

Investor Day

Establishment Labs[®]



Welcome

Agenda

Topic	Presenter/Moderator
Welcome; Logistics; Agenda	Raj Denhoy
Corporate Overview	Peter Caldini
Motiva® USA Business Updates	Jeff Ehrhardt
US Breast Aesthetic - Panel	Ben Newcott
Breast Reconstruction Opportunity in the USA	Jeff Ehrhardt
US Breast Reconstruction - Panel	Ben Newcott
Innovation Pipeline	Roberto de Mezerville
GLP-1s and Plastic Surgery	Juan José Chacón-Quirós
Unlocking New Markets - Panel	Juan José Chacón-Quirós
Management Q&A	

Forward Looking Statements and Other Legal Matters

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01

■ Global Business Update

Peter Caldini





20 Years of Global Innovation

4M+
DEVICES

Motiva® devices* in the market worldwide since 2010

210+
PATENTS

Applications approved/pending in over 20 jurisdictions




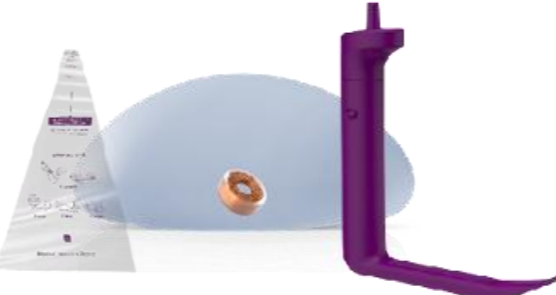
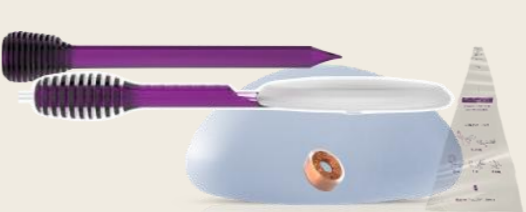

140+
PUBLICATIONS

Science-based research

90+
COUNTRIES

Establishment Labs® devices are approved

Our Portfolio

Reconstruction	Traditional Breast Augmentation		Breast Tissue Preservation		
<p data-bbox="293 658 626 709">Motiva Flora[®]</p>  <p data-bbox="236 1065 683 1178">Motiva Flora[®] Tissue Expander</p> <p data-bbox="226 1346 616 1521">SmoothSilk[®] Non-Magnetic Infusion Port TrueFixation[®] System</p>	<p data-bbox="1069 658 1269 709">Motiva[®]</p>  <p data-bbox="769 1093 1102 1140">Motiva[®] Round</p> <p data-bbox="736 1346 1092 1515">SmoothSilk[®] ProgressiveGel[®] Plus TrueMonobloc[®] BlueSeal[®]</p>	<p data-bbox="1069 658 1269 709">Motiva[®]</p>  <p data-bbox="1259 1093 1526 1140">Ergonomix[®]</p> <p data-bbox="1169 1346 1592 1515">SmoothSilk[®] ProgressiveGel[®] Ultima[®] TrueMonobloc[®] BlueSeal[®]</p>	<p data-bbox="1742 658 2009 709">JOY.(dot)[®]</p>  <p data-bbox="1735 1093 2025 1140">Ergonomix2[®]</p> <p data-bbox="1642 1300 2109 1562">SmoothSilk[®] ProgressiveGel[®] Ultima[®] TrueMonobloc+[®] BlueSeal+[®] Motiva SuperSilicones[®] Woman's Choice Program[®]</p>	<p data-bbox="2259 658 2525 709">Preservé[™]</p>  <p data-bbox="2235 1065 2525 1178">Ergonomix[®] Ergonomix2[®]</p> <p data-bbox="2142 1300 2608 1562">SmoothSilk[®] ProgressiveGel[®] Ultima[®] TrueMonobloc+[®] BlueSeal+[®] Motiva SuperSilicones[®] Woman's Choice Program[®]</p>	<p data-bbox="2835 658 2935 709">Mia[®]</p>  <p data-bbox="2742 1065 3032 1178">Ergonomix2[®] Diamond</p> <p data-bbox="2648 1300 3115 1562">SmoothSilk[®] ProgressiveGel[®] Ultima[®] TrueMonobloc+[®] BlueSeal+[®] Motiva SuperSilicones[®] Woman's Choice Program[®]</p>

