Preface

Robert F. Centeno, MD, MBA, FACS

Constantino G. Mendieta, MD, FACS, FICS

Editors

A decade ago, the publication of the *Clinics in Plastic Surgery* “Gluteal Augmentation” issue, edited by V. Leroy Young, MD and Thomas Roberts, MD, helped to usher in a new era for this heretofore uncommonly performed procedure. The publication and US-based teaching courses helped gluteal augmentation to become part of the mainstream of plastic surgery procedures in the United States and solidified its place abroad. Our esteemed colleagues in Central and South America as well as US-based plastic surgeons valiantly took up the charge to not only improve upon the work of early pioneers but also bring a more rigorous approach to delivering consistent and safe outcomes to our patients.

During the ensuing time, the aesthetic surgery patients’ demand for gluteal augmentation procedures here in the United States has eclipsed anything that we could have predicted. In 2017, gluteal augmentation was the fastest growing procedure in aesthetic surgery. By necessity, this procedure has become part of the armamentarium of virtually all plastic surgeons today. Demographic changes, media awareness, and “pop” culture influencers will likely ensure that gluteal augmentation remains a regularly requested procedure in the future.

While significant progress has been made, due to anatomical and device associated limitations, gluteal augmentation remains a technically demanding procedure. A thorough knowledge of all the available techniques, clinical anatomy,

and management strategies is critical to successful outcomes and high patient satisfaction. Recently published mortality data associated with the popular autologous fat transfer procedure have given us pause regarding the widespread adoption of this procedure. As with any aesthetic surgery procedure, in untrained hands, gluteal augmentation of any kind can be potentially harmful to the patients entrusted to our care.

This *Clinics in Plastic Surgery* Gluteal Augmentation issue is certain to become a valuable addition to the aesthetic surgery literature and help to further improve the outcomes associated with aesthetic gluteal-contouring procedures. Toward that end, this issue includes access to procedural videos to supplement the articles. We have also included multiple articles for the most popular procedures so that the reader can glean the commonly accepted principles and identify the nuances that may lead to safer and more refined outcomes. While you are perusing the articles, there are a few emerging themes that should be noted. As our gluteal-contouring practices have all matured, the authors uniformly emphasize prioritizing improving gluteal shape or contour over size. Large, poorly shaped buttocks rarely meet anyone’s aesthetic ideals. Furthermore, irrespective of technique used, increasing buttock size or patient body mass index seems to be associated with increasing complications. Notably in this issue, most authors openly

discuss combining different techniques to further refine outcomes and to address shortcomings inherent to their preferred technique. The importance of meticulous technique and patient management in aesthetic gluteal contouring cannot be overstated.

We would like to thank each of the authors for their commitment to furthering this body of work as well as their generosity in sharing it with their colleagues. Finally, we would like to thank our families, spouses, partners, and editors for their forbearance in bringing this work to fruition.

Robert F. Centeno, MD, MBA, FACS
Department of Plastic Surgery
The Ohio State University
Columbus Institute of Plastic Surgery
6499 East Broad Street, Suite 130
Columbus, OH 43213, USA

Constantino G. Mendieta, MD, FACS, FICS
Private Practice, 2310 South Dixie Highway
Miami, FL 33133, USA

E-mail addresses:

drcenteno@instituteplasticsurgery.com (R.F. Centeno)

DrMendieta@4beauty.net (C.G. Mendieta)