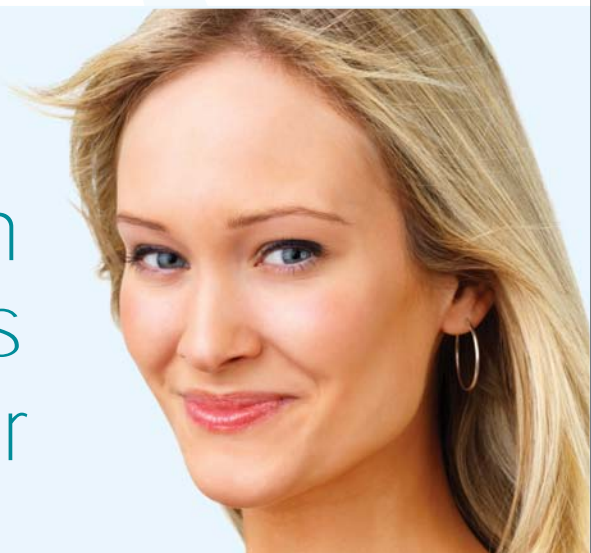


NOW AVAILABLE

Introducing the
Viafill™ System

A New
Advance in
Autologous
Fat Transfer



**Designed to maximize cell viability by minimizing damage
from handling, air exposure, and excessive g-forces**

Viafill™
system
Reshaping Fat Transfer

For more information on the Viafill™ System,
visit our Website at www.viafill.com or call 1-877-252-0265.

 LIPOSE

Autologous Fat: The Ideal Filler

Autologous Fat Has Many Qualities That Make it the Ideal Filler, Including

- Autologous and completely biocompatible
- Naturally integrated into the host tissue
- No risk of allergic or foreign-body reactions
- Readily available, easily obtained, and inexpensive
- Appears naturally with the same consistency as surrounding tissue
- Does not cause the Tyndall effect

Challenges of Autologous Fat Transfer Techniques

- Older-generation fat transfer techniques can potentially damage fragile fat cells through
 - Manipulation and exposure to air during harvest, graft preparation, and transfer^{1,2}
 - High negative pressure created when using a liposuction device³
 - High centrifugation forces⁴
 - Internal corrosion of reusable cannulas
- The amount of fat needed to fill a defect is difficult to determine because an unpredictable portion of the graft is resorbed
- Physicians often overfill to compensate for resorption⁵

“The ultimate success of a fat transplant depends on the number of cells that survive.”⁶

The Viafill™ System is indicated for use in the aspiration, harvesting, filtering, and reinjection of autologous fat.

The Viafill™ System is for single use only and is not to be reprocessed or reused.

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To address these fat transfer challenges, Lipose Corp. has created a unique, patented system for aspiration, harvesting, filtering, and reinjection of autologous fat.



What Makes the

Harvesting

- Stainless steel aspiration cannula with a lubricious coating allows delicate fat cells to flow smoothly, potentially minimizing damage to their outer membrane
- Short, broad, 20-cc harvest syringe is operated manually, avoiding the generation of high negative pressure and cell damage that typically result from mechanical aspiration³

Handling

- Plunger arm is removed from the syringe that holds the aspirate while the rubber stopper remains in place, leaving the syringe contents undisturbed with minimal air exposure
- Syringe is placed in a disposable centrifuge tube with built-in filter and dropped cleanly into the centrifuge



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Viafill™ System Unique?

Centrifugation

- Lipose Corp. has developed a countertop centrifuge that can be used as a companion to the Viafill™ System kit
- Aspirate spins at a 50-g force, as opposed to 1,286 g commonly provided by other machines, for 2 minutes, minimizing cell trauma⁷
 - In a study by Puckett and Beckert evaluating various centrifugation speeds, "...there was a 26 percent decrease in the number of viable cells from 50 g to 500 g and cell loss progressively increased up to speeds recommended by Coleman (1,286 g)."⁴
- Centrifuge tube filter separates contaminants from fat with minimal handling and air exposure

