

# AutoPose™ System for Adipose Tissue Harvesting

Surgical Technique



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# AutoPose™ System

## For Adipose Tissue Harvesting

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The AutoPose system is a comprehensive solution to harvest, purify, and microsize a patient's own fat. This versatile system allows for small-volume liposuction in the office setting, harvesting and preparing up to 20 cc of washed microfat in 15 to 20 minutes. The system gently resizes tissue, maintaining viability and delivering an optimal fat-size for reintroduction through a 21-ga cannula.

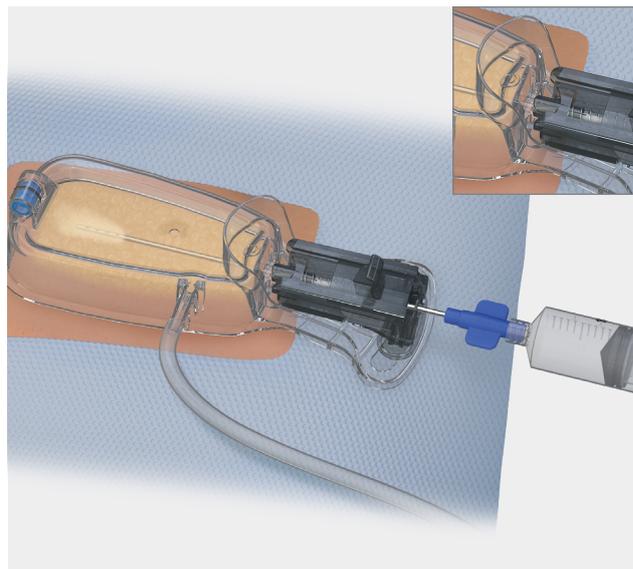
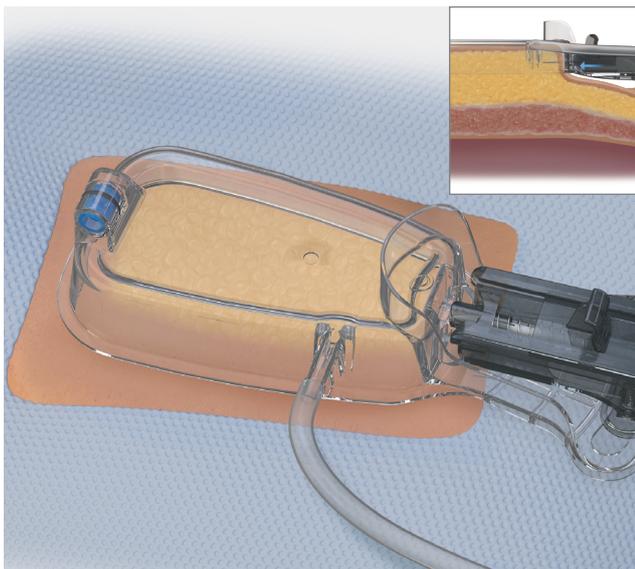


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### Preparation

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1. Prepare the treatment area using sterile, aseptic technique.
2. Mark the location for placement of the AutoPose Access vacuum chamber on the patient with a 1-in circle around the intended incision location. If desired, apply a topical or local anesthetic to this location to minimize pain.
  - 5 cc of local anesthesia can be injected directly into the harvesting site.
3. Peel open the tray to reveal sterile contents and place onto sterile field.
4. Connect the white tubing connector to the vacuum pump, pinch or block tubing, turn on pump, and set vacuum to 18 inHg (60 kPa). Turn off pump.
5. It is recommended that a volume of tumescence equal to the intended adipose harvest volume be used. For example, 25 cc of tumescence is recommended for a 25 cc tissue harvest.  
  
**Note: To minimize contour irregularities, it is recommended to harvest only as much tissue as required and to harvest symmetrically from the patient.**
6. Attach the supplied cannula to the tumescent solution syringe and purge air from the syringe.

