



FAST-TRACK HEALING

TRANSFORM RECOVERY

Autografting: Essential, Yet with Limitations

Morbidities of donor site wounds²:

- Pain
- Itching
- Discomfort
- Risk of delaying healing
- Risk of infection
- Risk of scarring/discoloration

A REDUCTION IN THE AMOUNT OF DONOR SKIN HARVESTED CAN BENEFIT PATIENT POPULATIONS

Those at risk for healing complications²⁻⁴:

- Chronic co-morbidities (diabetes, cardiovascular disease, autoimmune disease, obesity, etc.)
- Substance abuse (smoking, drinking, illicit drug use)
- On certain medications (chemotherapy, steroids, radiation, etc.)
- Elderly

Those with limited donor site availability^{2,5}:

- Large surface area wounds
- Wounds covering common donor harvest areas (legs, back)
- Pediatrics

Those with specific donor site morbidity concerns impacting quality of life^{2,6}:

- Cosmesis
- Pain
- Itching
- Discomfort

**When it's time to graft,
it's time to consider
RECELL Spray-On Skin™ Cells**



TESTIMONIAL

"The use of RECELL allows me to use less donor skin, allows rapid healing of the interstices of the meshed graft and spares my patients from associated complications related to delayed wound closure."

– Aesthetic and Reconstructive Surgeon

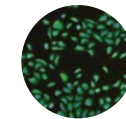
Expedite the Healing Process With Early Treatment at a Cellular Level

ACTIVE HEALING ACROSS THE ENTIRE WOUND BED

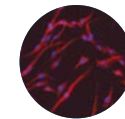
RECELL uses a small piece of the patient's skin to create a multi-phenotype suspension of Spray-On Skin Cells.⁷ The application of different cell types stimulates healing and repigmentation throughout the wound bed.^{8,9}

THE POWER OF MULTI-PHENOTYPE SPRAY-ON SKIN CELLS

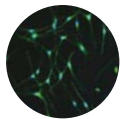
Autologous therapy at point-of-care allows for delivery of the patient's own living cells:



Keratinocytes
regenerate
the epidermis^{10,11}



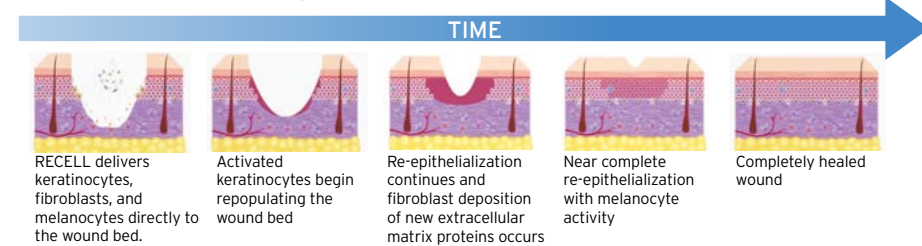
Dermal fibroblasts deposit
new extracellular matrix
proteins¹⁰



