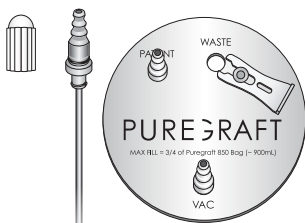


DIRECT HARVEST (DIRECT/PURE) QUICK REFERENCE GUIDE

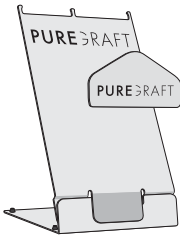
Reusable components that must be sterilized before use (7 pieces)



Puregraft PVL/PURE
(3 pieces)

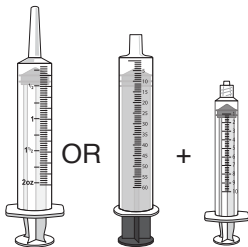


Medela 3000 mL Canister
(1 piece)



Puregraft 550/IS
(3 pieces)

Additional supplies needed



Toomey Syringes
& Luer-lock Syringes



Lactated Ringer's bag (LR)
or Saline solution - 1L

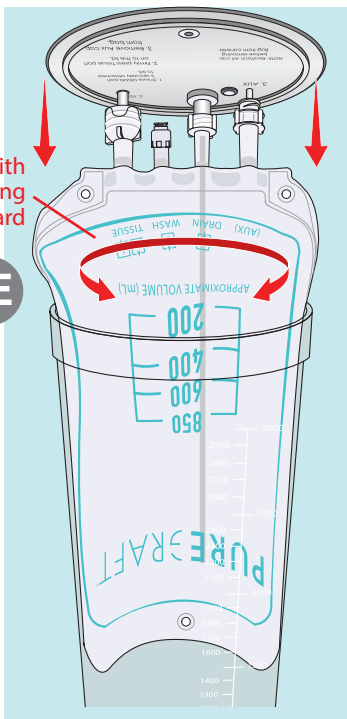
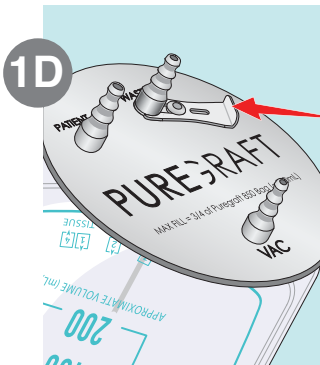
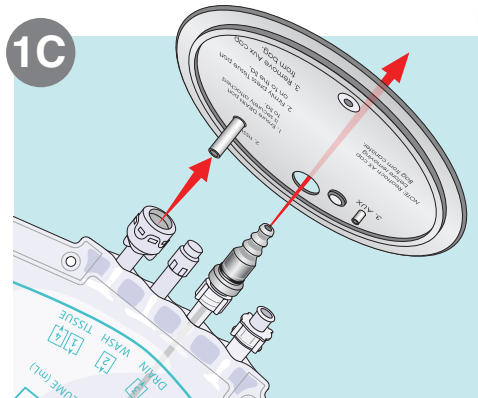
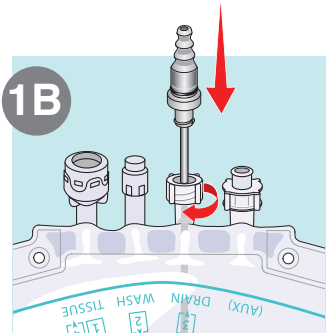
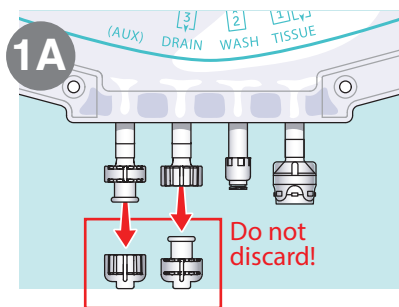


Puregraft
850/PURE




Liposuction
equipment

STEP 1: LID & BAG SETUP



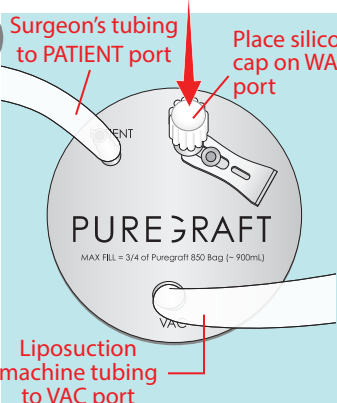
STEP 2: CANISTER SETUP

2A



Ensure bag is flat without folds or wrinkles

2B



Surgeon's tubing to PATIENT port

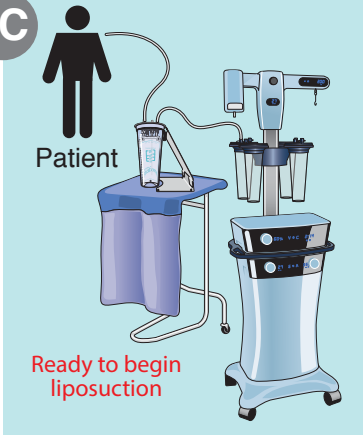
Place silicone cap on WASTE port

PUREGRAFT

MAX FILL = 3/4 of Puregraft 850 Bag (~900mL)