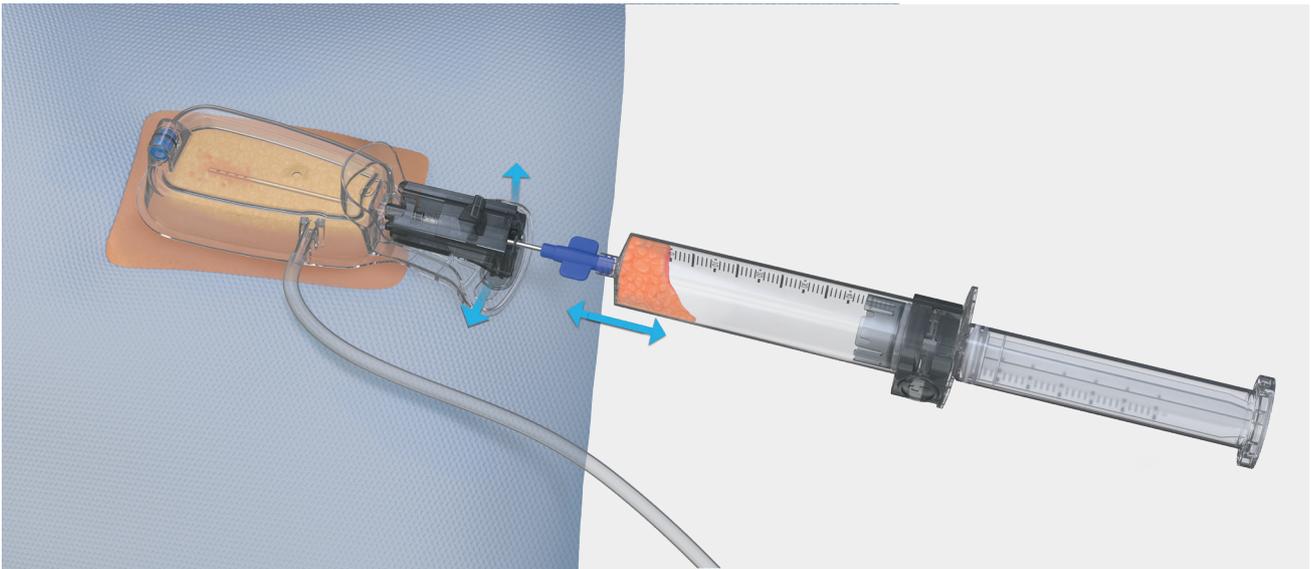


### Delivering Tumescent Solution Using AutoPose™ Access Vacuum Chamber

1. Align the needle entry location (bullseye mark) within the marked circle on the patient and turn the pump on. Ensure that the skin is taut within the patient vacuum cavity.  
  
**Note: AutoPose Access chamber is equipped with a vacuum limit valve to restrict vacuum to approximately 18 inHg (60 kPa). When activated, the valve may make a vibrating sound as it controls the vacuum.**
2. Introduce the cannula/tumescent syringe into the cannula entry hole and slide it in approximately 2 inches (50 mm) until it hits the silicone membrane seal. Confirm that the pump is on and the skin is taut. The vacuum must remain on until tissue harvesting is complete.
3. Slowly but firmly slide the needle advance forward to penetrate the silicone membrane and patient skin. Confirm that the needle has penetrated skin and follow through with the cannula. Release the spring-loaded needle advance to safely retract the needle, leaving the cannula in place.
4. Infuse the target area with tumescent solution using the full range of motion allowed by the device articulation.
5. Remove the cannula, leave the vacuum pump on, and allow the anesthetic to take effect.

### Delivering Tumescent Solution Without AutoPose™ Access Vacuum Chamber

1. Using the supplied 14-ga cannula (or whichever gauge needle you are comfortable with), inject the tumescent (lidocaine and epinephrine) solution into the target area in a fanning motion.
2. Once the area is completely anesthetized, apply AutoPose Access chamber to the prepared area. With the vacuum chamber activated, the skin is immediately pulled into the Access cavity.



1. Attach the supplied 2.1 mm × 150 mm cannula to the AutoPose™ Restore luer lock syringe.
2. Following sterile technique and liposuction best practices, use the AutoPose Access cannula entry hole to introduce the cannula into the tissue harvest site.

**Note: The syringe plunger should be in fully compressed position.**

3. After the cannula is completely inserted into the immobilized tissue, create a vacuum in the AutoPose Restore syringe by pulling the syringe plunger to the end of the syringe barrel to engage the syringe lock.