Oil Removal





- Standard needle and syringe, included in the Viafill™ System kit, pierce the rubber stopper of the syringe to allow for extraction of oil without disturbing the fat or exposing it to air
- Bottom layer of centrifuged fat containing the largest number of viable cells is not disturbed by the manual decanting or wicking of oil, common with other fat transfer procedures⁸

Reinjection

- Fat can be transferred to a small, 1-cc syringe, with minimal air exposure
- Single-use, injection cannula with lubricious coating results in a smooth fat cell flow into the graft area

Viafill™ System Is Supported by Evidence Summaries From the American Society of Plastic Surgeons (ASPS) Fat Graft Task Force²

In 2009, the ASPS Fat Graft Task Force published an assessment regarding the safety and efficacy of autologous fat grafting.

Evidence Summaries for Optimizing Outcomes of Fat Grafting	Achieved by the Viafill™ System
<ul style="list-style-type: none">Minimize exposure to air and mechanical damage during fat tissue harvesting	
<ul style="list-style-type: none">Harvest by using a ~3- to 4-mm blunt cannula or similar needle while using minimal amounts of suction	
<ul style="list-style-type: none">Minimize exposure to air and mechanical damage to avoid contamination and maximize tissue viability during graft preparation	
<ul style="list-style-type: none">Evidence suggests that centrifugation to separate viable fat cells from blood, serum, and damaged cells should take place while material is still in the harvest syringe	

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The Advantages of Using Disposable Cannulas

The Viafill System uses disposable cannulas while older-generation autologous fat transfer techniques may not.⁸

Benefits of Viafill™ Disposable Cannulas Versus Reusable Cannulas

- Removes the risk of cross-patient contamination
- Virtually eliminates infection due to instrument contamination
- Decreases liability concerns
- Decreases cannula leakage and breakage
- Eliminates protein residue and corrosion from autoclaving
- Lubricious coating minimizes cell damage and internal blockages
- Reduces investment in costly, reusable equipment

The Viafill™ System, Created by Lipose Corp.

NOW AVAILABLE

- Addresses the challenges of older-generation autologous fat transfer techniques
- Designed to maximize the number of live fat cells transplanted, increasing the potential for less fat resorption and longer lasting results
- Designed to minimize damage to fat cells during harvest, preparation, and reinjection compared with traditional fat harvesting techniques by limiting manipulation, exposure to air, and trauma
- Supported by *Evidence Summaries* from the ASPS Fat Graft Task Force²
- Completely disposable, including cannulas, reducing contamination risks and investment in reusable equipment
- Fast (less than 15 minutes) and easy to use



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References: **1.** Smith P, Adams WP, Lipschitz AH, et al. Autologous human fat grafting: Effect of harvesting and preparation techniques on adipocyte graft survival. *Plast Reconstr Surg.* 2006;117:1836-1843. **2.** Gutowski KA. Current applications and safety of autologous fat grafts: A report of the ASPS Fat Graft Task Force. *Plast Reconstr Surg.* July 2009. **3.** Nguyen A, Pasyk KA, Bouvier TN, et al. Comparative study of survival of autologous adipose tissue taken and transplanted by different techniques. *Plast Reconstr Surg.* 1990;85:378-386. **4.** Puckett CL, Beckert BW. In search of improved fat transfer viability: A quantitative analysis of the role of centrifugation and harvest site. *Plast Reconstr Surg.* 2004;113:396-397. **5.** American Society of Aesthetic Plastic Surgery—2005 Autologous Fat Transfer National Consensus Survey. **6.** Moore JH, Kolaczynski JW, Morales LM, et al. Viability of fat obtained by syringe suction lipectomy: Effects of local anesthesia with lidocaine. *Aesthetic Plast Surg.* 1995;19:335. **7.** Boschert MT, Beckert BW, Puckett CL, Concannon MJ. Analysis of lipocyte viability after liposuction. *Plast Reconstr Surg.* 2002;122:761-765. **8.** Coleman SR. Facial augmentation with structural fat grafting. *Clin Plast Surg.* 2006;33:567-577.

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