Motiva® U.S. IDE Study

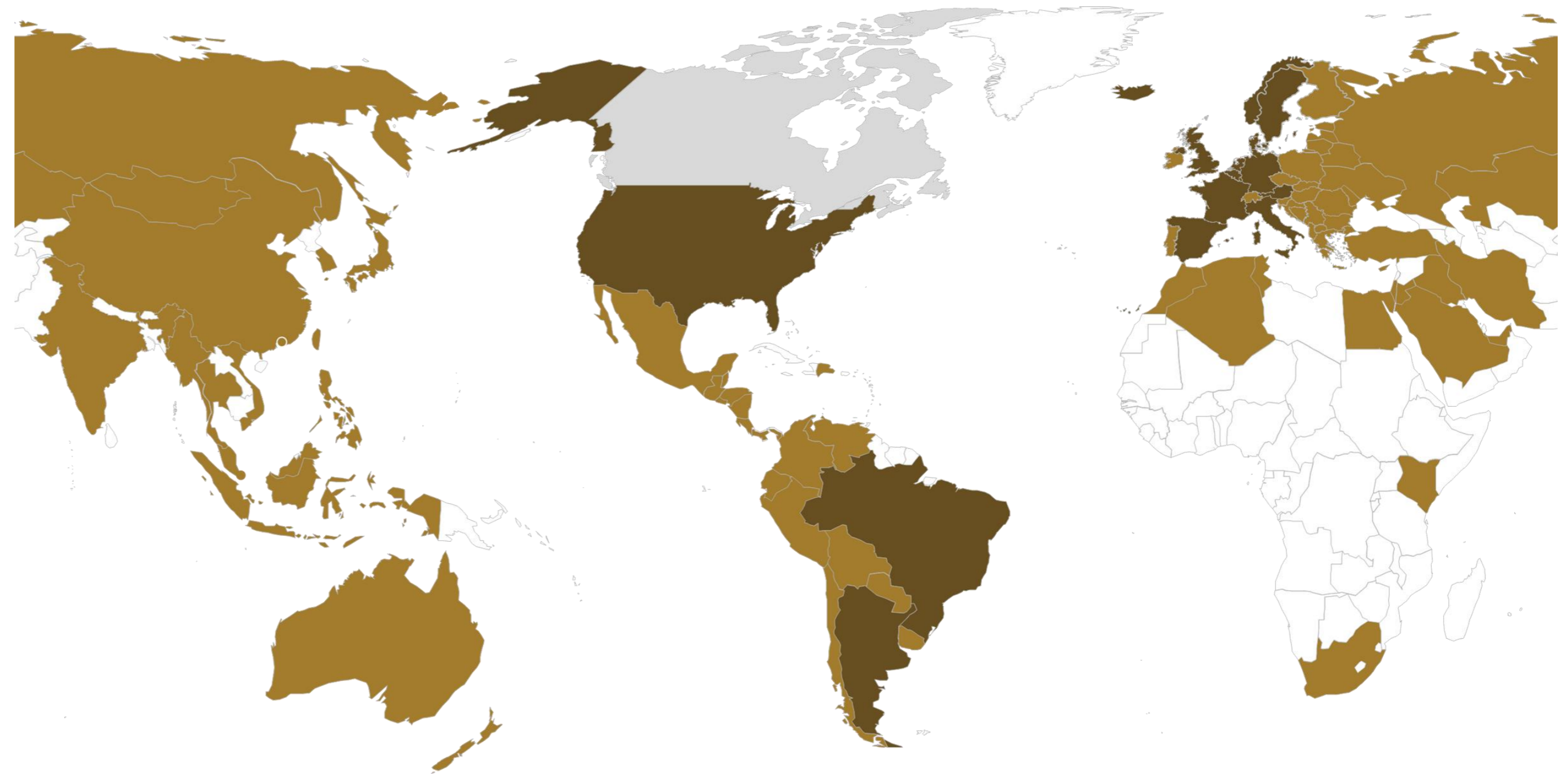
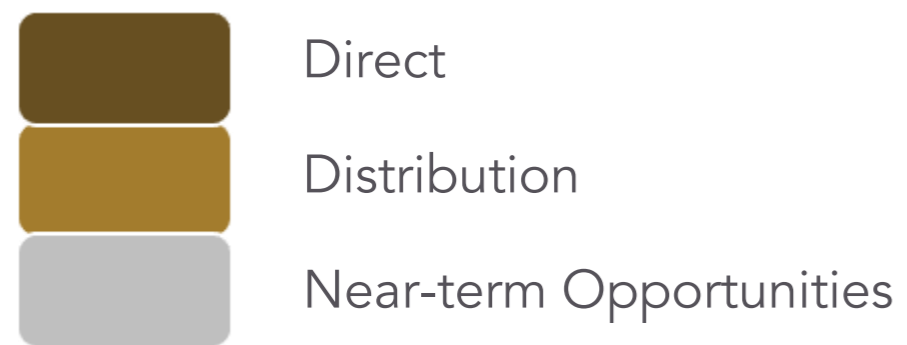
Primary Augmentation (N=451)	2-year (95% CI)	3-year (95% CI)	4-year 95% CI	5-year 95% CI
Capsular contracture (Baker Grade III/IV)	0.5% (N=2)	0.5% (N=2)	0.5% (N=2)	0.5% (N=2)
Rupture, suspected or confirmed	0.6% (N=1)	0.6% (N=1)	0.6% (N=1)	0.6% (N=1)
Breast pain	0.7%	0.7%	0.9%	1.2%
Infection	0.9%	0.9%	0.9%	0.9%
Implant removal, with or without replacement	1.6%	1.6%	1.8%	3.1%
Any reoperation ¹	5.9%	6.6%	6.8%	8.8%
Any complication ²	8.4%	8.8%	9.6%	12.0%

