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Everything to Know About Fat Banking, According to Top Plastic Surgeons

Elise Tabin | April 30, 2026



(Image credit: Getty Images)

There's no denying that we're in a new era of fat loss. Thanks to GLP-1s, achieving weight goals is easier and more realistic than ever before. But with weight loss comes volume loss, which can leave some body parts, particularly the face, looking sunken, hollow, and lacking a healthy glow. While fillers and biostimulators can help reverse the visible effects of volumetric changes associated with Ozempic face and butt, for years plastic surgeons have known the best-kept secret to replacing what's been lost: fat, the gold standard filler.

Not everyone who wants to drop a few pounds on the scale also wants to eradicate their precious facial, breast, and butt fat. Up until now, there have been two main schools of thought: either preserve as much fat beforehand by pacing out weight loss via a strategic, proactive approach or refill what's been lost. But what about harvesting your fat before it disappears and freezing it, a.k.a. fat banking, so that it's accessible for future aesthetic rejuvenation procedures?

Yes, this new fat storage approach is somewhat controversial. Some plastic surgeons believe that freezing extracted fat and using it later won't allow it to behave the same as freshly harvested fat; others feel differently. So, does the idea of storing fat to correct volume loss have potential?

Intrigued by the concept and curious to know everything about it—the good, the bad, and the ugly—I went straight to the experts. If you're considering using a GLP-1, are cycling one, or are on your own weight-loss journey and doing it the old-fashioned way but have concerns about what your face and body may look like once you've shed the weight, then keep reading. Ahead, find everything—and I mean *everything*—you need to know before committing to this newly available fat-preserving system.

What Is Fat Banking?

Simply put, fat banking—also known as adipose tissue banking— is exactly what it sounds like: storing your own fat for future use. “Plastic surgeons have been doing this for a while, but only recently has it become more of a possibility,” says board-certified plastic surgeon Kristy Hamilton, MD, who remembers once opening a medical-grade freezer during clinic and seeing multiple patients’ stored fat. The problem that has always existed, she shares, is that the viability of said fat was very, very low. The struggle has always been in the ‘take,’ meaning how the injected living cells regenerate and survive. “That’s why freshly transplanted fat is still the best option.”

So, what’s the reason for the sudden spotlight on fat banking, besides the fact that it’s new and sounds like something straight out of a sci-fi book? It’s an option for weight loss (and all cosmetic surgery) patients to future-proof their faces and bodies. According to dual-board-certified facial plastic surgeon Steven J. Pearlman, MD, it’s well known that losing weight can cause the face to appear drawn and even droopy. “So why not suction the fat out and save it while you can?”

Board-certified facial plastic surgeon Miguel Mascaró, MD, calls fat banking an interesting way to take fat, cryogenically freeze it, and later, bring it back to life. “In theory, the fat is *supposed* to stay alive.” Extracting and preserving healthy, ample fat prior to weight loss and the natural aging process gives patients an insurance policy, so to speak, that if certain areas of the face and/or body require future volumization, there’s no need to worry about not having enough fat to do so. “That is, however, if defrosting the tissue doesn’t destroy the fat cells or the tissue within the fat,” he adds.

With the rise of significant weight loss from GLP-1 medications, patients are starting to think ahead and ask how to preserve facial volume before they lose it, especially since hallowed out “Ozempic face” is so prevalent. “In an ideal world for GLP-1 patients, fat banking presents an amazing option because if someone is undergoing significant weight loss, they can bank their fat, hold onto it, and use it as needed,” Dr. Mascaró shares. “But it also could work for all types of patients in the future.”

How Does Fat Banking Work?

Fat banking follows many of the same procedural steps as traditional fat harvesting for fat grafting and transfer surgeries. A liposuction-like procedure removes fat from the inner thighs, belly, or love handles. Typically, fat transfer extracts a small enough amount of fat that it doesn’t make a difference to the naked eye. With fat banking, larger amounts of living fat tissue can be removed, so that, if necessary, multiple sessions of fat grafting can be done to achieve the desired result.

“Typically, when I harvest fat for a facelift, I’ll remove it and then wash and prep the fat before grafting it into the desired area,” Dr. Hamilton says. Any unused fat (most surgeons use up every drop of this premiere filling agent) is either disposed of or preserved for future use. “Now, we have a proprietary way of cryopreserving fat in a way that yields, basically, as close a match to fresh transfers,” she adds. Or at least that’s the claim.