Melanocytes produce
melanin to allow
restoration of natural
pigmentation¹¹

RECELL TECHNOLOGY ALLOWS FOR A BROAD AND EVEN DISTRIBUTION OF SUSPENSION ACROSS THE ENTIRE WOUND BED^{7,9}

RECELL Spray-On Skin Cells signal repair from within the wound^{7,9,12}



IMMEDIATE CELLULAR DELIVERY

Cost-effective point-of-care regenerative therapy in a single procedure^{1,3}

Obtain



Harvest skin sample¹
1 cm² donor skin treats
up to 80 cm²

Prepare



Isolate cells¹
Non-cultured,
patient-derived cells

Deliver

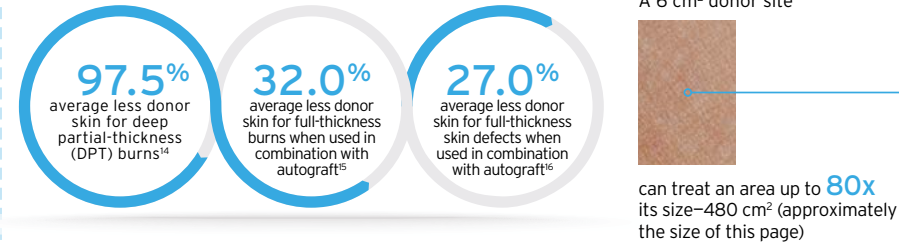


RECELL treatment¹
Promotes epidermal
regeneration

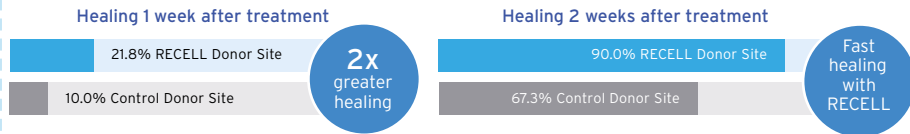
RECELL
offers up to
80x expansion

Treating More With Less

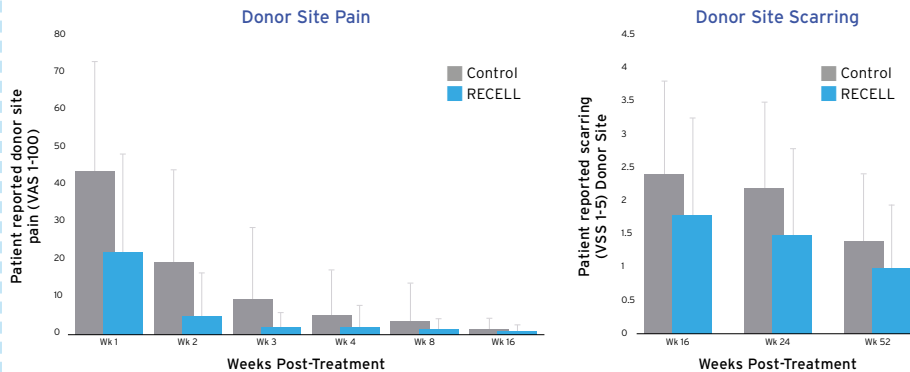
RECELL IS DESIGNED FOR DONOR SPARING, TAKING UP TO 97.5% LESS DONOR SKIN COMPARED TO CONVENTIONAL AUTOGRAFTING.¹



EARLIER DONOR SITE HEALING VS STANDARD OF CARE DONOR SITE¹⁴



SIGNIFICANTLY REDUCED PAIN AND SCARRING AT THE DONOR SITE WITH RECELL VS CONVENTIONAL AUTOGRAFTING FOR ALL TIME POINTS¹⁴



Superior Donor Site Outcomes, With Less Pain and Scarring vs Conventional Autografting

REDUCE DONOR SKIN REQUIREMENTS WITH RECELL¹

Donor Site for Treatment of a DPT Wound With RECELL Alone



Typical Donor Site for Treatment of a DPT Burn Wound With Conventional Autografting



Photos courtesy of Joseph Molnar, MD, PhD and James Holmes IV, MD, FACS
Wake Forest Baptist Medical Center, Winston-Salem, NC.

MINIMIZE SCARRING AT THE DONOR SITE WITH RECELL⁵

Donor Site Harvested for RECELL Alone to Treat DPT Burn 52 Weeks Post-Harvest



Donor Site Harvested for 2:1 Autograft to Treat DPT Burn 52 Weeks Post-Harvest



Photos courtesy of Michael Feldman, MD, FACS
Virginia Commonwealth University, Richmond, VA.

Less Invasive Wound Closure

HEALING IN NONTHERMAL FULL-THICKNESS SKIN DEFECTS¹⁶

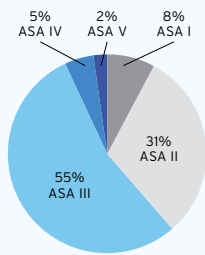
RECELL provides definitive wound closure with less donor skin for various types of patients, including those with multiple risk factors for impaired wound healing.

In a pivotal, randomized, within-subject controlled trial, conventional autografting was compared to RECELL with more widely meshed autograft.

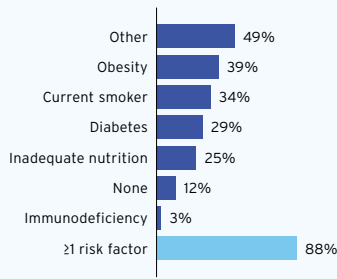
RECELL resulted in non-inferior healing outcomes with a significant reduction in donor skin requirements, saving an average of 27% less skin.