1. Any surgery on the breast or chest area, device or non-device related, including size change
 2. Any device or non-device related event, including reoperation

5-year data is preliminary and does not reflect the final study results.



Global Sales Footprint



Motiva[®] implants sold in 90+ countries

2025 Corporate Priorities

US Launch



Scaling up

Minimally Invasive



Preservé™
Mia®

Driving efficiencies & Profitability



Budget & Cash Management
Revenue Target
Efficiencies Identification

Innovation



GEM®
PMA Supplements
New Technology

2025

- **2025 revenue guidance: \$205 to \$210m**
 - *US to meaningfully exceed \$35m*
 - *Including approx. \$9.5m to \$10m in 2Q*
 - *Mid-single digit growth outside the US*
 - *Underlying demand remains stable*
- **Preservé™ Launch in EMEA and LATAM**
 - *Strong initial demand*
- **Gross margins expected to trend higher**
 - *+200-300bp, driven by the US*
- **Continue to drive efficiencies in OPEX**
 - *Reduced OUS & Corp expense by ~30% from 2023; Investing in US commercial operations*
 - *Leveraging stable OPEX in outer quarters*
- **Expect to turn EBITDA positive in 2025**

Beyond 2025

- **Expect to grow at 20%+ for at least the next three years**
- **Continued focus on efficiency and healthy growth**
- **Expected to achieve cash flow positive in 2026**
- **On a clear path to become the global leader in breast aesthetics and reconstruction**
- **Leading a transformation in minimally invasive**

02

■ Motiva® US Business Update

Jeff Ehrhardt



Key Priorities for the U.S. for 2025

01

Staff U.S. Organization with best in class, Plastic Surgery experienced talent



- 42 Sales Representative, 4 Region Managers, 3 Strategic Acct. Mgrs., 1 NSD.
- Customer Service & Support Team

