bellafill®

Instructions for Use

DESCRIPTION

Bellafill® is an implant composed of non-resorbable polymethylmethacrylate (PMMA) microspheres, 30 to 50 microns in diameter, suspended in a water-based carrier gel composed of 3.5% bovine collagen, 92.6% buffered isotonic water for injection, 0.3% lidocaine hydrochloride, 2.7% phosphate buffer, and 0.9% sodium chloride.

INDICATIONS

Bellafill® is indicated for the correction of nasolabial folds.

CONTRAINDICATIONS

- Bellafill® is contraindicated for patients displaying a positive response to the optional Bellafill® Skin Test. Refer to Bellafill® Skin Test Instructions for Use for complete instructions for administration and evaluation of the skin test.
- Bellafill® is contraindicated for patients with severe allergies manifested by a history of anaphylaxis, or history or presence of multiple severe allergies.
- Bellafill® contains lidocaine and is contraindicated for patients with known lidocaine hypersensitivity.
- Bellafill® contains bovine collagen and is contraindicated for patients with a history of allergies to any bovine collagen products, including but not limited to injectable collagen, collagen implants, hemostatic sponges, and collagen-based sutures, because these patients are likely to have hypersensitivity to bovine collagen in Bellafill®.
- Bellafill® is contraindicated for patients undergoing or planning to undergo desensitization injections to meat products, as these injections can contain bovine collagen.
- Bellafill® is contraindicated for use in lip augmentation and injection into the vermilion or the wet mucosa of the lip.
- Bellafill® should not be used in patients with known susceptibility to keloid formation or hypertrophic scarring.

WARNINGS

- The safety of Bellafill® when used within 6 months of collagen, botulinum toxin, or other wrinkle therapies has not been studied.
- At the discretion of the physician, an optional skin test may be administered and evaluated prior to injection of Bellafill®. Patients demonstrating a positive skin test or 2 equivocal skin tests should not be considered candidates for treatment. Patients demonstrating an anti-bovine collagen serum IgG level outside of the normal range at baseline also should not be considered candidates for treatment. Refer to the Bellafill® Skin Test Instructions for Use.
- Bellafill® must not be implanted into blood vessels. Implantation of Bellafill® into dermal vessels may cause vascular occlusion, infarction, or embolic phenomena.
- Use of Bellafill® at specific sites in which an active inflammatory process (skin eruptions such as cysts, pimples, rashes, or hives) or infection is present should be deferred until the inflammatory process has been controlled.
- Patients who are using substances that interfere with platelet function or have any condition that reduces coagulation may experience increased bruising or bleeding at injection sites.
- Granulomas, lumps, and swelling have been reported in Bellafill® patients and may form years after injection. Granulomas, lumps, and swelling frequently resolve over time or with treatment. See Adverse Events section.
- Introduction of product into the vasculature may lead to embolization, occlusion of the vessels, ischemia, or infarction.
- Rare but serious adverse events associated with the intravascular injection of soft tissue fillers in the face have been reported and include temporary or permanent vision impairment, blindness, cerebral ischemia or cerebral hemorrhage, leading to stroke, skin necrosis, and damage to underlying facial structures.
- Immediately stop injection if a patient exhibits any of the following symptoms, including changes in vision, signs of a stroke, blanching of the skin, or unusual pain during or shortly after the procedure.
- Patients should receive prompt medical attention and possibly evaluation by an appropriate health care practitioner specialist should an intravascular injection occur.
- Bellafill® is not indicated for use in the periocular area (e.g. tear trough), as the effects of injection in this location have not been studied. The following adverse events including, but not limited to, lumps, swelling, granulomas and vision loss due to vascular occlusion, have been reported in the post-market surveillance data with off-label injection in the periocular area.

