Better outcomes, lower costs in burns treatment
The ReCell® device is used to create a Regenerative Epithelial Suspension - RES™ - which can be used in conjunction with conventional treatments for burns and reconstructive procedures. ReCell® has been safely used in thousands of procedures worldwide and offers distinct advantages.

Definitive Closure with Less Donor Skin

- Faster epithelialisation of widely-meshed skin graft interstices\(^2,3\) decreasing donor skin requirements in mixed depth injuries.\(^4,5\)
- Smaller donor sites: just 1/80\(^\text{th}\) of the treatment area, for partial thickness injuries like scalds.\(^6,7\)
- Well suited for large TBSA cases.
- Can treat up to 1920cm\(^2\).

Health Economic Benefits

- Earlier definitive closure shortens hospital stays.\(^8\)
- Reduced follow-on reconstructive procedures.\(^9\)
- Reduced requirement for scar management.\(^10\)
- Reduced re-admission for closure surgery.\(^6\)

Superior Outcomes

- Regenerated skin has a superior appearance compared with meshed autograft alone.\(^5\)
- Regenerated skin exhibits more normal collagen formation.\(^5,8\)

The regenerative mechanism is within the suspension...

ReCell’s® unique proprietary technology enables a clinician to rapidly create RES™ – Regenerative Epithelial Suspension – using just a small sample of the patient’s skin.

- **Activated**, containing disaggregated cells that are no longer contact-inhibited, behaving like those at an acute wound’s edge. RES™ introduces the cell signalling associated with wound healing across the surface area of the wound.
- **Available** immediately within minutes and is non-cultured, meaning it can be produced and applied at point of care.
- **Autologous**, the patient is the donor, effectively eliminating rejection risks.
- **Complete**, containing the multiple skin cell phenotypes and normal wound healing factors that are necessary for the restoration of normal skin functionality and appearance.

ReCell®
EXAMPLE CASE: 30% TBSA PAEDIATRIC DEEP THERMAL BURN

Use of RES™ promoted faster epithelialisation of the 3:1 wide mesh graft interstices, resulting in a reduction in mesh-pattern scar and no observable contracture. The outcome was similar in appearance to a sheet graft, but with minimal donor skin.

Additionally, treating the donor sites with RES™ allowed for earlier re-harvesting of donor sites.

“ReCell allowed us to graft a greater area with less skin, thereby reducing the donor site morbidity for this toddler. It will be a valuable addition to our grafting armamentarium.”

Dr. James Holmes

EXAMPLE CASE: MIXED DEPTH PAEDIATRIC SCALD

Application of RES™ promoted epithelialisation, resulting in definitive closure and preventing later autografting. The risk of early intervention with a small (1/80th) donor site was overcome by the benefit of better dermal preservation, averting an autograft and resulting in an excellent scar outcome.

“Using an epithelial suspension has become part of our standard of care in regenerating skin in burns patients, and it is a vital part of our toolkit.”

Dr. Jeremy Rawlins

Photos courtesy of Wake Forest Baptist Medical Center, Winston-Salem, US.

Photos courtesy of Jeremy M Rawlins FRCS(Plast), Consultant Plastic Surgeon, Yorkshire Regional Burn Centre, UK.
Clinical Summary

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<th>TITLE</th>
<th>SUMMARY</th>
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<td>A randomized trial comparing ReCell® system of epidermal cells delivery versus classic skin grafts for the treatment of deep partial thickness burns.</td>
<td>2-cohort RCT (n=82). Use of RES™ for effective healing with reduced donor area and less postoperative pain (p=0.03) were observed vs skin grafting.</td>
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<td>A prospective randomised clinical pilot study to compare the effectiveness of Biobrane® synthetic wound dressing, with or without autologous cell suspension, to the local standard treatment regimen in paediatric scald injuries.</td>
<td>3-cohort pilot RCT (n=13). Early intervention with Biobrane® + RES™ was associated with effective healing (without grafting), less pain and better scar outcomes. Used within 4 days of injury, saved on nursing time, dressing, analgesic and scar management costs.</td>
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<td>A Comparative Study of Spray Keratinocytes and Autologous Meshed Split-thickness Skin Graft in the Treatment of Acute Burn Injuries.</td>
<td>Within-subject comparative study (n=10). RES™ vs meshed split thickness skin graft (MSTSG). Patients benefited from having a decreased donor site and comparable outcomes to MSTSG treatment.</td>
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Healing of widely meshed autografts using freshly isolated autologous epidermal cells and acellular Xe-Derma xenodermis. | Within-subject comparative study (n=14). Healing of wound areas treated with RES™ and XeDerma was of superior quality to XeDerma alone, reducing the development of early and late onset complications in the extensive burns patient. |

How to Order

ReCell® product number:
ReCell®: C3RL01

To order please contact the appropriate regional sales office as indicated below.

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References
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