02

Build out seamless, easy to navigate customer ordering platform and overall operating system



- >75% of orders via Motiva Portal
- <25% via live agent

03

Build sufficient inventory and place permanent consignments in 200 targeted accounts



- >100 Placed YTD

04

Focus Execution on Surgeon Training & Engagement and driving overall brand awareness



- >1000 Surgeons have opened accounts
- 5 billion+ Motiva impressions

05

Achieves \$35M+ revenue in 2025

- Q1 \$6.2M
- Q2 ~\$9.5M to 10.0M
- Expecting to meaningfully exceed \$35M

Driving Surgeon Training and Engagement

Surgeon Training



**8 Sulaym Events In Costa Rica
(120+ Surgeons)**



**8 Surgeon Lead Masterclasses
(50+ Surgeons)**

Driving Surgeon Training and Engagement

Surgeon Engagement

Advisory Boards

- RASAPS
- The Aesthetic Meeting
- MiB Boards

Sponsored Speaker Events

- ABAM
- OCSPS
- Atlanta Breast Symposium
- The Aesthetic Meeting
- PSTM

All National & Regional Society Meetings

- The Aesthetic Society
- ASPS
- SESPERS
- Atlanta Breast Symposium
- ABAM
- Mountain West Society
- Northwest Society
- RASAPS
- SAPS
- MiB
- Breast Surgery & World Consensus
- All State and Local



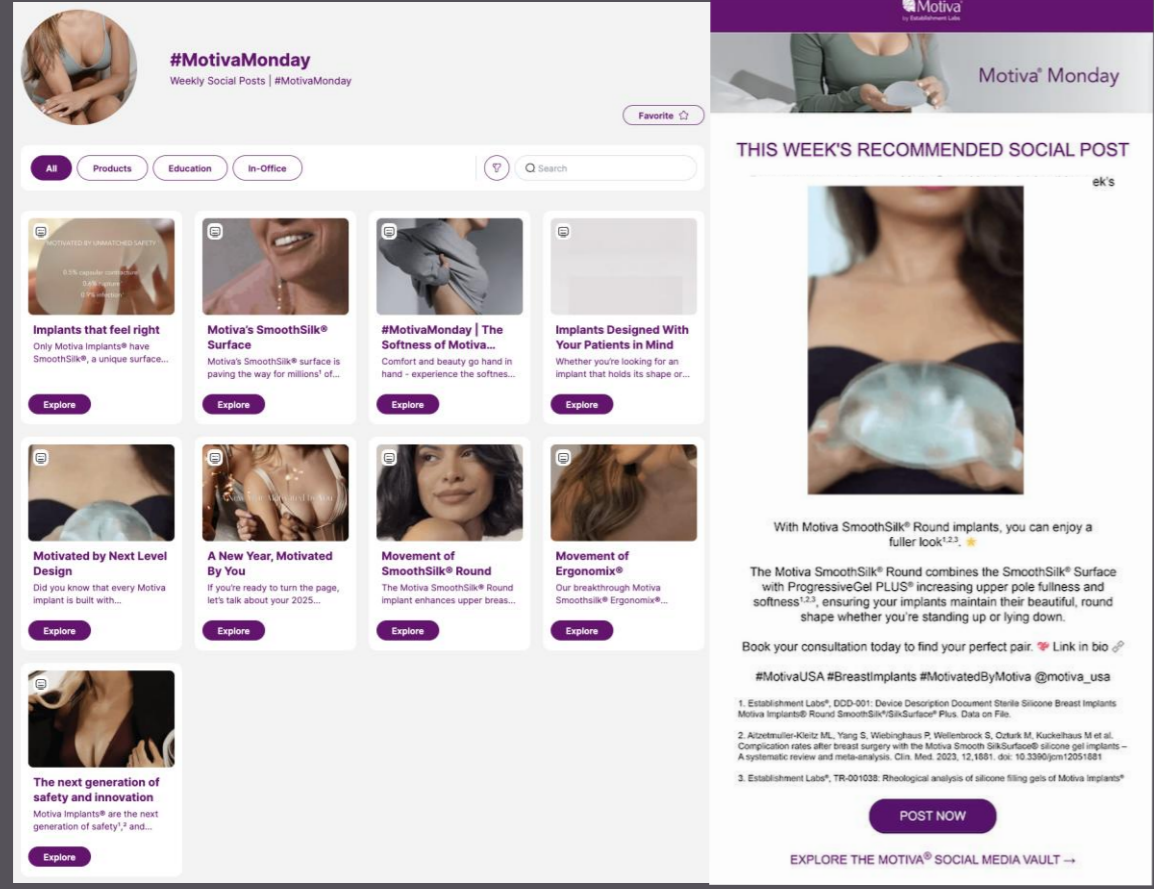
"Everyone" is talking about Motiva® on social



