human med statements	Title Publication	Content publication
Surgery times reduced by more than 40% with WAL	Taufig, A. Z.: Water-Jet Assisted Liposuction. In: Liposuction – Principles and Practice. Springer 2006; 326-330.	- Surgery time reduced - Safe and controlled fat removal - Drug-related side effects are not to be expected
Less postoperative pain	Arako et al: Comparison of Power Water – Assisted and Traditional Liposuction: A Prospective Randomized Trial of Postoperative Pain Aesth. Plast. Surg. 31:259_265, 2007	- Almost painless procedure as compared with tumescent liposuction
• Precision body shaping • local anaesthesia • 70% less tumescent solution • Less swelling • Short recovery-time for the patient	Man, D.; Meyer, H.: Water Jet-Assisted Lipoplasty. Aesthetic Surgery Journal; May/June 2007, 342 – 346.	- Considerably less intraoperative swelling allows the surgeon to realize the target result with - greater precision. - 70% less tumescent solution: Compared with the quantity of tumescent solution used in conventional lipoplasty (100%) - General anesthesia or sedation that suppresses consciousness is no longer necessary. - Patients recover quickly and return to normal daily activities rapidly.
Long-term improvement for Lipoedema patients	Stutz, J.J.: Water-Jet Assisted Liposuction for Patients with Lipoedema: Histologic and Immunohistologic Analysis of the Aspirates of 30 Lipoedema Patients. Aesthetic Plastic Surgery (2009)33: 153-162.	- Long-term improvement if the operative technique focuses on lymph vessel preservation. - After water-assisted liposuction with the body-jet®, the lipocytes in the aspirate are predominantly intact (>70%).

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Breast augmentation – permanent take rate up to 87%	Ueberreiter K et al. BEAULI ™ – A New and Easy Method for Large Volume Fat Grafts. Handchir Mikrochir Plast Chir 2010; 42: 379 – 385.	- The volume control by means of MRI could verify a permanent take rate of 76 ± 11 % of the grafted fat.
fat grafting take rate periglandular 81% versus intrapectoral muscle 65%	C. Herold, K. Ueberreiter, F. Cromme, M. Grimme, P. M. Vogt. Is there a need for intrapectoral injection in autologous fat transplantation to the breast? – An MRI volumetric study. Handchir Mikrochir Plast Chir 2011; 43: 119 – 124	- By comparison of the volumes calculated by MRI volumetry preoperatively and postoperatively, the study revealed a mean volume persistence of 65% within the pectoral muscle and of 81% within the periglandular fat
• No fat processing • Excellent fat cell viability for fat transplantation	G.H. Sasaki: Water-Assisted Liposuction for Body Contouring and Lipoharvesting - Safety and Efficacy in 41 Consecutive Patients. Aesthetic Surgery Journal 2011; 31: 76.	- Fat harvesting was accomplished by collecting and separating the aspirated adipose tissue in a sterile container" LipoCollector), without need for washing or centrifugation - Fat cell viability 90%
Fat grafting after silicone implant removal due to capsular contracture	K.Ueberreiter. U.Tanzella, F. Cromme et al.: One stage rescue procedure after capsular contracture of breast implants with autologous fat grafts collected by water assisted liposuction (BEAULI Method). GMS Interdisciplinary Plastic and Reconstructive Surgery DGPW 2013, Vol. 2, ISSN 2193-8091	- The procedure included implant removal and lipofilling of the subcutaneous and intramuscular space in a single procedure.

human med statements	Title Publication	Content publication
Total breast reconstruction in cancer patients	D. Hoppe, K. Ueberreiter, Y. Surlemont, H. Peltoniemi, M. Stabile, S. Kauhanen: Breast reconstruction de novo by water-jet assisted autologous fat grafting – a retrospective study. GMS German Medical Science 2013, Vol. 11, ISSN 1612-3174	- A complete breast reconstruction with large volume fat grafting is alternatively possible to standard techniques.
Comparison: Fat grafting (WAL technique) with and without stem cell enrichment	H. Peltoniemi et al.: Stem cell enrichment does not warrant a higher graft survival in lipofilling of the breast: A prospective comparative study. Journal of Plastic, Reconstructive & Aesthetic Surgery (2013) 66, 1494e1503.	H. Peltoniemi concludes that breast augmentation by lipofilling using WAL alone is - "faster", - "cheaper (cost of consumables for Celution was over 3000 Euros for each patient)", - "has a lower risk of contamination", and - "offers at least the same take rate" as stem cell enriched fat grafting.
WAL breast augmentation & reconstruct tion operative technique	T. K. Malan: Breast Augmentation and Reconstruction with Fat Transfer. In: Cosmetic Surgery - Art and Techniques; Shiffman, Melvin A., Di Giuseppe, Alberto (Eds.), 2013, pp 595-603	Explanation of operative technique
• WAL: sterile closed system • Less tumescent fluid • Gentle harvesting: low suction force • WAL technique gentle to the tissue: avoiding mechanical trauma or thermal damage • Less swelling and bloating • No fat processing	M. Stabile, K. Ueberreiter, H. E. Schaller, D.L.Hoppe: Jet-assisted fat transfer to the female breast: preliminary experiences. European Journal of Plastic Surgery March 2014	- sterile closed system - low suction force - avoiding overly mechanical trauma or thermal damage - nearly 70 % less tumescent fluid than other - swelling and bloating are minimized - neither centrifugation nor additional washing are required