That’s where the similarities pretty much end. With fat banking, the fat is labeled and then placed into a temperature-stable kit that’s shipped overnight to a specialized banking center lab,

where it is cleaned and processed to remove blood, debris, and any medication using proprietary technologies. From there, the tweaked fat is stored in an ultra-cold freezer, often utilizing liquid nitrogen at -190 degrees, to safely preserve it for later use. Dr. Pearlman points out that there is currently no uniformly recognized method for consistently freezing fat to obtain the most viability. When a patient is ready to have the fat transplanted, the lab is called, and their samples are shipped to their surgeon's office, ready for injection.

Who is a Good Candidate for Fat Banking?

In a perfect world, everyone and anyone who's trying to get a leg up on aging would consider fat banking. If there's ample fat to donate and a patient is healthy and not a smoker, fat banking seems like a shoo-in.

For now, fat banking seems to be most appealing to GLP-1 patients, especially if they expect to experience Ozempic face or deflation to their butt or breasts. It's also likely beneficial for anyone whose volume requirements exceed what can be accomplished in a single fat transfer session or who's looking to bank healthy young fat for use later in life, similar in concept to freezing your eggs. Dr. Hamilton adds that others like the idea of fat banking because, if one day in the United States there's a more open-minded approach towards stem cell therapies, they'll have a bank of young stem cells from a healthier point in their life.



(Image credit: Defyne Plastic Surgery)

What Are the Benefits of Freshly Harvested Fat Vs. Banked Fat?

Like standard fat grafting, Dr. Hamilton believes there's little downside to fat banking. "As plastic surgeons, we are used to doing liposuction and fat transfers. But the reason fat banking hasn't always been an option is a technology issue," she says. "What we are seeing is kind of like the revolution with egg freezing, which evolved and advanced over time. If we can freeze fat and have a better way of thawing it, then it follows one of the core tenets of plastic surgery, which is to replace like with like."

Naturally, the concern with fat banking is that frozen fat doesn't perform or act the same as freshly removed fat, making viability a potential red flag.

- The “freshness” and viability of the fat. Some patients question how “fresh” banked fat is. Dr. Mascaró explains that the tricky part of defrosting fat is ensuring that it's still viable. “The freezing process may destroy the fat cells or the tissue within them where fat lives. It seems like the companies behind fat banking have figured out a controllable, reliable way to do this, but how the fat thaws out needs to be somewhat predictable. The viability of taking micro-fat and turning it into nano fat is also something to consider. Will it be damaged? Or is it just as good as freshly harvested fat? The truth is, it will get better with time.” “Some of the oldest thaws have been done using fat that was harvested 10 years ago,” Dr. Hamilton says, “so it's pretty safe to say that frozen fat has equal viability 10 years later.”
- Its retention. Fat transfer is not an inject-and-forget procedure since, on average, only 30 to 50 percent of the transplanted fat remains long term. How much fat remains indefinitely largely depends on both the fat's purity, the harvesting techniques, and the patient. However, Dr. Pearlman believes that using frozen fat rather than freshly transplanted fat results in a lower retention rate, which is likely to diminish more after the seven-month mark. “It's important for patients to understand that the survival of frozen fat is less predictable than freshly harvested fat, and outcomes can vary significantly depending on how the fat is stored and later used,” Dr. Pearlman says.

How Much Fat Should I Bank?

The amount of fat to bank largely depends on your aesthetic plans, if you know them (and if not, that's okay). Generally, Dr. Hamilton recommends removing and banking about two liters of fat, “but, of course, that depends on the patient. If I'm doing a higher volume facial fat transfer on someone who is a little gaunt, or maybe has been on a GLP-1, I'm not doing more than 60 ccs of fat in the face.” She adds that two liters of fat is ample stock to revolumize the face, perk up the breasts, and even round out the hips or pump up the buttocks.

No matter how much fat is banked, not all of it needs to be used at once. Fat can be transferred incrementally as needed rather than in a single surgical setting.

What Are the Best Fat Banking Alternatives?

Not every person has enough fat or enough quality fat to store away for a rainy “I-need-more-volume” day. In these cases, downtime-free injectable options, such as **Renuva** (an extracellular matrix for the face that gradually replaces lost fat with your own fat) and alloClae (derived from donor-derived adipose tissue to add volume, support, and cushion), which is thicker and reserved for the body, are volume-restoring options, although Dr. Pearlman notes that results are not as long-lasting as fat.

While both products aren't used to harvest more fat that's later removed, instead, they are injected directly into areas where additional volume is desired. “They're signaling locally and basically act like a space holder for the body to grow its own fat into those areas,” Dr. Hamilton

says. “These are instances where I would counsel patients who have already had liposuction or are already at a low body fat percentage to go for one of these off-the-shelf products. Many patients are happy that there are more natural options to choose from today as opposed to only hyaluronic acid.”

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