

Pan-African Journal of Plastic Reconstructive and Aesthetic Surgery Vol. 2 No. 4 December 2025

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ABSTRACT

Background: Patient recommendation is a key marker of satisfaction in aesthetic surgery. For gluteal fat grafting, commonly referred to as Brazilian butt lift (BBL), patient recommendation may reflect their satisfaction with appearance, psychological well-being and the overall surgical experience. Despite rising practice of buttock lift in Africa, global data on patient recommendation remains undocumented, we therefore conducted a pioneer study on patient reports on their likelihood to recommend this procedure to others.

Objectives: To assess the likelihood of patients who underwent autologous gluteal fat grafting (AFG) in Nairobi to recommend this procedure to others who would be interested. We also assessed and identified factors likely to influence this decision.

Study design: This was a multicenter prospective cohort, Patient Reported Outcome (PRO) survey in Nairobi - Kenya.

Setting: This study was carried out in four private facilities located within Nairobi-Kenya.

Subjects/Participants: Forty-seven eligible participants were selected by consecutive non-random sampling and recruited during consultative clinic visits over a period of seven months; these were mostly women who presented requesting for buttock enhancement surgery for the first time and were surgical candidates. Subjects meeting the selection criteria were recruited and then followed up for six-months, after which we then carried out an assessment of the patients' experience and likelihood to recommend this procedure to others, employing the BODY-Q™ for buttocks and a five-point Likert scale questionnaire respectively to evaluate aesthetic, psychosexual, and quality-of-life outcomes and likelihood to recommend the procedure to others seeking the same service within Nairobi-Kenya.

Spearman's correlation was used for analysis of ordinal data.

Results: 90.2% are likely to recommend the procedure. Positive correlations emerged with satisfaction in skin appearance ($r=0.407$), psychosexual life ($r=0.460$), and quality of life ($r=0.525$).

Conclusion: High recommendation rates suggest strong psychosexual and aesthetic benefits of butt lift procedure.

Key words: Recommendation for Buttock lift, Autologous fat Grafting, Brazilian butt lift (BBL), Gluteal enhancement.

INTRODUCTION

In aesthetic surgery, a patient's willingness to recommend a procedure is a telling indicator of satisfaction, often capturing more than just physical outcomes. It reflects emotional, social,

and psychological well-being of the patient (1). Among such aesthetic procedures, autologous fat grafting (AFG) — popularly known as the Brazilian Butt Lift (BBL) — has gained significant traction worldwide over the years due to its natural results and avoidance of procurement cost and complications

associated with implants. Nairobi, like many urban centers in sub-Saharan Africa, has seen a notable rise in autologous fat grafting procedures for gluteal enhancement, driven by evolving beauty standards, peer influence, and social media exposure (2–4).

Despite the growing popularity of buttock enhancement using autologous fat, there is still limited local data on how patients perceive outcomes beyond just volume and shape enhancement, on which much of the global literature focuses on in relation to graft retention and complication rates (5,6), with fewer studies considering subjective factors (7,8). Understanding these elements is crucial for tailoring preoperative counselling, improving surgical outcomes, and contextualizing body image goals within the region's unique cultural landscape. It also helps shift the focus from purely anatomical success of the procedure, to more holistic measures of patient well-being, satisfaction and their response to outcomes.

In this study, we examined the willingness of patients in Nairobi who have undergone the butt lift procedure using autologous fat, to recommend the same procedure to others seeking the service. We also explore which outcomes — whether physical or emotional — most influence this willingness to recommend this procedure.

MATERIALS AND METHODS

Study Design and Setting

This was a prospective cohort study conducted at four certified aesthetic surgery centers in Nairobi-Kenya. We recruited a total of forty-seven respondents during clinic consultation point, we used consecutive non-random sampling, due to our finite population dictated by the limited span of time for which this study was conducted. Respondents who met our eligibility criteria were presented with consent forms.

Study Participants

The study included patients who underwent primary AFG at the four private surgical centers that provided the service. Only those with no prior gluteal procedures or deformities were enrolled. All participants gave informed consent to participate in the study.

We then followed up all the forty-seven respondents that were recruited to the study, for six months postoperatively to evaluate outcomes and satisfaction. However, out the number recruited, six participants

were lost to follow-up, three of whom kept postponing their response and were eventually left out, two of them could not be accessed through the contact information they provided and one of them declined to provide the response.

Data Collection Tools

We obtained patient reported outcomes using two tools: the BODY-Q™ for buttocks, which assessed satisfaction with appearance of the buttocks, and secondly a customized Five-point Likert scale which assessed overall satisfaction, psychosocial impact of the procedure, and quality of life. The last question of the Likert scale was modified to gauge the patient's likelihood to recommend the procedure. The question, "How likely will you recommend this procedure to others?" was graded based on the likelihood, from (1 = Very unlikely, 2 = Unlikely, 3 = Neutral, 4 = Likely, 5 = Very likely).

Data Analysis:

Data were analyzed using International Business Machines Corporation's (IBM) software; Statistical Package for the Social Sciences (SPSS) Version 25. Descriptive statistics summarized patient demographics, while Spearman's rank correlation assessed links between satisfaction domains and willingness to recommend the procedure, due to the ordinal nature of these responses. Categorical variables were analyzed using frequencies and percentages. A p-value of <0.05 was considered statistically significant.

