associated with beauty, fertility, and high social standing (11). Thus, the desire to have repeat surgery could also be influenced by the cultural desire of most African racial ethnic groups' inclination to have a fuller gluteal contour, this could also explain the higher desire to repeat the procedure noted in our cohort, where, even modest resorption of grafted fat may be perceived as a loss of value, motivating patients to seek additional interventions. A study by de Runz *et al.* reported an even higher likelihood of repeat procedures, though their participants underwent an additional lower body lift, which may have influenced their responses, possibly due to increased aesthetic expectations from more complex surgeries (6).

Up to 41.5% of our respondents expressed reluctance to the desire for a re-do operation, this may stem from patients feeling of satisfaction with results or to have achieved desirable results, reducing the need for further interventions. It could also reflect awareness of cost, risks, or the invasiveness of a second procedure, although this relation is only but an assumption, requiring a further analysis.

Marital status stood out as a significant factor with divorced participants more likely than married or single respondents, to desire a second procedure (Figure 4). While causality can't be assumed, this trend may reflect a deeper link between body image, identity, and psychosocial reinvention following divorce or separation (12,13). Future research,

especially with a qualitative lens, may better capture these nuanced motivations.

Satisfaction with outcome; Interestingly, respondent who expressed satisfaction with psychosexual and aesthetic outcomes were less likely to desire further surgery, aligning with research showing that congruence between internal body image and surgical outcome reduces procedural regret (5,14), also patients who feel content with initial results are less likely to seek further changes.

Repeat procedures has cost implication, thus our findings underscore the importance of, educating patients about fat retention and expected outcomes to address expectations, and the likelihood for repeat operation. A culturally sensitive preoperative counseling and management of expectation in terms of a practically achievable outcome in a single operation especially for certain African ethnic groups that require a fuller buttock contour. Assessing psychosocial background for body dysmorphia can help set realistic goals and improve long-term satisfaction.

CONCLUSION

Nearly one-third of patients undergoing Brazilian butt lift in Nairobi will express desire to undergo repeat procedures. This emphasizes the need for preoperative education regarding fat resorption, aesthetic limitations of a single operation, and the potential for multiple interventions.

Emphasis on the importance of pre-operative counselling and education to manage expectations to improve outcomes satisfaction and compliance.

Tailored counseling based on social background—such as marital status—may further optimize outcomes and patient satisfaction.

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