Dr. Sameer Jejurikar - Brazilian Butt Lift Specialist from Dallas, Texas. Q&A

Dr. Sameer Jejurikar
dallaspasticsurgery.com
buttliftdallas.com
sameerjejurikarmd.com

Contact:
Sameer Jejurikar, MD
214-827-2814

Interview conducted by:
Lynn Fosse, Senior Editor
CEOCFO Magazine

CEOCFO: Would you give us a bit of background on your career and The Dallas Plastic Surgery Institute?

Sameer Jejurikar: My journey toward becoming a plastic surgeon started when I was young, as I had a passion for science, art and working on projects with my hands. Once I was in medical school at the University of Michigan, although I had exposure to every surgical specialty, I was drawn to the skill and creativity needed to be a plastic surgeon. I trained in plastic surgery at the University of Michigan, considered to be one of the finest departments of plastic surgery in the United States, and then went to NYU and Manhattan Eye, Ear and Throat Hospital, where I focused on my specialty of aesthetic surgery.

I was blessed to be recruited to join Dallas Plastic Surgery Institute, which is an internationally famous group that was founded by giants of plastic surgery. As part of this group, I run my own plastic surgery practice, but have the benefits of group practice, namely supportive and skilled partners, as well as shared overhead. As part of this group, we have our own surgery center, overnight recovery facility and skin care center.

CEOCFO: You offer a wide range of services. How did the Brazilian Butt lift become a specialty?

Sameer Jejurikar: My specialty in Brazilian Butt Lifts arose somewhat serendipitously. I first did the operation more than 10 years ago, before it had gained widespread popularity in this country. The results were good, and soon, I started getting more patients through word of mouth. Once the operation really became popular in this country, I essentially had a head start on everyone else in the community.

I’ve stayed busy doing this operation because I’m truly passionate about it. As far as I can tell, this is pretty much the only operation we do that makes fat desirable! With this procedure, I can move fat from unwanted places and put it in a place where people actually like it. As they gain weight, the transplanted fat grows and actually makes their butts look bigger and rounder. This is the only circumstance of which I know when gaining fat actually improves your appearance!

CEOCFO: What do you understand about that procedure that perhaps less experienced surgeons do not?

Sameer Jejurikar: The most important issue in regards to Brazilian Butt Lifts is safety, and, the more you do, the more you become attuned to the importance of preventing horrible complications. As you know, it’s not uncommon to hear reports of patients dying after Brazilian Butt Lifts; there have been seven reported cases of fatality in Miami alone in the past 1-2 years. This is obviously incredibly alarming. The deaths are the result of mechanical trauma to deep veins deep to the gluteus maximus, with subsequent high injection of fat cells into these veins. This leads to a phenomenon known as macroscopic pulmonary fat embolism, in which fat cells travel through the circulation to the lungs and essentially clog...
them, preventing normal oxygen delivery and death. The frequency of death is unknown, but it's thought to be quite high; somewhere around 1 in 2500-6000 cases, making this the deadliest operation in plastic surgery.

These deaths are preventable and, with more experience, a surgeon becomes more familiar with safe technique. Because of my experience, I have been named to the International Multi-Society Buttock Fat Grafting Safety Task Force. This task force has brought together some of the busiest gluteal fat grafting surgeons in the world to see if they can come to a consensus on safe practices. This specifically will give guidance to surgeons in regards to safe and dangerous places to inject within the buttock, which planes of injection to use when injecting, and which cannulas to use when injecting. We've had a lot of productive dialogue and very soon will be able to offer some specific guidelines to surgeons throughout the world, which hopefully will limit preventable deaths moving forward.

**CEOCFO: How does art meet science in your work?**
**Sameer Jejurikar:** Plastic Surgery truly is a blending of art and science. The science part is obvious. Without a thorough and complete knowledge of human anatomy, no plastic surgeon could do what he does. The artistry really comes out in attention to detail. Plastic surgery requires me to be meticulous, to obsess over every last detail to make sure that the final results meet my expectations, not to mention the patients'. Mathematics is also incredibly important, both in plastic surgery and art. The best example is Leonardo da Vinci’s Vitruvian man, which demonstrates the Golden Ratio. Beauty in many ways can be broken down into a series of mathematical ratios, whether or not we recognize it. These ratios come into play in facial aesthetic surgery as well as in breast and body contouring surgery, particularly when trying to transform the female body to make it more curvaceous.