6,471+ Followers 34,118+ Interactions 31,284,065+ Impressions

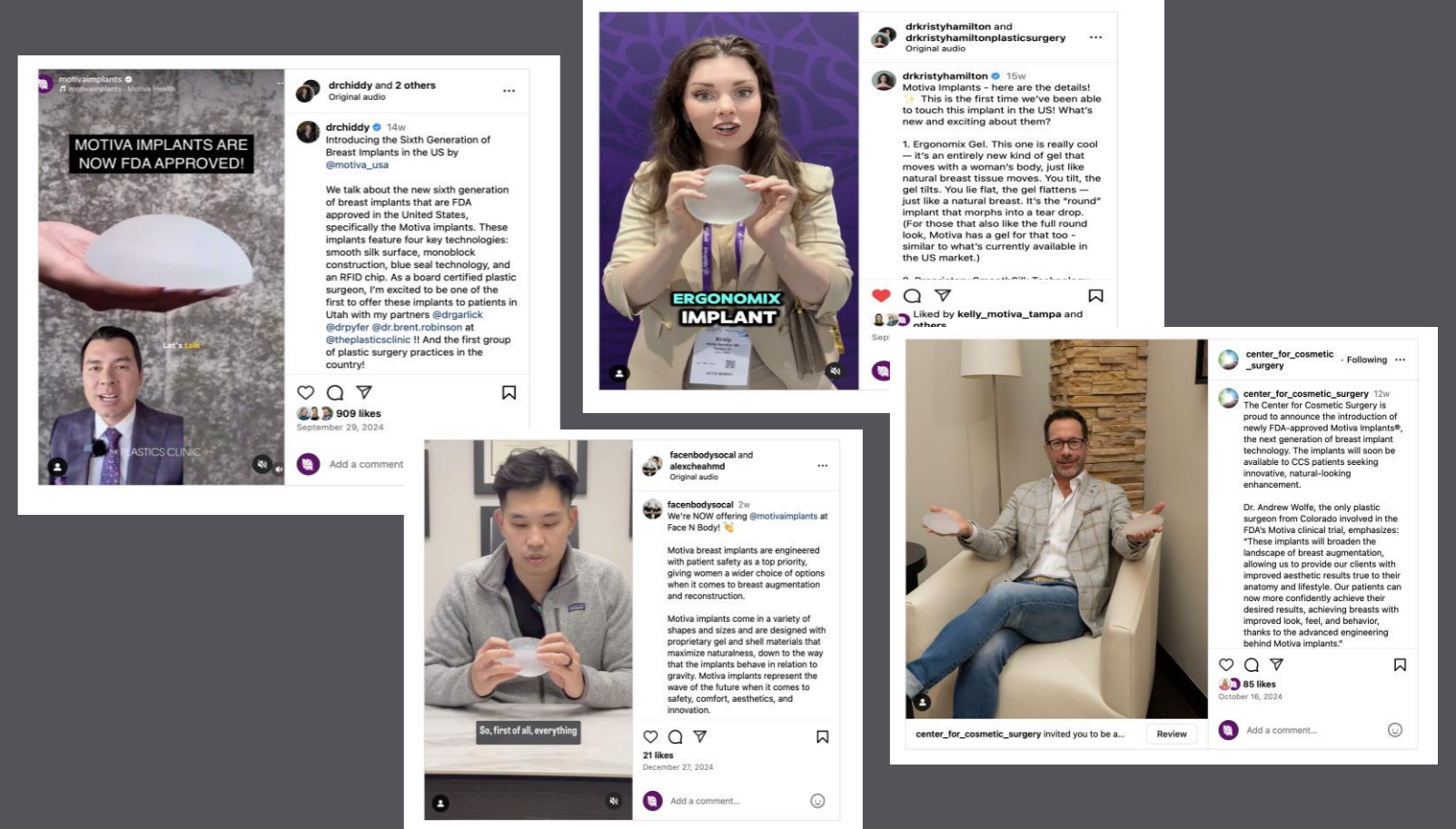


750+ Organic Surgeon Posts



24 Motiva® Monday Emails