PRECAUTIONS

- Bellafill® contains non-resorbable PMMA microspheres. Implantation is permanent and will not be reversed without excision.
- The safety of Bellafill® for use during pregnancy, in breastfeeding females, or in patients under 18 years has not been established.
- Bellafill® is packaged in sealed syringes and cartons. The tip of the syringe is sealed with a Winged cap. Do not use if the seal on the carton or syringe is broken or removed. Do not re-sterilize.
- The safety of injecting greater amounts than 3.5 cc per treatment site or 8.9 cc overall has not been established.
- As with all transcutaneous procedures, Bellafill® injection carries a risk of infection. The usual precautions associated with injectable materials should be followed.
- The use of Bellafill® in patients receiving UV light therapy has not been studied.
- The use of Bellafill® in patients on immunosuppressive therapy has not been studied.
- The use of Bellafill® in patients with atrophic skin diseases or thin or flaccid skin has not been studied and the cosmetic results for these patients are unknown.
- The effectiveness of Bellafill® beyond one year has not been established.
- In order to minimize the risks of potential complications, this product should only be used by health care practitioners who have appropriate training, experience, and who are knowledgeable about the anatomy at and around the site of injection.
- Health care practitioners are encouraged to discuss all potential risks of soft tissue injection with their patients prior to treatment and ensure that patients are aware of signs and symptoms of potential complications.
- After use, treatment syringes and needles may be potential biohazards. Handle accordingly and dispose of in accordance with accepted medical practice and applicable local, province, and federal requirements.
- Bellafill® has an opaque, off-white appearance. In the event that the content of a syringe shows signs of separation and/or appears clear (like water), do not use the syringe, and notify Suneva Medical immediately. In the United States or Canada call: 844-Bellafill (844-235-5234). Outside the United States or Canada call +1-858-550-9999.

ADVERSE EVENTS

a) Nasolabial Folds Clinical Trials

All adverse events (AEs), including those attributed and not attributed to treatment, reported in Bellafill® or Control subjects at an incidence of 1% or greater in U.S. studies are presented on the following page in descending order according to frequency in the Bellafill® group.

TABLE 1. ADVERSE EVENTS REPORTED AT AN INCIDENCE OF 1% OR GREATER IN U.S. CLINICAL TRIALS OF BELLAFILL®

EVENT	Number of Events (Events/subjects treated, %)		
	Bellafill®[1] n=285	Bellafill®[2] n=106	Control[3,4] n=123
Lumpiness at injection area more than one month after injection	13 (4.6%)	–	4 (3.3%)
Persistent swelling or redness	10 (3.5%)	3 (2.8%)	13 (10.6%)
Increased sensitivity	5 (1.8%)	2 (1.9%)	–
Rash, itching more than 48 hours after injection	4 (1.4%)	–	2 (1.6%)
Sensitization reactions	–	–	6 (4.9%)
Abscess	–	–	3 (2.4%)
Visibility of puncture area	–	–	2 (1.6%)

[1] 128 Bellafill® subjects in the controlled study and 157 subjects in an open-label study, who were followed for 1 year after implantation.

[2] 106 Control subjects who received Bellafill® in the crossover arm of the controlled study and were followed for 6 months after implantation.

[3] 123 subjects who received the Control treatment in the controlled study and were followed for 6 months after implantation.

[4] The Control treatment in the study was a commercially available collagen implant (Zyplast®).

No systemic adverse events were reported at an incidence of 1% or greater. One severe adverse event (granuloma or enlargement of the implant) and 14 moderate adverse events (persistent swelling or redness, lumpiness at injection site more than 1 month after injection, blurred vision, flu-like symptoms, abscess, granuloma or enlargement of the implant, alopecia areata) were reported for Bellafill® subjects. Nine severe adverse events (lumpiness at injection site more than 1 month after injection, abscess, infection, granuloma or enlargement of the implant, sensitization reactions, increased sensitivity, persistent swelling or redness), and 12 moderate adverse events (persistent swelling or redness, rash, itching more than 48 hours after injection, sensitization reactions, lumpiness at injection site more than 1 month after injection, visibility of the puncture area, abscess) were reported for Control subjects.