Liposuction machine tubing to VAC port

2C

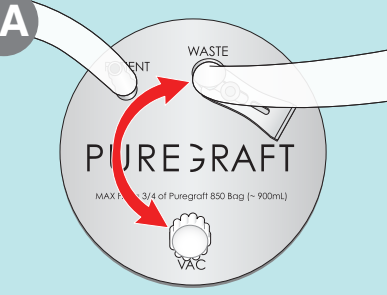


Patient

Ready to begin liposuction

STEP 3: VOLUME ESTIMATION

3A



WASTE

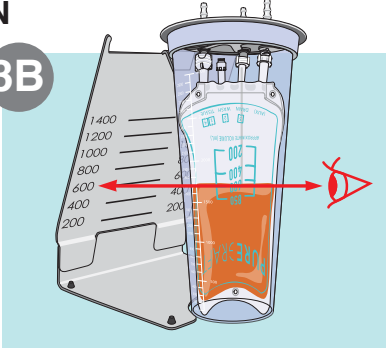
PUREGRAFT

MAX FILL = 3/4 of Puregraft 850 Bag (~900mL)

VAC

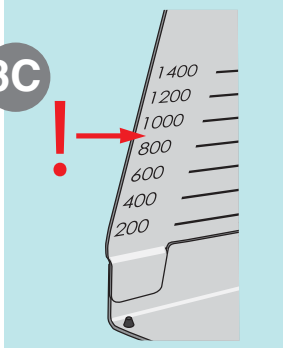
To remove excess fluid:
1) Turn off aspirator
2) Reverse WASTE & VAC connections
3) Turn on aspirator (takes approx. 15 seconds to evacuate)

3B



Use scale on easel to estimate tissue level (600mL shown as example)

3C

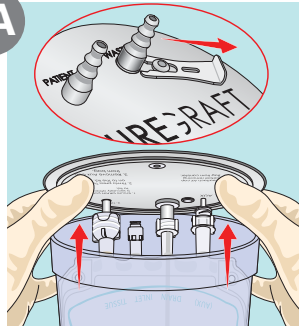


900mL max tissue level after fluid evacuation!

Note: Final graft volume will be 30 - 50% less.

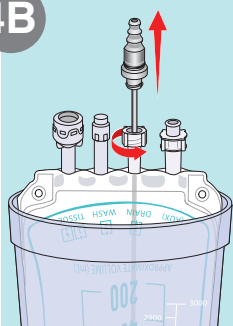
STEP 4: BAG REMOVAL

4A



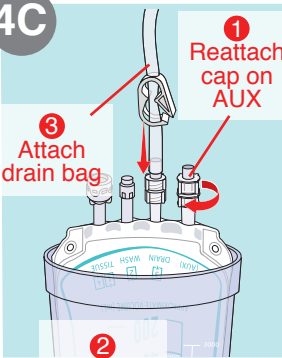
Unlock fitting on top of lid, and remove lid with thumbs (may require force)

4B



Undo connection and remove DRAIN port/straw

4C

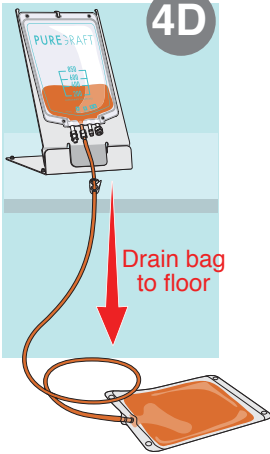


1 Reattach cap on AUX

3 Attach drain bag

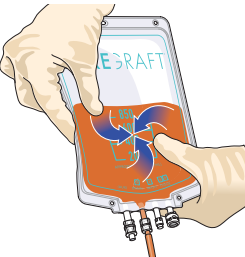
2 Purge air from bag

4D



Drain bag to floor

STEP 5: WASH TISSUE PER PUREGRAFT 850 INSTRUCTIONS



- Helpful tips for Puregraft users:
1. Puregraft System works best with tissue harvested with 3mm or smaller cannulae.
 2. For best results use HSW Soft-ject branded luer-lock syringes.
 3. Do not fill the Puregraft bag beyond the recommended max tissue volumes.
 4. Extract and discard any excess fluid trapped under the TISSUE port before removing processed graft.
 5. For fibrous tissue, a small amount of LR and/or air can be introduced in to the bag to help with tissue extraction and preventing clogging.