PATIENT CHARACTERISTICS

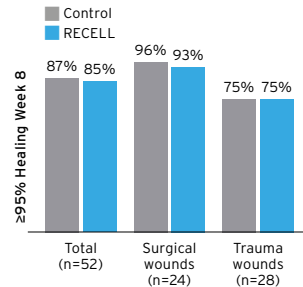
American Society of Anesthesiologists (ASA) Physical Classification Score



Risk factors for impaired healing



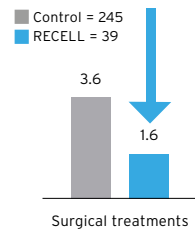
HEALING OUTCOMES



FEWER AUTOGRAFTING PROCEDURES REQUIRED FOR DEFINITIVE CLOSURE VS CONVENTIONAL AUTOGRAFT OF FULL-THICKNESS BURN WOUNDS^{1,13,17}

Pediatric patients

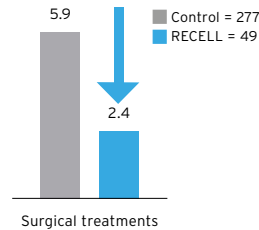
56% fewer mean autografting procedures with RECELL¹



Consider the impact of fewer procedures and consequently, fewer dressing changes on the patient experience

Adults with >50% TBSA

60% fewer mean autografting procedures with RECELL¹



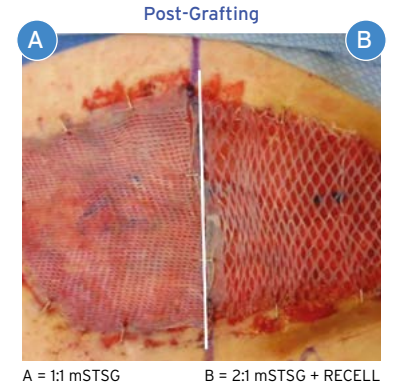
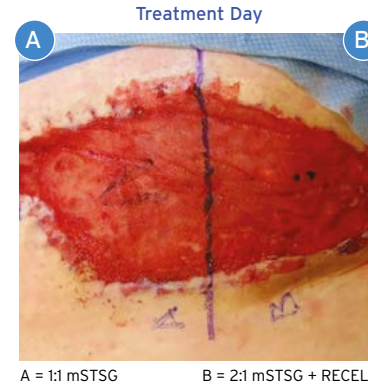
95% re-epithelialization achieved in the majority of adult and pediatric full-thickness burn injuries by week 8¹

CASE REPORTS

A 189 cm² Degloving Injury

SUCCESSFUL TREATMENT WITH COMPARABLE OUTCOMES USING LESS DONOR SKIN

- 45 year-old male
- Degloving to abdomen
- Dermal Substitute
- RECELL+ 2:1 meshed split-thickness skin graft (mSTSG)



Case report courtesy of Neil Mashruwala, MD, FACS (Carle Foundation Hospital, Urbana, IL)

RECELL Achieved: A 35% reduction in donor skin requirements in the treatment of a small degloving injury, compared to conventional autografting, with comparable long-term aesthetic outcomes.

Wound Caused by Necrotizing Fasciitis

PATIENT WAS 94% HEALED 14 DAYS POST-RECELL TREATMENT

Patient presented with worsening pain in left arm due to necrotizing fasciitis infection. Excision of the infection required skin grafting.

- 67-year-old male
- Necrotizing fasciitis—upper left arm
- Dermal substitute
- RECELL+ meshed 3:1 mSTSG