Local adverse events reported in Bellafill® subjects at an incidence of less than 1% in U.S. studies, whether or not they were determined to be related to the implant, were sensitization reactions, abscess, visibility of the puncture area, blurred vision, recurrence of existing herpes labialis, granuloma or enlargement of the implant, acneiform lesions, occasional tenderness, redness and visible capillaries, alopecia areata, and dry skin. Systemic adverse events reported at an incidence of less than 1% were mild chest congestion, flu-like symptoms and fainting. One subject was diagnosed with breast cancer, determined by the investigator not to be related to the implant.

For Control subjects, local and systemic adverse events reported at an incidence of less than 1%, whether or not they were determined to be related to the implant, were increased sensitivity, flu-like symptoms, granuloma or enlargement of the implant, infection, and acneiform reaction. One subject died of trauma unrelated to the implant.

Adverse Events Lasting Longer Than Two Weeks
The following is a summary of the reported duration of adverse events lasting longer than 2 weeks in Bellafill® subjects (n=391 subjects) in U.S. studies: lumpiness at injection site more than 1 month after injection (n=12 events), duration varied from 4 weeks to unresolved at 26 weeks; persistent swelling or redness (n=8 events), duration varied from 5 weeks to unresolved at 26 weeks; increased sensitivity (n=7 events), duration varied from 4 weeks to unresolved at 26 weeks; rash and itching (n=2 events), duration varied from 3 weeks to 6 weeks; sensitization reactions (n=2 events), duration varied from 19 weeks to unresolved at 26 weeks; visibility of the puncture site (n=1 event), duration was 13 weeks; granuloma or enlargement of the implant (n=4 events), duration varied from 10 weeks to unresolved at 26 weeks; other local complications (n=5 events), duration was unresolved at 26 weeks. One subject suffered from breast cancer unrelated to the implant.

Reported duration of adverse events lasting longer than 2 weeks in Control subjects (n=123 subjects): lumpiness at injection site more than 1 month after injection (n=2 events), duration varied from 13 weeks to unresolved at 26 weeks; persistent swelling or redness (n=12 events), duration varied from 7 weeks to unresolved at 26 weeks; increased sensitivity (n=1 event), duration was unresolved at 26 weeks; rash and itching (n=2 events), duration was unresolved at 26 weeks; sensitization reactions (n=4 events), duration varied from 7 weeks to unresolved at 26 weeks; abscess (n=2 events), durations were unresolved at 26 weeks; visibility of the puncture site (n=1 event), duration was unresolved at 26 weeks; granuloma or enlargement of the implant (n=1 event), duration was unresolved at 26 weeks; flu-like symptoms (n=1 event), duration was unresolved at 26 weeks. One subject died from an accident unrelated to the implant.

Adverse Events Reported Three Months or Longer after Treatment
Among the 391 subjects treated with Bellafill®, adverse events with reported onset dates 3 months or more after treatment were lumpiness at the injection site (6), rash and itching (3), sensitization reaction (2), increased sensitivity (2), persistent swelling and redness (1), granuloma or granulomatous inflammation (1), alopecia areata (1), visibility of the puncture site (1), and redness and visible capillaries near the area of injection (1).

Among the 123 Control subjects, adverse events with reported onset dates 3 months or more after treatment were abscess (1), infection (1), lumpiness (1), acneiform reaction (1), flu-like symptoms (1), persistent swelling or redness (1), and trauma fatality not related to the implant (1).

b) 5-Year Post Approval Study (PAS001-Study P521-01)
Suneva Medical conducted a 5-year prospective study of Bellafill® (previously known as Artefill®) as an injectable implant for the correction of nasolabial folds (NLF). The primary focus of this investigation was to determine the incidence of granuloma formation. Granuloma formation has been anecdotally reported with virtually all soft-tissue filler materials. In addition to investigating the incidence of granuloma formation, the incidence of adverse events (AEs), and subject satisfaction with respect to the subject's personal expectations were also assessed.

Results confirmed both the short and long term (5-year) safety of Bellafill®, as no device-related serious adverse events (SAEs) or unanticipated AEs were noted; the device-related AEs were generally mild, short-lived, and typical for dermal

fillers, while the granuloma incidence rate was 1.69% (17 out of 1,008 subjects). It is notable that the reported granulomas were typically mild to moderate in severity and typically responded to medical therapy. Nine (9) subjects had unresolved granuloma cases at the end of the 5-year study.

