

# An Assessment of Current Research in Cosmetic Gluteoplasty and Buttock Contouring

Katherine Ventrella\*

Editorial Office, Plastic Surgery: Case Studies,  
Belgium

## Corresponding Author\*

Katherine Ventrella

Editorial Office, Plastic Surgery: Case Studies, Belgium E-mail:  
kventrella@hotmail.com

**Copyright:** ©2022 Ventrella, K. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 18-May-2022, Manuscript No. pscs-22-80185; **Editor assigned:** 20-May-2022, PreQC No. pscs-22-80185 (PQ); **Reviewed:** 03-Jun-2022, QC No. pscs-22-80185 (Q); **Revised:** 08-Jun-2022, Manuscript No. pscs-22-80185 (R); **Published:** 15-Jun-2022, DOI:10.37532/pscs.22.3.3.1

## Introduction

Being well-developed in the buttocks is a particular human characteristic that is absent in other primates. The buttocks are regarded as the foundation of female attractiveness and are a very significant part of a woman's sexuality. The breasts and the buttocks are two characteristics of femininity that haven't altered over time, despite the fact that the idea of female beauty has. The criteria for attractive buttocks have changed over time and between cultures and ethnicities. An increasing number of patients are requesting a deformity or irregularity to be corrected, as well as an aesthetic improvement of their buttock profile. The practice of buttock contouring is becoming more popular in both the media and medical settings. Over the past two decades, buttocks contouring surgery has seen a significant evolution.

In order to get the desired outcomes with buttock contouring, a careful patient assessment and surgical procedure selection are necessary. A growing number of patients are requesting it, which is why it is becoming more and more popular. There are numerous surgical techniques that can be employed singly or in combination. The degree of achievement and maintenance of good results will depend on how these processes are properly selected and combined. Refined surgical procedures, careful planning, a thorough analysis of the issue, and a proper patient selection all contribute to successful outcomes. In women, sexuality and beauty have long been represented by the shape and size of the gluteal area. Patients seeking gluteoplasty have increased dramatically during the past few years. In addition to other auxiliary treatments like liposuction, gluteoplasty can be accomplished with silicone implant insertion or autologous fat transfer. Extra body fat from donor sites is taken from other parts of the body. To give the buttocks more contour, the abdomen, hips, back, or thighs might be used as donor sites. A sophisticated liposuction procedure is used to carefully remove the fat cells, which are then carefully injected into the Buttock's various layers through tiny incisions. The alternative Buttock implants are less natural-looking than this approach. Patients prefer the concept of enhancing the form and volume of their rears with their own fat. There is no risk that the body will reject the fat cells after a fat transplant. However, the cells are delicate and need to be handled with caution and precision by a skilled buttock augmentation surgeon.

Since the dawn of time, the gluteal area has been acknowledged as a crucial secondary sexual trait, and it has a special place in the perception of beauty in all cultures. Numerous studies have investigated the morphology of the gluteal region in-depth and objectively, identifying the changes that occur there, particularly with ageing and weight increase and decrease. The upper and middle thirds of attractive buttocks should project the most, and they should be symmetrical and rounded. After conducting a thorough anthropometric investigation. For gluteal aesthetics, they listed four key criteria:

1. When the greater trochanter is at its deepest point, the lateral aspect of each buttock forms a hollow.
2. A horizontal crease that extends laterally under the ischia tuberosity and has a slight upward concavity is called the infragluteal fold. It originates from the median gluteal crease.
3. The medial sacral crest is surrounded by two hollows called supragluteal fosses. They are made up of the multifidus muscle in the middle and the posterior superior iliac spine.
4. Two lines that emerge in the gluteal crease's upper region and point in the direction of the supragluteal fosses form a V-shape.

Another trait that may help to produce attractive buttocks is lumbar hyperlordosis. The trochanteric/hip region, the inner thigh, and the lower lumbar regions are perigluteal areas that should be included in a beautiful gluteal contour. To improve the gluteal region's contour, numerous surgical methods have been tried. These operations include liposuction, lip filling, the use of silicone implants, or the application of regional dermofacial flaps. In addition to these "invasive" operations, less invasive methods like the thread lift and end peel gastropexy are also utilized to enhance the gluteal area's contour. But most of the time, no one surgery can deliver the best results or fulfill the expectations of the patient or the physician.

Square-shaped buttocks are caused by the buildup of extra fat in the perigluteal areas. The normal supragluteal fosses and the V-shaped crease are disturbed by the paralumbar and supragluteal fat buildup, which also partially conceals the gluteal prominence. The normal infragluteal fold is hidden by lipodystrophy at the intergluteal region. The natural depression of these places is concealed and given a distorted look by fat that has accumulated in the hip and trochanteric region. After some processing, the aspirated fat is re-injected into the buttocks for augmentation during liposculpture, which also involves the removal of extra fat from perigluteal tissues.

The safe and effective surgical repair of contour malformations is now possible thanks to advancements in surgical procedures during the past century. The parts of the trunk, buttocks, and thighs are those where patients are more interested and where the surgical technique has been modified. Recently, there has been a rise in patients seeking buttock augmentation and shape restoration in particular. Buttock implants have not been widely accepted by surgeons and patients due to a number of issues and challenges that have been linked to them. Buttock volume can be moderately increased by lip grafting, although ptosis is not directly addressed by this treatment. A number of adipocutaneous flaps have also been used as an alternative to address gluteal augmentation in various contexts.

The optimal flap should be adaptable, unaffected by vascular issues, and provide the most projection at the midlevel of the buttocks. In order to prevent a flattened buttocks contour in patients undergoing bariatric and cosmetic surgery with lower body lifts, the authors reported a series of 50 turnover dermal fat flaps for buttock augmentation. In light of this experience, a unique technique for isolated buttock lift with auto prosthesis augmentation was created for patients looking for aesthetic enhancement and gluteal ptosis correction. A frequent plastic surgery procedure is the employment of regional adipocutaneous flaps to cover lumbosacral abnormalities. An autologous buttock implant that provides more projection was made using these concepts. From the sacrum to the lateral buttocks, there is a bilateral seagull incision. For a buttock lift, excess tissue is indicated for removal. To serve as an autologous buttock implant, a perforator-based dermal fat flap coming from the regularly removed supragluteal tissue is rotated caudally.

**Cite this article:** Ventrella, K. An Assessment of Current Research in Cosmetic Gluteoplasty and Buttock Contouring. J. Plast Surg: Case Stud. 3(3), 2022, 001.