BUCCAL FAT PAD EXCISION PATIENT HANDOUT

What Is Buccal Fat Pad Excision?

Buccal fat pad excision (also called bichectomy or cheek reduction surgery) is a cosmetic surgical procedure that removes a portion of the naturally occurring fat pads located deep within the lower cheeks.The goal is to reduce fullness in the cheek hollow area, creating a more sculpted, defined facial contour and enhancing the appearance of the cheekbones and jawline.

The buccal fat pad (also known as Bichat's fat pad) is a complex anatomical structure nestled between the facial muscles. Everyone has buccal fat, but the size varies considerably from person to person. For some individuals, prominent buccal fat pads create a persistently round or "baby-faced" appearance that cannot be changed with diet or exercise.

Am I a Good Candidate?

The ideal candidate for this procedure:

- Has prominent buccal fat pads causing disproportionate cheek fullness
- Has well-defined, prominent cheekbones that are masked by round cheeks
- Is at or near a stable, healthy weight
- Is in good general health with no active oral infections or bleeding disorders
- Has realistic expectations about surgical outcomes

This procedure is generally NOT recommended for:

- Individuals with thin, narrow faces because fat removal may create a gaunt, hollowed appearance with age
- Those planning significant weight loss after surgery, as this can compound facial volume loss
- Patients with malar (cheekbone) hypoplasia — buccal fat excision is not a substitute for cheek augmentation
- Patients with active oral infections, bleeding disorders, or certain autoimmune conditions

The Procedure

Buccal fat pad excision is typically performed as a short outpatient procedure, usually taking less than one hour.

How it is done:

- Performed under general anaesthesia or local anaesthesia, with or without sedation
- A small incision is made inside the mouth on the inner cheek. There are no external scars on the skin
- A carefully controlled portion of the fat pad is gently removed
- The incision is closed with dissolvable sutures, no suture removal is needed
- You go home the same day

Recovery: What to Expect

First few days:

- Swelling, mild bruising, and discomfort are normal and expected
- A soft or liquid diet is recommended initially; avoid hard, crunchy, or spicy foods
- Keep the incision site clean as directed by your surgeon

First 1–2 weeks:

- Most patients feel comfortable returning to sedentary work or light activities within 1–2 weeks
- Avoid strenuous exercise for several weeks to allow full healing
- Attend all scheduled follow-up appointments

Final results:

- Swelling can take several weeks to 3-6 months to fully resolve before final results are visible
- The results are permanent — the buccal fat does not regenerate after removal

Risks and Complications

One in four patients undergoing buccal fat pad removal experiences some form of postoperative complication. It is important to understand these risks before proceeding.

Common (temporary) complications:

- Swelling (edema) — most common, affects up to 38% of patients
- Jaw stiffness (trismus) — affects approximately 30% of patients
- Pain beyond normal recovery — affects approximately 19% of patients

Less common complications:

- Facial asymmetry — affects approximately 11–12% of patients and may be permanent
- Infection
- Hematoma (blood collection)

Rare but serious complications:

- Injury to branches of the facial nerve — can cause temporary or permanent muscle weakness around the mout
- Parotid (salivary) duct injury
- Numbness or altered sensation in the cheek area

Long-term aesthetic risk — ageing:

Perhaps the most important long-term consideration is the effect on facial ageing. Facial fat naturally decreases with age. Buccal fat removal performed on younger patients may lead to a prematurely hollowed or gaunt appearance in later decades, particularly from the 30s and 40s onward. This is why careful patient selection and an experienced surgeon are essential.

Important Things to Know Before You Decide

- Results are permanent. The removed fat does not grow back. Think carefully about how your face may look in 10–20 years.
- This is a cosmetic procedure. It is not covered by provincial health insurance (OHIP) in Ontario. All costs including any revision surgery if needed are your responsibility.
- Choosing the right surgeon matters. The buccal fat pad sits adjacent to the facial nerve and parotid duct. Complication rates are significantly reduced when the procedure is performed by a surgeon with specific expertise in facial anatomy.
- Revision surgery is possible but not guaranteed. If you are unhappy with your results or develop asymmetry, correction may require fat grafting, a separate procedure.

Alternatives to Consider

If you are not a suitable surgical candidate, or prefer a less permanent approach, discuss the following options with your surgeon:

- Dermal filler contouring — strategic placement of fillers to create the illusion of a slimmer, more defined face (temporary, reversible)
- Botulinum toxin (Botox) to the masseter — reduces lower face width caused by muscle bulk, not fat
- Weight management — general facial slimming, though buccal fat is not significantly affected by diet or exercise

Questions to Ask Your Surgeon

- Am I a good candidate based on my face shape and age?
- How much fat do you plan to remove, and how will you ensure symmetry?
- What is your experience with this specific procedure?
- What does recovery involve, and when will I see my final results?
- What happens to my face as I age after this procedure?
- What are my options if I am unhappy with the results?

When to Contact Your Surgeon After the Procedure

Seek prompt medical attention if you experience:

- Increasing redness, warmth, or swelling around the incision site
- Fever or chills (possible signs of infection)
- Difficulty opening your mouth that is worsening rather than improving
- Asymmetry or changes in facial movement
- Any unusual discharge from the incision site

This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.