Safety Results: A total of 887 AEs were noted among 416 of the 1,008 treated subjects. Of these AEs, a total of 177 were considered device-related and occurred in 118 treated subjects. See **Table 2.** No device-related unanticipated AEs were noted during the study period. A total of 101 SAEs were noted among 75 treated subjects; none of these SAEs were considered device-related. In general, the majority of device-related events were typical of dermal fillers, mild in severity, and resolved during the study period.

TABLE 2. SUMMARY OF DEVICE-RELATED ADVERSE-EVENT SEVERITY* (n=1,008)

AE CATEGORY	Device-Related AE Severity			
	Mild	Moderate	Severe	**Total**
Lumpiness at injection site	46	6	0	52
Redness	19	1	0	20
Other local complications	13	5	0	18
Granuloma or enlargment of the implant	7	9	2	18[1]
Swelling	8	8	1	17
Pain/Tenderness	10	4	0	14
Skin blanching or discoloration at injection site	6	3	0	9
Increased sensitivity	8	0	0	8
Itching and/or burning	7	0	0	7
Other systemic complications	0	4	0	4
Hardness at the injection area	1	1	1	3
Rash	2	0	0	2
Scab and/or Scar	0	1	0	1
Recurrence of pre-existing Herpes labialis	1	0	0	1
Tingling, numbness, temp pain in various areas of the body	1	0	0	1
Stinging	1	0	0	1
Small veins in the implant area	1	0	0	1
Total	131	42	4	177

[1] These 18 events occurred in 17 subjects. One subject had bilateral, biopsy-proven granuloma.

Granulomas were encountered in 17 of 1,008 subjects (1.69%). All of these cases were considered at least possibly related to the treatment, but none were identified as SAEs. The majority of these cases were assessed as mild or moderate in severity by the investigator (15/17 subjects), with 2 subjects assessed as having severe cases. Eight of seventeen subjects (8/17) resolved during the course of the study, eight of seventeen subjects (8/17) were unresolved but showed improvement by the 5-year study exit, and one (1) subject remained stable at study exit, although improved from the time of diagnosis (See **Table 3)**.

TABLE 3. INCIDENCE OF GRANULOMA FORMATION (n=1,008)

MONTHS FROM LAST TREATMENT TO ONSET DATE	DURATION AT THE TIME OF STUDY EXIT (MONTHS)	STATUS AT STUDY EXIT
5	Ongoing	No change (stable)
10	3	Resolved
11	9	Resolved

MONTHS FROM LAST TREATMENT TO ONSET DATE	DURATION AT THE TIME OF STUDY EXIT (MONTHS)	STATUS AT STUDY EXIT
12	3	Resolved
21	8	Resolved
22	4	Resolved
28	Ongoing	Improved
29	Ongoing	Improved
35	Ongoing	Improved
35	21	Resolved
35	16	Resolved
37	Ongoing	Improved
39	Ongoing	Improved
41	18	Resolved
42	Ongoing	Improved
57	Ongoing	Improved
61	Ongoing	Improved

POTENTIAL ADVERSE EVENTS

Clinical experience with similar products used outside United States suggest that the following adverse events that did not occur in U.S. clinical trials might occur: the hypersensitivity to bovine collagen, severe anaphylaxis reaction, and drainage of fluid from the injection site.

U.S. CLINICAL TRIALS

a) Controlled Trial

A prospective, multi-center, double-masked, randomized trial compared Bellafill® and a commercially available collagen implant for the treatment of soft-tissue defects of the face. A total of 251 (i.e., 128 Bellafill® and 123 Control) subjects were enrolled, and the nasolabial folds of 212 (i.e., 108 Bellafill® and 104 Control) subjects were treated.

