#### Letters to Editor

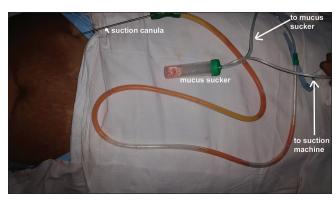


Figure 1: The working arrangement. The aspiration cannula is connected to a tube which drains fat into the mucous sucker. The suction is maintained by the tubing connected to the other opening in the mucous sucker



Figure 2: The infant mucus sucker showing aspirated fat

required. The powered suction apparatus is an option, but the aspirated fat goes directly to the suction bottle. One needs to buy a sterile, autoclavable container which is interposed in between the cannula and the machine so that the aspirated fat does not go directly to the suction machine.<sup>[2]</sup>

Our modification includes attaching the harvesting suction cannula to a sterile infant mucous sucker via a 2 cc syringe. The other end of this syringe is attached to the suction tubing. After suctioning, the fat gets accumulated in the mucous sucker [Figure 1]. We can then transfer it to the syringes for insertion after the receptacle is full [Figure 2].

The advantage of this modification is that it is easy to set up. It provides a disposable sterile receptacle, which is cheap at Rs. 40/unit. The capacity of the mucous sucker is 20 cc. We can harvest 150 to 200 cc of fat with less

# An alternative receptacle for fat harvest: The infant mucous sucker

Sir,

Fat grafting is a commonly performed aesthetic procedure. This involves harvesting fat under low pressure using syringe or high pressure using the suction machine.<sup>[1]</sup> For harvesting a small amount of fat, a low-pressure system using syringe is good enough. The usual method of harvesting fat graft with 10 or 20 cc syringes becomes tedious and repetitive if a larger amount of fat is

hassle. It is a cheap alternative to the sterile autoclavable and reusable container and is universally available.

### Financial support and sponsorship

Nil

#### **Conflicts of interest**

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website:
	www.ijps.org
	DOI:
	10.4103/0970-0358.182227

**How to cite this article**: Tripathy S, Rawat S, John JR, Sharma RK. An alternative receptacle for fat harvest: The infant mucous sucker. Indian J Plast Surg 2016;49:126-7.