For Immediate Release

**Fat Grafting in Breast Reconstruction: A Patient’s Perspective**

Branchburg, NJ – October 16, 2013: Jori Walker is a senior associate with SRG, an architecture firm in Portland, OR. Three years ago she was diagnosed with breast cancer. Because of her family history and her concerns about a recurrence, she decided to undergo a bilateral mastectomy with reconstruction. She shares her story and why she believes the use of fat grafting was so important to helping her achieve the high satisfaction she has with her reconstructed breasts.

“Breast reconstruction is a journey. You need to have the patience to stick with it. The results are amazing. My breasts look and feel so natural.”

How was your breast cancer diagnosed and what type of treatment was recommended?
An ultrasound revealed a tumor that was deep in my left breast. It was Stage 3 cancer. I underwent a lumpectomy, followed by radiation and chemo. However after the treatment, I was still worried and stressed about my risk and the cancer coming back. My mother had cancer and this contributed to my anxiety. I decided to have a bilateral mastectomy followed by reconstruction so that I would significantly reduce the risk of the cancer coming back.

Tell us about your journey to have your breasts reconstructed? What was important to you?
I did a lot of research online and I talked to other women who had undergone breast reconstruction. I learned that the use of fat grafting would help to achieve optimal results. For this reason, I wanted to find a surgeon who was skilled in the technique and believed strongly in the use of fat grafting. I was very fortunate to find Dr. Allen Gabriel of Vancouver, WA. He has been my plastic surgeon for the past year. I have had breast implants and several procedures to reconstruct my breasts, including multiple rounds of fat grafting.
**How do you think you benefited from the use of fat grafting in your breast reconstruction?**

I don’t think Dr. Gabriel could have achieved the volume and shape in my reconstructed breasts without the use of fat grafting. I also believe that the fat grafting has made my breasts feel softer and more natural.

**What advice would you give to a woman that is considering breast reconstruction?**

It is worth it. I am so happy with the way my breasts look and feel. But you can’t rush it. You have to be prepared for a journey. There will be ups and downs. You need to have patience. I think many women have trouble sticking with it. I can understand that. You go through cancer treatment and then it can be tough to have to still be a patient and undergo medical procedures.

I recommend that you find a surgeon who will be up front with you and provide you with a realistic picture of how long it will take and what is involved. From the beginning, Dr. Gabriel told me it would be about a year for my reconstruction work. I am happy with the way my body looks and feels. That is such a wonderful feeling and very positive for the quality of my life.

**Insight from Jori’s surgeon: Allen Gabriel, MD, FACS*, Vancouver, WA**

“Fat grafting is gaining in popularity because it can help patients achieve more natural-looking breasts after lumpectomy or mastectomy.”

*Dr. Allen Gabriel is a paid consultant for LifeCell Corporation.

**Why do you recommend the use of fat grafting for breast reconstruction?**

Fat grafting involves harvesting and transferring a patient’s fat from one area of the body to another. Fat grafting to the breast provides the ability to shape and contour tissue through a minimally invasive approach. Thanks to advancements and refinement of fat harvesting and grafting techniques that have allowed the more effective processing of large volumes of fat, many plastic surgeons are using fat transfer for breast augmentation or reconstructive procedures. In cases like Jori’s, fat grafting can be very helpful in restoring breasts to desired shape, appearance and size following mastectomy.
How has new technology improved fat grafting for breast procedures?

Original fat grafting techniques were used on smaller parts of the body, such as for a facelift. To use fat grafting in breast procedures, you must be able to process large volumes of fat. I have found the new REVOLVE™ System from LifeCell enables us to process large volumes of fat in an efficient manner and obtain a high quality graft for use in reconstructive procedures.

About LifeCell Corporation

LifeCell Corporation, a leader in regenerative medicine, develops and markets innovative tissue repair products for the reconstructive, orthopedic and urogynecologic surgery markets. LifeCell™ products include: Strattice™ Reconstructive Tissue Matrix, AlloDerm® Regenerative Tissue Matrix, Cymetra® Micronized AlloDerm® Tissue, the REVOLVE™ System, and the SPY Elite® System.

The company employs nearly 1,000 people and markets its products worldwide. For more information about LifeCell visit www.lifecell.com.

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The surgical techniques described herein are suggested techniques for using the Revolve™ System. Proper surgical procedures and techniques are necessarily the responsibility of the medical professional. Each surgeon must evaluate the appropriateness of the techniques based on his or her own medical training and expertise. Many variables including patient pathology, anatomy, and surgical techniques may influence procedural outcomes. Results may not be typical and individual results may vary.

Before use, surgeons should review all risk information, which can be found in the Instructions for Use and User Manual.

Important Safety Information:

**Indications of Use**

REVOLVE™ is used for aspiration, harvesting, filtering, and transferring autologous adipose tissue for aesthetic body contouring. The system should be used with a legally marketed vacuum or aspirator apparatus as a source of suction. If harvested fat is to be re-implanted, the harvested fat is only to be used without any additional manipulation.

Intended for use in the following surgical specialties when the aspiration of soft-tissue is desired: plastic and reconstructive surgery, neurosurgery, gastrointestinal and affiliated organ surgery, urological surgery, general surgery, orthopedic surgery, gynecological surgery, thoracic surgery, and laparoscopic surgery.

**Contraindications**

Contraindications to autologous fat transfer include the presence of any disease processes that adversely affect wound healing, and poor overall health status of the individual.

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Warnings
1. This device will not, in and of itself, produce significant weight reduction.
2. This device should be used with extreme caution in patients with chronic medical conditions such as diabetes, heart, lung, or circulatory system disease or obesity.
3. The volume of blood loss and endogenous body fluid loss may adversely affect intra and/or postoperative hemodynamic stability and patient safety. The capability of providing adequate, timely replacement is essential for patient safety.

Precautions
1. This device is designed to remove localized deposits of excess fat through small incision and subsequently transfer the tissue back to the patient.
2. Use of this device is limited to those physicians who, by means of formal professional training or sanctioned continuing medical education (including supervised operative experience), have attained proficiency in suction lipoplasty and tissue transfer.
3. Results of this procedure will vary depending upon patient age, surgical site, and experience of the physician.
4. Results of this procedure may or may not be permanent.
5. The amount of fat removed should be limited to that necessary to achieve a desired cosmetic effect.

Adverse Effects
Some common adverse effects associated with autologous fat transfer are asymmetry, over- and/or under-correction of the treatment site, tissue lumps, bleeding, and scarring.

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