The primary effectiveness endpoint was a comparison of the cosmetic correction provided by Bellafill® and Control treatments at the end of a 6-month period after injection, evaluated by means of a validated Facial Fold Assessment Scale (FFA Scale) using standardized photographs as reference. The numerical values for the FFA Scale were: zero—no folds; one—folds just perceptible (i.e., ~0.1 mm); two—shallow folds with some defined edges (i.e., ~0.2 mm); three—moderately deep folds with some well-defined edges (i.e., ~0.5 mm); four—deep folds with most edges well-defined and some redundant folds (i.e., ~1.0 mm;) and five—very deep folds with most edges well-defined and some redundant folds (i.e., ~2.0 mm). Comparisons to the reference photos were made at pre-treatment and at each follow-up visit. Safety was evaluated by comparing the incidence and severity of clinical events during and for 12 months after treatment completion.

Subject and Baseline Characteristics are presented in **Table 4**.

TABLE 4. SUBJECT AND BASELINE CHARACTERISTICS

DEMOGRAPHIC		Bellafill® (n=128)	Control (n=123)
GENDER			
	Male	11 (8.6%)	11 (8.9%)
	Female	117 (91.4%)	112 (91.1%)
AGE, YEARS			
	Mean	53.2	51.2
	Range	28-82	29-78
ETHNICITY			
	Caucasian	100 (78.1%)	101 (82.1%)
	Hispanic	21 (16.4%)	20 (16.3%)
	Asian	1 (0.8%)	1 (0.8%)
	Other[1]	6 (4.7%)	1 (0.8%)
FACIAL AREA TREATED			
	Nasolabial Folds	108 (84.4%)	104 (84.6%)
WRINKLE SEVERITY			
	Nasolabial Folds[2]	Mean Value 1.74	Mean Value 1.45

[1] "Other" ethnicities, as reported by Bellafill® subjects, were Mexican/Greek/English, Italian, Hispanic/Irish, American Indian, Native American, Middle Eastern. "Other" ethnicity, as reported by a Control subject, was Persian.
[2] Subjects in the Bellafill®-treated group had a higher baseline fold severity than those in the Control group. The difference was statistically significant (p=0.039).

RESULTS
The mean improvement in nasolabial wrinkle severity, as characterized by the masked observers, for subjects from before treatment to 6 months after completion of treatment was Bellafill® —0.77 points, and Control—0.00 points. The difference was statistically significant (p=<0.001).

ADDITIONAL ANALYSIS
At 1 month after treatment, 0.75 points (Bellafill®) and 0.74 points (Control) differences from baseline for nasolabial fold wrinkle severity were recorded. At 3 months after treatment, differences of 0.81 points (Bellafill®) and 0.15 points (Control) were determined for nasolabial folds. At 12 months after treatment, a nasolabial wrinkle severity difference of 0.98 points (compared to baseline) was recorded for Bellafill® subjects. No assessment of nasolabial fold wrinkle severity was performed at 12 months after treatment for Control subjects. The number of treatment sessions and volumes administered in nasolabial folds over the course of the study are displayed in **Tables 5** and **6,** respectively.

TABLE 5. MEAN NUMBER OF TREATMENT SESSIONS PER PRODUCT

TREATMENT AREA	Bellafill®	Control
Nasolabial Folds	2.28 (n=108)	2.18 (n=104)

TABLE 6. MEAN VOLUME OF PRODUCT USED PER SIDE (LEFT/RIGHT)

TREATMENT AREA	Bellafill® (cc)	Control (cc)
Nasolabial Folds	0.82 (n=108)	1.46 (n=104)

b) Open Label Study
This open label, single-arm, multi-center study assessed the safety of Bellafill® injections for the correction of soft-tissue defects of the face. 157 subjects were enrolled and monitored at 3, 6, and 12 months post-treatment. 126/157 (80.2%) subjects completed the 1-year study. The safety data collected in this study were included in **Table 1**.

c) Collagen Immunoreactivity
The immunoreactivity of the collagen component was evaluated in the randomized study. All patients were required to have a skin test prior to being considered for injection with Bellafill®. In this trial, 128 patients received Bellafill® Skin Test as their first injection. The 123 patients in the Control group received skin tests with the control collagen. Of the 123 patients in the control group, 106 patients received the Bellafill® Skin Test after 6 months when they decided to receive Bellafill® in the crossover portion of the study.