**Note: In order to evulse fat tissue into AutoPose Restore syringe, vacuum pressure must be maintained. Dependent on the volume of tissue required, the syringe may need to be removed from the patient, evacuated of air, reinserted, and recharged.**

4. Tissue harvesting is accomplished by moving the syringe/cannula back and forth in a straight motion at least 5 to 10 times for each articulation of the cannula as harvesting is accomplished in a fanning motion.
5. Perform syringe harvest until the desired volume is obtained or a maximum of 50 mL of lipoaspirate is obtained. Remove the cannula and turn off the vacuum pump (or disconnect tubing) when the harvest is complete. Cap the AutoPose Restore syringe and place it in the syringe stand to decant for 5 minutes.

**Note: Using the AutoPose Access device, the harvesting plane is fixed at 10 mm below the surface of the skin. Bending the cannula at the entry point will not affect the depth or plane at which harvesting is done.**

## Washing



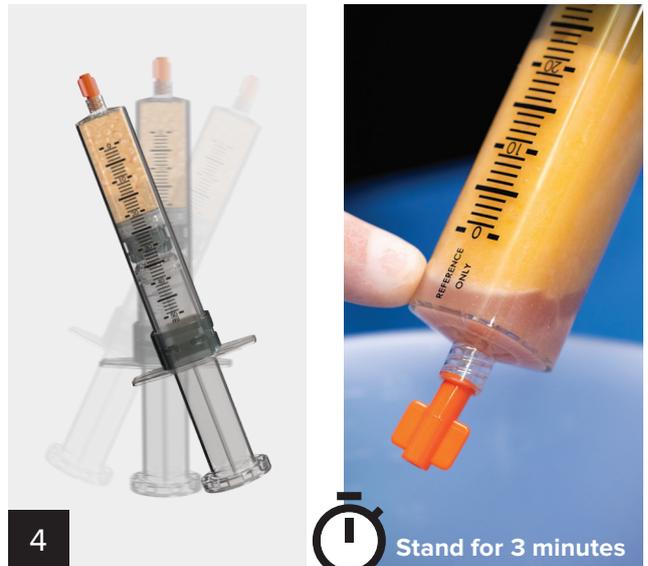
Cap the AutoPose™ Restore syringe containing the harvested tissue and place it into the AutoPose Restore syringe stand to separate the adipose tissue from the aqueous phase, containing blood and tumescent fluid.



Following a 5-minute incubation, expel the aqueous infranatant containing tumescent fluid, cell debris, and red blood cells into an appropriate waste container.



Uncap the AutoPose Restore syringe and connect the provided luer lock adapter to the Restore syringe and 30 cc syringe provided.



- Introduce 15 cc of saline using the supplied 30 cc syringe and luer lock adapter.
- Cap the AutoPose syringe and gently invert several times until the saline and adipose tissue are mixed.
- Place the AutoPose Restore syringe back on the AutoPose Restore syringe stand for 3 minutes to allow the adipose tissue and saline wash to separate.
- Uncap the syringe and expel the bottom aqueous saline wash.
- Repeat the saline wash.

## Resizing

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After the tissue is washed, cap the AutoPose™ syringe and place it in the AutoPose syringe stand.

With the syringe sitting securely tip down in the stand, press the vacuum lock release button and compress the outer ring flange of the inner 30 cc syringe. This will force the adipose tissue to pass from the outer syringe through the resizing mechanism and into the inner syringe. The inner syringe plunger will rise.

**Note: It is important to keep your fingers clear of the inner syringe plunger. Pressure applied to the inner syringe plunger will prevent tissue from flowing through the resizing mechanism.**



After the tissue is transferred into the 30 cc inner syringe, unscrew it from the 50 cc AutoPose Restore syringe. Cap and place the inner syringe containing microfat and place it on the AutoPose Restore syringe stand until ready for delivery.

## Delivery

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The washed microfat may be transferred via a luer lock adapter to 1 mL or 3 mL syringes and delivered through preferred injection cannulas  $\leq 21$  ga.

## Ordering Information

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### AutoPose™ System

<b>Product Description</b>	<b>Item Number</b>
AutoPose Access Kit	ABS- <b>101024-1</b>
AutoPose Infiltration Kit	PACK001- <b>BI</b>
AutoPose Restore Syringe	ABS- <b>101035-1</b>
AutoPose Syringe Stand	101- <b>034-02</b>
Vacuum Pump	<b>18600</b>
Disposable Canister Kit	<b>22330</b>



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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