Q & A

A Conversation on Aesthetic Volume Restoration & Regenerative Treatment With
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Lipoderma™: Advancing Aesthetic Volume Restoration

What is Lipoderma and what are its key characteristics?

Lipoderma is a cryopreserved human adipose allograft. It is aseptically processed without irradiation, removing immunogenic components while preserving the extracellular matrix, growth factors, and intact adipocytes— the essential elements for natural tissue restoration, often referred to by plastic surgeons as the 'good stuff.'

Which patient types or anatomical areas are best suited for Lipoderma?

Lipoderma can be applied anywhere a patient has their own fat and a vascularized bed. Applications are limitless.

The advent of GLP-1 medications has launched a massive weight loss movement, with patients now appreciating the sequelae of lipoatrophy in unintended areas like the face and breast. Weight loss after a body contouring procedure like a facelift or liposuction also diminishes the longevity of the surgical results. An in-clinic injectable that is adipose tissue-based allows selective, targeted volume restoration without requiring a return to the operating room or an additional donor site. As a society, we are in our ***regenerative era***; we are seeking restoration, not over-correction, and natural, subtle results.

Who is not a good candidate for Lipoderma?

Contraindications are minimal and are outlined in the product insert. Patients with active infection or known allergies to trace reagents used in processing should not receive treatment.

What is the typical procedure like in terms of anesthesia, technique, and downtime?

The procedure is performed in the office under local anesthesia. A small entry site is created, and the graft is delivered via a blunt-tip cannula. Patients may experience minor

bruising or swelling at the injection site, but downtime is minimal. Lipoderma is pH neutral and does not require mixing with lidocaine or saline. Thus, a 1:1 correction can be achieved with patients appreciating results immediately after injection and sustained at 6 months (we have been using Lipoderma since March 2025 and now have 6-month data).

What has been your experience with Lipoderma outcomes? What results and duration can patients expect?

Patients appreciate visible correction immediately after injection, with sustained results at six months and likely beyond. In addition to volume restoration, paracrine effects from the intact adipose structure may further support tissue health over time.

How does Lipoderma compare to autologous fat in terms of procedure, predictability, and long-term outcomes?

In my practice, Lipoderma behaves just like autologous fat grafting, with a more realistic correction achieved since my injection microribbons do not contain lidocaine or residual tumescent solution (Lipoderma is harvested atraumatically from the donor, not by liposuction).

How does Lipoderma differ from traditional fillers or other adipose-derived products?

Lipoderma addresses the volume deficit at hand—fat loss should be corrected with FAT, not hyaluronic acids (a temporary fix) or agents that simply boost neocollagenesis. The first principle of plastic surgery is to replace like with like, and Lipoderma makes physiologic sense. As for other adipose allograft products on the market, time will tell how they differentiate themselves and where they fit in. Structurally and functionally, Lipoderma is an adipose-derived product that fully retains the native composition of adipose tissue, consisting of approximately 90% adipocytes and 10% extracellular matrix (ECM).

How do you decide between using fillers, autologous fat, or Lipoderma?

If I have a paucity of fat, I use an adipose-derived product to correct the defect (not a hyaluronic acid or product that promotes neocollagenesis). Lipoderma is an in-clinic alternative to small volume autologous fat grafting, but without the donor site.

Q & A: Aesthetic Volume Restoration & Lipoderma™

Have you observed any complications or adverse reactions with Lipoderma?

No. In my experience to date, Lipoderma has been well-tolerated, with only expected minor injection-site effects such as temporary swelling or bruising.

How has adding Lipoderma to your practice changed your approach to volume restoration?

It has expanded my in-clinic options for volume restoration, giving patients a biologic, adipose-based alternative that doesn't require a trip to the operating room. In addition to providing immediate correction, I've also observed paracrine effects that support tissue regeneration, which adds another layer of value to treatment outcomes.