Results of the skin tests – In the randomized study there were no positive skin tests in the 128 patients first randomized to receive Bellafill® treatment or the 106 control patients who elected to receive Bellafill® injections in the crossover cohort. Of the 141 patients who received the collagen control skin test, 6 had a positive skin test and were excluded from the study.

Serum IgG – In the randomized study 4 Bellafill® and 2 Control patients were not treated because they displayed abnormal baseline serum IgG levels against collagen during screening. One subject in the Bellafill® group transitioned from a normal IgG level before administration of the skin test to a value above the normal range at 1 month after treatment. This patient's IgG levels returned to the normal range by 3 months after treatment.

d) 5-Year Post Approval Study (PAS001-Study P521-01)
This study was a multi-center, open-label, post-approval study in which one thousand and eight (1,008) qualified, and consenting subjects were followed for a 5-year period after their completion of NLF correction per protocol with Bellafill®. Treatments were administered according to the approved labeling for Bellafill®. Thirty days after the first treatment, subjects could receive a second "touch-up" treatment, followed by a third "touch-up" treatment at least 14 days later and no later than 60 days after the initial treatment. Eight hundred and seventy-one (871) subjects completed the study yielding an 87% completion rate.

Follow-up for subject-reported potential AEs and satisfaction data was completed by mail or telephone questionnaire survey at 6, 12, and 18 months, and 2, 3 and 4 years post-treatment. Subjects were seen and examined at 5 years post-treatment.

Satisfaction Results: Subjects demonstrated significant early and late satisfaction in this long-term study. The mean subject satisfaction rating at 12 months was 1.80 compared to a mean subject satisfaction rating of 2.00 in the previous pivotal study at 12 months (p=0.0416) (where 1 = very satisfied and 5 = very dissatisfied). In addition, the majority (>83%) of subjects were very satisfied or satisfied (scored 1 or 2 on the 5-point scale) with their treatment outcome at the 5-year follow-up/end of trial (mean score equal to 1.70 at 5 years).

INDIVIDUALIZATION OF TREATMENT
A complete medical history should be obtained to determine whether the patient is an appropriate candidate for treatment with Bellafill®.

HOW SUPPLIED
Bellafill® is an aseptic product that is required to pass a USP sterility test before release. It is supplied in a sealed tray containing individual treatment syringes with sterile needles for single patient use, packaged in a box. Each syringe contains: 20% polymethylmethacrylate beads and 80% bovine collagen solution containing 3.5% bovine collagen, 2.7% phosphate buffer, 0.9% sodium chloride, 0.3% lidocaine hydrochloride, and 92.6% water for injection.

The tray lid is sealed with a cover.
Do not use if the cover is broken or removed. Do not re-sterilize.

IMMUNOGENICITY TEST PROCEDURE (optional)
Four (4) weeks prior to treatment, physicians may choose to give patients a 0.1 cc test injection of the Bellafill® Skin Test material intradermally in the volar forearm, to determine a patient's sensitivity to the treatment material. For a complete discussion of the optional Bellafill® Skin Test, refer to the Instructions for Use supplied with test syringes.

TEST INTERPRETATION
The patient should observe the test site daily during the 4-week test period and notify the physician immediately if any effects indicative of a positive or equivocal response are observed or if systemic effects are experienced. A Bellafill® Skin Test Results Card may be provided to the patient at the time of the skin test to help the patient assess the test site.

POSITIVE RESPONSE
A positive response consists of erythema of any degree, induration, tenderness, and swelling, with or without pruritus, which 1) appears immediately following implantation and persists for more than 24 hours, or 2) appears more than 24 hours following implantation.