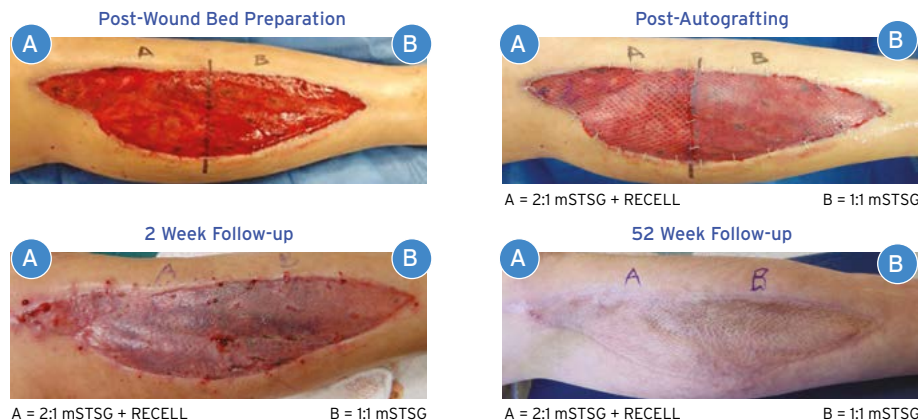
Case report courtesy of Joe Olivi, MD, FACTS, Trauma and Burns Surgeon

RECELL Achieved: Post-operative (post-op) day 14, the patient was 94% healed and the hyperpigmentation was starting to fade. At one month post-op, the patient exhibited good range of motion, with improving function of the arm. The results were described as excellent by the treating physician.

Full-Thickness Fasciotomy

RECELL USE IN PATIENT WITH A SURGICAL WOUND IN LOWER EXTREMITY

- 55-year-old male
- RECELL + 2:1 mSTSG
- Negative pressure wound therapy



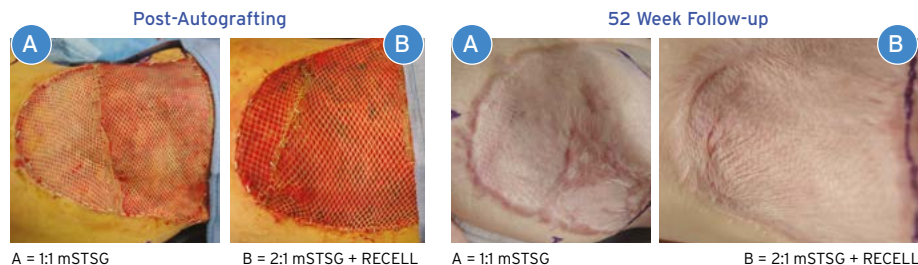
Photos courtesy of Derek Bell, MD (University of Rochester Medical Center, Rochester, NY)

RECELL Achieved: Wound closure by week 2 without compromise to aesthetic outcomes.

Full-Thickness Crush Injury

EFFECTIVE TREATMENT OF A CRUSH INJURY USING RECELL + MORE WIDELY MESHED AUTOGRAFT

- 16-year-old female
- RECELL + 2:1 mSTSG



Photos courtesy of Herbert Phelan, MD (University Medical Center New Orleans)

RECELL Achieved: Wound closure with 26% donor skin reduction.

Pediatric Full-Thickness Burns

POSITIVE LONG-TERM OUTCOMES IN PEDIATRIC PATIENT

- 15-month-old female • 58% Total Body Surface Area (TBSA), Full-thickness (FT) posterior torso
- Dermal substitute • RECELL + 3:1 mSTSG

Treatment Day -
Prior to Wound Bed Preparation



7 Days Post-RECELL
>90% Re-Epithelialized



12 Months
Post-RECELL



Case report courtesy of Jeffrey Carter (MD, University Medical Center, New Orleans, LA); Joseph Molnar, MD, PhD and James Holmes IV, MD, FACS (Wake Forest Baptist Medical Center, Winston-Salem, NC)

RECELL Achieved: >95% wound closure within 28 days and positive long-term outcomes

POSITIVE LONG-TERM OUTCOMES IN A LARGE BURN

- 12-year-old female • 62% TBSA, FT Bilateral legs • Dermal substitute
- RECELL + 4:1 mSTSG

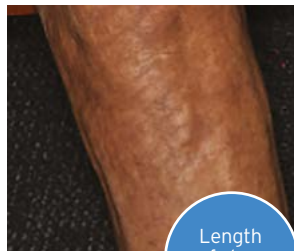
Treatment Day -
Prior to Wound Bed Preparation



7 Days Post-RECELL
75% Re-Epithelialized



12 Months
Post-RECELL



Case report courtesy of Jeffrey Carter, MD (University Medical Center, New Orleans, LA); Joseph Molnar, MD, PhD and James Holmes IV, MD, FACS (Wake Forest Baptist Medical Center, Winston-Salem, NC)

RECELL Achieved: Complete definitive wound closure of a 62% TBSA burn within 28 days and positive long-term outcomes.