“Plastic Surgery truly is a blending of art and science. The science part is obvious. Without a thorough and complete knowledge of human anatomy, no plastic surgeon could do what he does. The artistry really comes out in attention to detail.” – Dr. Sameer Jejurikar

**CEOCFO: How do you stay on top of new procedures, materials, instruments, even trends, to provide the best options for your patients?**
**Sameer Jejurikar:** Education never ceases. Luckily for me, because I speak at so many meetings, I also have the opportunity to attend the meetings. At meetings, I get the opportunity to learn directly from innovative plastic surgeons from throughout the world. As I get more experienced, though, I’ve learned to balance my desire to try the “latest and greatest” technique with methods I know to be tried and true. Using the newest technologies and techniques with procedures that I know to be safe and effective is what truly allows me to get the best results for my patients.

**CEOCFO: When did you recognize that plastic surgery was the right for you?**
**Sameer Jejurikar:** I knew in medical school that I wanted to be a plastic surgeon because, early on, I recognized that, as a plastic surgeon, I could bring ideas to life every single day. I have the amazing opportunity to discuss with people, on a daily basis, the things they most want to change about their appearance. It may be a woman wanting a smaller tummy after pregnancy, an older man wanting to look more youthful, or a patient wishing to have a bigger butt. Regardless of their complaint, I get to help that patient figure out a plan that will correct what’s bothering them, whether it’s a tummy tuck, Botox or a Brazilian Butt Lift. I then get to perform a procedure on that patient and, over the ensuing weeks, I get to see our surgical plans come to fruition. It’s really a magical thing and I get to experience it every day.

**CEOCFO: What surprises you about plastic surgery today?**
**Sameer Jejurikar:** The rise of noninvasive procedures has blown me away. Nonsurgical treatments have improved considerably in the last decade and really have revolutionized algorithms for performing facial cosmetic surgery. Instead of having to perform facial rejuvenation surgery on every patient who wants to look younger, I can utilize Botox and injectable dermal fillers such as Juvederm and Radiesse to fill their faces and to eliminate wrinkles. Additional treatments such as Platelet Rich Plasma and microneedling now allow me to resurface their skin with relatively minimal downtime; a day or two, as compared to the 2 or 3 weeks old fashioned lasers caused patients to be down. Noninvasive procedures are definitely delaying the need for facial cosmetic surgery and, in some instances, preventing the need altogether.

**CEOCFO: Making such a positive change in someone’s life has to be rewarding! What are your feelings when you see what you have done for a patient?**
**Sameer Jejurikar:** It’s exhilarating to make a positive change in someone’s life, regardless of whether it’s through an act of kindness or through performing surgery. It makes you feel as though you’ve truly made the world a better place.
you see a patient who’s particularly happy after a surgical procedure, though, it provides an additional layer of satisfaction, knowing that it took years of training and highly honed skills to yield that patient’s results.

**CEOCFO:** You specialize Gluteal augmentation with fat, most commonly known as a “Brazilian Butt Lift”. Please describe on a high-level this procedure for me, and why it was named after Brazilians.

**Sameer Jejurikar:** The Brazilian Butt Lift involves transferring adipocytes, or fat cells, from unwanted places to a desirable one – the butt. Although patient’s focus on the obvious benefits of creating a bigger butt, the greatest thing this operation does is the transform a patient’s body shape. By using liposuction to eliminate fat from the abdomen, love handles and lower back, I can usually shrink a patient’s waist. By adding that fat to the buttocks and outer thighs, I can generate volume and curves. The combination of waist cinching and fat addition to the buttock and thighs can create a curvy body shape that patients previously could only dream about. We can transform a patient with a boxy or square shaped frame into one with an hourglass silhouette.

So how do we do the procedure? We start off with liposuction. I always focus on performing liposuction of the abdomen, love handles and lower back. The fat is collected into a sterile canister. The fat separates from plasma and oil, both of which are passively drained off. We then inject the purified fat into the buttock using an automated system that allows for low pressure injection. Care is taken to ensure that we avoid deep veins to prevent fatal complications.

In regards to the origins of the name of the procedure, that’s a little controversial. The procedure did start in Central and South America, with Brazil being one of the first countries in which it gained popularity. So that’s definitely a possibility for the name. I actually attribute the name though to the cultural phenomenon we’ve seen over the past few years. It used to be that we considered the ideal female form to be relatively straight. It wouldn’t be uncommon in Dallas, where I practice, to have patients with tiny waists, tiny butts and large breasts. It’s not a very natural look. In Brazil, however, there’s always been an acceptance of the natural female form, which includes curves. As this has gained greater popularity in the U.S., we now strive to add volume to the buttock and thighs, creating a much more natural look, which has always been the norm in the Brazil. That’s the reason why it’s coined a “Brazilian Butt Lift” – we are now creating the look in this country that has always been ideal there.