EQUIVOCAL RESPONSE
An equivocal response is one in which there is no localized skin reaction, but the patient does elicit a possible systemic reaction such as a rash, arthralgia (aching joints), or myalgia (aching muscles) that occurs at any time during the 4-week observation period. If an equivocal response is observed, a second injection in the opposite arm should be considered, with observation for an additional 4 weeks. Patients demonstrating a positive or equivocal response in this second test should not be treated.

DIRECTIONS FOR USE
Bellafill® is indicated for the correction of nasolabial folds.

1. Prior to treatment with Bellafill®, the physician may choose to use the optional Bellafill® Skin Test. If used, the results of the skin test must be carefully evaluated; the patient must not have a response to the optional Bellafill® Skin Test. For a complete discussion of the Bellafill® Skin Test, refer to the Instructions for Use supplied with skin test syringes.
2. Prior to treatment with Bellafill®, the patient should be fully informed of the indications, contraindications, warnings, precautions, treatment responses, adverse reactions, and method of administration. Patients also should be advised that supplemental touch-up treatments might be required to achieve optimal correction.
3. A complete medical history should be obtained to determine whether the patient is an appropriate candidate for treatment with Bellafill®.
4. The patient's soft-tissue contour deficiencies should be characterized with regard to etiology, distension, stress at the site, and depth of lesion. Pretreatment photographs are recommended.
5. The Bellafill® syringe must be brought to room temperature before injection.

6. After ensuring that the patient has thoroughly washed the treatment area with soap and water, the area should be swabbed with alcohol or other antiseptic.
7. Bellafill® is implanted through a 26 G needle. Bellafill® should only be used for defects requiring deep dermal implant placement and not into the subcutaneous fat. The rate and degree of correction in the implanted area varies with patient, treatment site, and plane of implant placement. Correction should be conservative during initial treatment.
8. Before injecting the patient, depress the syringe plunger until Bellafill® is visible at the tip of the needle.
9. Inject the product slowly and apply the least amount of pressure necessary.
10. The best cosmetic result can be achieved by moving the needle back and forth 2 to 3 times beneath each skin fold being treated while maintaining constant pressure throughout the implantation procedure (tunneling technique). The injection pressure is correct if the implant flows slowly and evenly, without great exertion. This technique results in subdermal strands, which form a support structure beneath the wrinkle to prevent further wrinkling.
11. If needles become occluded or dull during a treatment session, replacement may be necessary.
12. Gentle pressure on the skin with the fingertips may facilitate even distribution of Bellafill® immediately after implant placement.
13. Successive implantations at intervals of 2 or more weeks may be necessary to achieve the desired level of correction.
14. The area and the borders of the Bellafill® injection should be recorded on an illustration of a face for later comparison.
15. The physician should instruct the patient to report to him or her any evidence of adverse texture change in the surrounding implantation site. Other problems possibly associated with the use of Bellafill® should be promptly brought to the attention of the physician.
16. The syringe and any unused material should be discarded after a single treatment visit.
17. Correction should be limited to no more than 100% of the skin defect during treatment. One to two touch-up implantations at intervals of at least 2 weeks may be required to achieve the desired effect. The interval at which touch-up implantations are needed depends on the nature of the defect, the amount of implant injected, the site of placement, and the dynamics at the corrected sites.

STORAGE DIRECTIONS
Bellafill® should be stored at standard domestic refrigerator temperatures (2 – 8˚C). **DO NOT FREEZE**. Do not remove syringes from tray until ready for use.

Bellafill® has an off-white appearance. In the event that the content of a syringe shows signs of separation and/or is clear (like water), do not use the syringe and notify Suneva Medical immediately, call +1-844-Bellafill (844-235-5234).

PATIENT COUNSELING
Bellafill® Patient Label is available by contacting Suneva Medical. Patients should be told that more than one treatment session might be required to achieve the desired correction.

To place an order, contact Suneva Medical, Inc. or your local representative. Call 1-858-550-9999. Outside Canada: call ++1-844-Bellafill (844-235-5234). Orders may also be sent by fax to +1-858-550-9997 or e-mail to orders@sunevamedical.com.

CAUTION: Applicable law restricts this device to sale by or on the order of a physician or licensed practitioner.

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