Length
of stay:
28 days

Adult Full-Thickness Burns

RECELL USE IN AN ELDERLY PATIENT WITH EXPOSED TIBIA AND TENDON

- 73-year-old male • ~20% TBSA, FT, Leg • Dermal substitute • RECELL + 3:1 mSTSG

Excision Prior to Dermal
Substitute Application



Wound Bed Preparation Prior to
Grafting and RECELL Application



12 Months
Post-RECELL



Effective in
challenging
cases

Case report courtesy of Joe Olivi, MD (Northwest Arkansas Medical Center; Bentonville, AK)

RECELL Achieved: Wound closure in a challenging case with bone and tendon exposed.

CONSIDER RECELL ON CHALLENGING AREAS FOR FAST HEALING

- 29-year-old male • 18% TBSA, FT, Back • RECELL + 4:1 mSTSG

Treatment Day



7 Days Post-RECELL



2 Months Post-RECELL



Case report courtesy of Booker King, MD (US Army Institute of Surgical Research Burn Center, San Antonio, TX)

RECELL Achieved: Matched surrounding vascularity and pigment at 2 months with mildly mismatched texture to surrounding skin. >95% re-epithelialization achieved at week 4.

Deep Partial-Thickness Burn

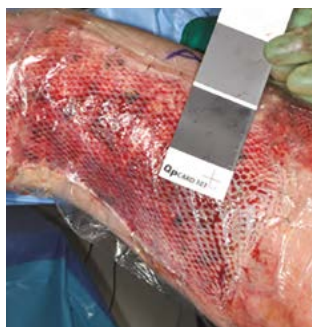
PATIENT RANKED THEIR RECELL TREATMENT SITE SUPERIOR AT 52-WEEKS WITH A 97% REDUCTION OF DONOR SKIN REQUIRED COMPARED TO CONVENTIONAL AUTOGRAFTING

- 43-year-old female • Partial-thickness burn to bilateral legs
- A: 2:1 mSTSG / B: RECELL alone

Donor Site

Treatment Day

52 Weeks Post-Treatment



Case report courtesy of Kevin Foster, MD, MBA, FACS (Arizona Burn Center - Valleywise Health)

At 1-week, on a pain scale of 0 - 100 with 100 being most severe, the subject scored the RECELL donor site as a 14 vs mSTSG donor site pain score at 33.

RECELL Achieved: Effective treatment of deep partial-thickness burn with reduced donor skin, less donor site pain, and superior treatment site appearance.

Repigmentation With Deep-Partial Thickness Burns

PIGMENTATION CLOSELY MATCHED SURROUNDING SKIN

- 31-year-old female • 11% TBSA, DPT, Face • Allograft trialed and failed prior • RECELL alone

Treatment Day

9 Days

12 Months



Case report courtesy of Jeffrey Carter, MD (University Medical Center; New Orleans, LA)

RECELL Achieved: Repigmentation with transfer of the patient's own melanocytes.

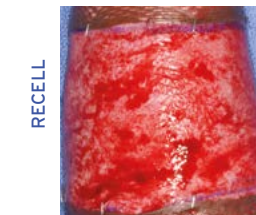
SMALL DONOR SITE REQUIREMENT WITH IMPROVED PIGMENTATION AND SCAR HEIGHT ACCORDING TO THE VANCOUVER SCAR SCALE

- 48-year-old male • 2% TBSA, DPT, Forearm • RECELL alone vs Control with 2:1 mSTSG

Treatment Day

2 Weeks Post-Treatment

16 Weeks Post-Treatment



Case report courtesy of David Smith, MD (University of South Florida, Tampa, FL)

RECELL Achieved: Reduced donor skin requirements compared to autografting, and an excellent cosmetic result with no meshed pattern observed.