Ethical Consideration

This study obtained ethical approval from the Kenyatta National Hospital–University of Nairobi Ethics and Research Committee (KNH-UoN ERC). Signed permission obtained from all the private facilities to access patient information. All our participants were recruited having provided written informed consent prior.

RESULTS

Patient Demographic

The study thus included 41 respondents (40 female, 1 male), with a mean age of 32.6 ± 6.4 years and a mean Body Mass Index (BMI) of 27.3 kg/m^2 . Details of participant's characteristics are presented in (Table 1).

Table 1: Participant Characteristics (N = 41).

Characteristic	Value
Age (years)	32.6 ± 6.4
Height (cm)	165.1 ± 5.7
Weight (kg)	74.2 ± 9.8
BMI (kg/m ²)	27.3 ± 3.1
Marital Status Category	Count (n) / Percentage (%)
Single	21 / 51.2
Married	16 / 39.0
Separated	4 / 9.8
Body Shape Category	Count (n) / Percentage (%)
Hourglass	13 / 31.7
Apple	10 / 24.4
Rectangle	9 / 22.0
Pear	6 / 14.6
Inverted Triangle	3 / 7.3

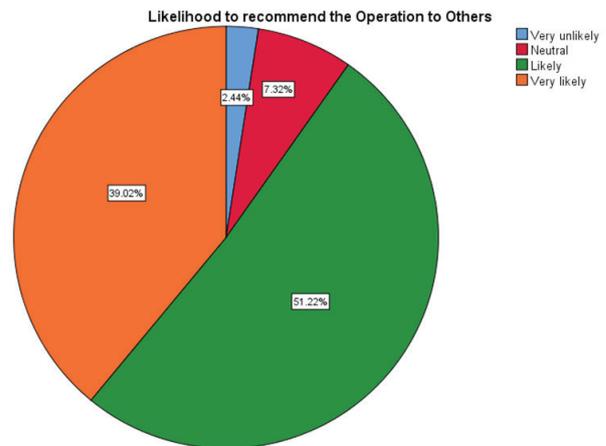
Showing various marital status proportion and percentages of each; most of the respondents were single, accounting for 51.2% and shown in the category in Table 1

Willingness to recommend the procedure.

The majority of respondents (90.2%, n = 37) were likely to recommend the procedure to other, with 51.22% reported likely and 39.02% were very likely to recommend the procedure, as represented in the pie chart (Figure 1). Chi square test revealed no statistically significant correlation between marital status, occupation and body shape with the likelihood to recommend the procedure to others (p = 0.717, 0.063, 0.538 respectively).

Spearman’s rank correlation coefficient analysis revealed that the willingness to recommend the procedure was positively and significantly associated with several factors. These included psychosexual satisfaction (r = 0.460, p = 0.002), overall quality of life (r = 0.525, p < 0.001), the appearance of buttock skin (r = 0.407, p = 0.008), and the smoothness of the buttocks (r = 0.368, p = 0.018).

Figure 1: A pie chart showing the likelihood of participants to recommend the operation to others



In contrast, satisfaction with the size and shape of the buttocks did not show a significant correlation with recommendation likelihood, suggesting that emotional and functional outcomes were more influential predictors.

DISCUSSION

This study found that most patients (90.2%) who underwent gluteal fat grafting in Nairobi were likely to recommend the procedure. This strong endorsement mirrors global findings where autologous fat grafting satisfaction rates are generally high (5,9). Importantly, the data shows that willingness to recommend wasn’t purely tied to size and or shape, Instead, the strongest drivers were satisfaction with the appearance of the buttock skin, quality of life, and psychosexual well-being — suggesting that emotional and functional outcomes hold more weight in how patients evaluate their experience and most likely their propensity to recommend this procedure.

These findings align with literature emphasizing that aesthetic surgery often provides psychosocial benefits, such as increased confidence and improved body image (7,10). In Nairobi, where body ideals may be shaped by both global beauty trends and local cultural values, this highlights the complexity of patient motivations (2), comprehension of this complexity demands that the surgeon must focus not only on the shape, volume / size, but the psychosexual impact, a likely factor of overall quality of life. The lack of a strong link between volumetric outcomes and recommendation likelihood underlines a key message: patients are not just seeking physical change — they want to feel better about themselves as well.

Using tools like the Likert scale allowed for a broader assessment of outcome satisfaction, capturing aspects beyond the physical and anatomic changes. These results support the need for in-depth preoperative consultations that address not just aesthetic expectations, but also emotional and relational goals.

While the sample size limits broader generalization, this study adds a valuable East African perspective to global AFG literature, we acknowledge however that, this study being a single region study, may present a limitation to the nature of factors that may influence the likelihood to recommend, and may fall short of effectively representing the entire population, considering the slight variation in cultural values.

Because we obtained patient reported outcomes and subjective self-report, the measure may be liable to reporting bias, although the utility of the standardized tools would minimize this bias, we additionally recommend future research to build on this by incorporating larger cohorts and qualitative interviews to further unpack the nuanced patient experiences that shape satisfaction and advocacy in cosmetic surgery.

CONCLUSION

Respondents showed a high willingness to recommend gluteal fat grafting procedure to others, driven more by psychosocial satisfaction than physical outcomes. These findings highlight the importance of addressing emotional goals pre-operatively in cosmetic surgery and support the use of patient-centered outcome tools in guiding care and managing expectations.

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