**CEOCFO:** What would you say is the most frequent misconception patients have about the buttock augmentation procedure and results from a surgery like this?

**Sameer Jejurikar:** In my opinion, there are two big misconceptions with Brazilian Butt Lifts. The first is achieving realistic results with the procedure. Patients often come to me with wish pictures of celebrities or other people from the Internet. So often, the patients are overweight whereas the people in the wish pictures are thin. Often, the desired results are super tiny waists and massive buttocks. For patients that are obese, this is not achievable. Liposuction, which is a big part of Brazilian Butt Lifts, is great for sculpting areas of problem fat; it can’t make someone skinny. If a patient is overweight and wants to be smaller, great results only come from losing weight first and then having liposuction.

The other misconception is about fat disappearing after surgery. With a Brazilian Butt Lift, fat cells get transferred to a new location and then require new blood vessels to grow into those fat cells for them to survive the transfer. Not unexpectedly, a certain percentage of those fat cells, usually 30-40%, do not survive. You can generally get a pretty good idea of percentage of fat cell survival about 3 months post-op. In order to promote fat cell survival, we need a low-pressure environment for the transplanted fat cells. That means not overfilling the buttock at the time of surgery, and then no sitting or laying on the buttock whatsoever for the first couple of weeks after surgery. Once the fat cells have taken, though they generally survive. That does not mean, however, that the buttock won’t shrink or swell in size. Because we’ve used fat to perform the transfer, the results are dynamic; if someone gains weight due to inactivity or overeating, their fat cells will swell and the buttock will increase in size. Conversely, if someone loses weight because of exercise or disciplined eating, their fat cells and buttock will shrink. So many people come in a year or two after their surgery telling me their buttocks are shrinking, when really, they’re just losing weight.

**CEOCFO:** What is your role with the Inter-Society Buttock Fat Grafting Safety Task Force? For what purpose was the task force designed for?

**Sameer Jejurikar:** As I mentioned earlier, the death rate with Brazilian Butt Lifts is alarmingly high. Because, rightly so, the plastic surgery community is alarmed by this, the American Society of Plastic Surgeons (ASAPS), American Society for Aesthetic Plastic Surgery (ASAPS), International Society of Aesthetic Plastic Surgeons (ISAPS), International Federation for Adipose Therapeutics and Science (IFATS), and International Society of Plastic and Regenerative Surgeons (ISPRS) have formed a joint task force to review the problem. This multi-country task force is made up 18 plastic surgeons, representing an unprecedented collaboration among respected experts in gluteal fat grafting. The committee is chaired by
Peter Rubin, MD, of the University of Pittsburgh. I am proud to be one of the members representing the ASPS. Our goal is to come up with specific recommendations to guide surgeons to perform this procedure effectively and safely. In addition to making preliminary recommendations, the aim of the committee is to perform anatomic studies to help guide surgeons select appropriate access incisions for fat injection, as well as appropriate angles of injection and planes of injection.

CEOCFO: *What, if any, presentations do you have coming up for the 2018 year?*

Sameer Jejurikar: I actually just presented on a panel focused on safety with gluteal fat grafting 2 months ago at the American Society of Plastic Surgeons meeting in Orlando, Florida; this is the largest plastic surgery meeting in the world. In addition to that, I have a few presentations in the foreseeable future. Next month, I’m speaking at the Dallas Cosmetic Symposium, which is a very large international meeting in my hometown. I’ll be on a panel on Brazilian Butt Lifts, discussing optimal planes of injection for fat within the buttock. In April, I’ll be speaking on a panel on fat grafting at the American Association of Plastic Surgeons meeting in Seattle, discussing my experience as a high volume fat injector into the buttock. This is considered to be one of the most prestigious meetings in Plastic Surgery and I’m honored to have been invited to speak. In May, my patient series will be presented by a fellow in plastic surgery at the American Society for Aesthetic Plastic Surgery Meeting in New York City, which is the largest plastic surgery meeting focused on just cosmetic surgery.

CEOCFO: *Do you have a social media presence? What platforms can our readers connect with you on?*

Sameer Jejurikar: Absolutely! I’m on [Twitter](https://twitter.com), [LinkedIn](https://www.linkedin.com), [Behance](https://www.behance.net) and [Facebook](https://www.facebook.com)!