Clinical Benefits of RECELL May Contribute to Reduced Healthcare Resource Utilization¹³

REDUCED DONOR SKIN REQUIREMENTS CAN RESULT IN FEWER SURGICAL PROCEDURES FOR DEFINITIVE CLOSURE, DECREASED LENGTH OF STAY, AND REDUCED RESOURCE USE, TRANSLATING TO POTENTIAL COST SAVINGS.^{13,17,18,19}



Economic outcomes may vary by institution.

Potential Health-Economic Benefits of RECELL

Published health-economic modelling from the United States suggests that the use of RECELL may reduce hospital resource utilization and overall treatment costs in severe burn care. Potential economic benefits are primarily associated with reductions in donor skin requirements, the number of surgical procedures required for definitive wound closure, and hospital length of stay.¹³

Economic Impact of RECELL	
Estimated annual burn-center savings ¹⁴ - 17.3%	
Reduced donor skin requirements Potential to reduce overall treatment burden	Cost-saving or cost-neutral Across evaluated severe burn scenarios

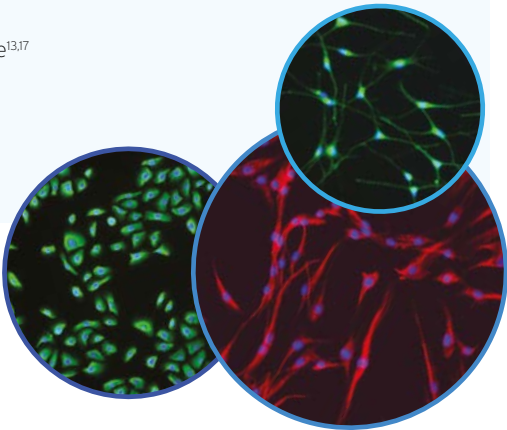
Model-based economic data

Economic findings are based on a peer-reviewed U.S. cost-effectiveness analysis.¹³

RECELL Provides Benefits Beyond Closure Versus Traditional Skin Grafting

RECELL PROVIDES BENEFITS BEYOND CLOSURE VERSUS TRADITIONAL SKIN GRAFTING

- Significantly less donor skin needed¹
- Fewer procedures for definitive closure^{13,17}
- Reduction in length of stay for burns <50% TBSA^{13,18,19}
- Reduced scarring and pain at the RECELL harvested donor site¹⁴



RECELL is Backed by Robust Clinical Evidence

PUBLISHED

Over 200 publications²⁰

PATIENTS

Thousands of patients treated

CLINICAL TRIALS

Three multi-center, randomized, controlled clinical trials in the United States of over 195 total patients with acute burn wounds or full-thickness skin defects¹





REFERENCES: 1. Instructions for Use. RECELL GO™ Autologous Cell Harvesting Device. AW-IFU046, Rev 4. 2. Asuku M et al. Burns. 2021;47(7):1525-1546. 3. Beyene RT et al. Surg Clin North Am. 2020;100(4):695-705. 4. Guo S et al. J Dent Res. 2010;89(3):219- 229. 5. Mathias E et al. Medicines (Basel). 2017;4(4):91. Published 2017 Dec 11. 6. Rotatori RM et al. Burns. 2019;45(5):1066-1074. 7. Wood et al. Burns. 2012;38 (1):44-51. 8. Navarro et al. J Burn Care Rehabil. 2001;22:41-6. 9. Navarro et al. J Burn Care Rehabil. 2000;21:513-8. 10. Freedberg I et al. J Invest Dermatol 116:633-640, 2001. 11. Hirobe T. Dermatol Sin. 2014;32(4):200-204. 12. Trim JT, Quick A. J of Wound Technology. 2015; 27:20-24. 13. Kowal et al. Adv Ther. 2019;36(7):1715-1729. 14. Holmes JH et al. J Burn Care Res. 2018;39(5):694-702. 15. Holmes et al. Burns. 2019;45(4):772-782. 16. Henry et al. J Trauma and Acute Care Surgery. 96(1):p 85-93, January 2024. 17. Foster K et al. Presented at the American Burn Association 2018 Annual Meeting, April 2018. 18. Carter et al. Adv Ther. 2022;39(11):5191-5202. 19. Carson et al. Burns. 2023;S0305-4179(22)00299-6. 20. AVITA Medical. Data on File.

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the current RECELL Instructions for Use



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