1,528 Social Post Downloads



Patients are sharing their journey

Influencer Program



@_leslieperez
72.6K Followers
Houston, TX



@ericapowell
19.8K Followers
Ponte Vedra, FL



@iamstephmurray
33.1K Followers
Jacksonville, FL



@daphnemarquez_
114K Followers
Houston, TX

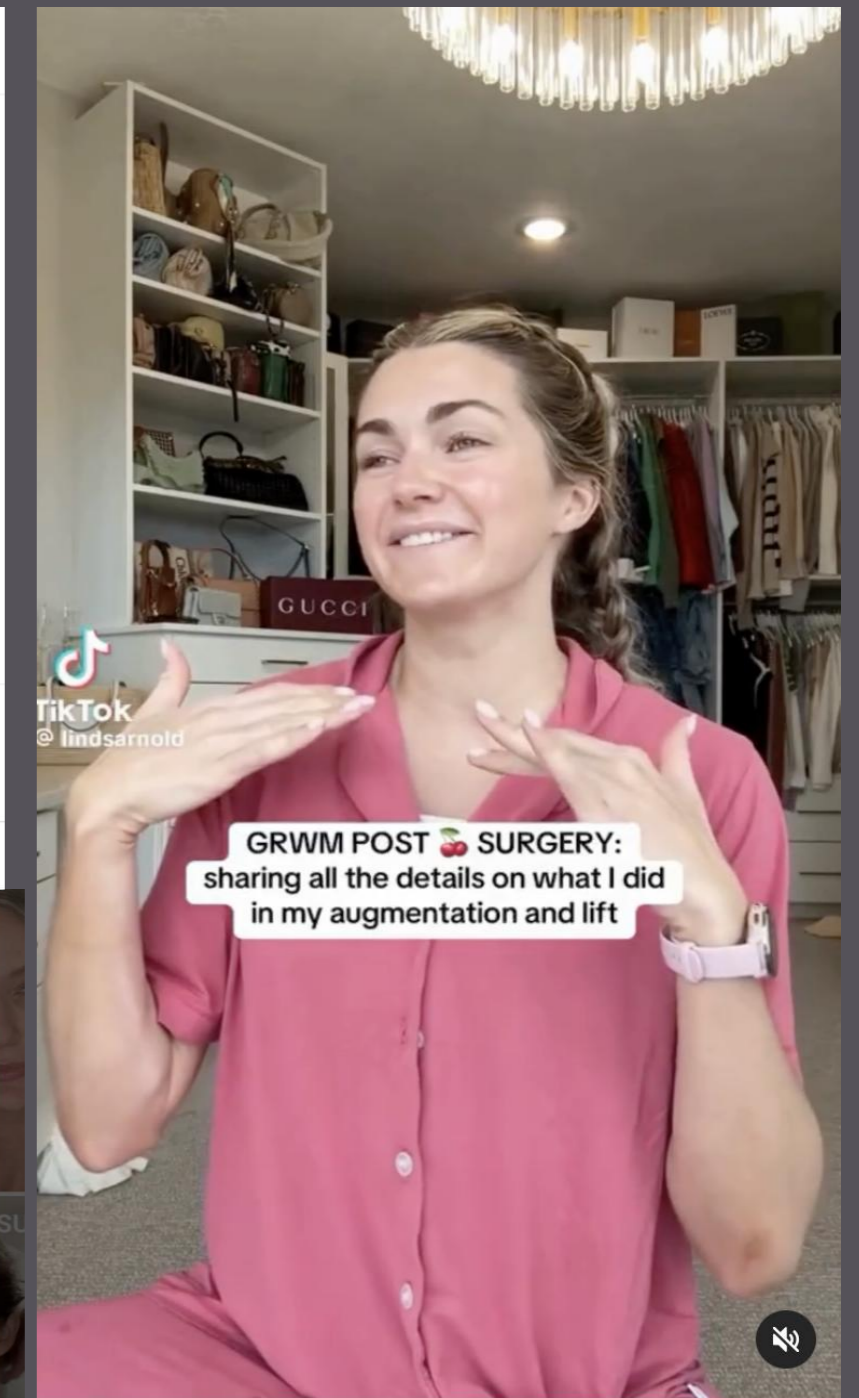
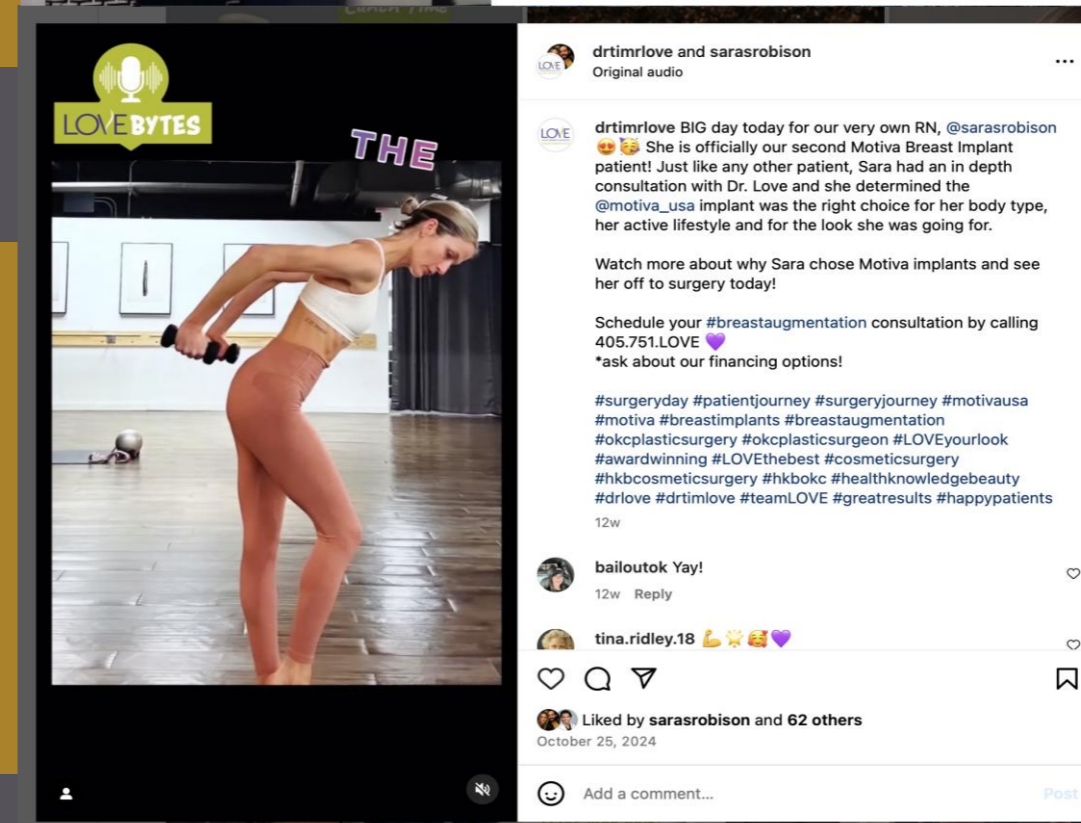
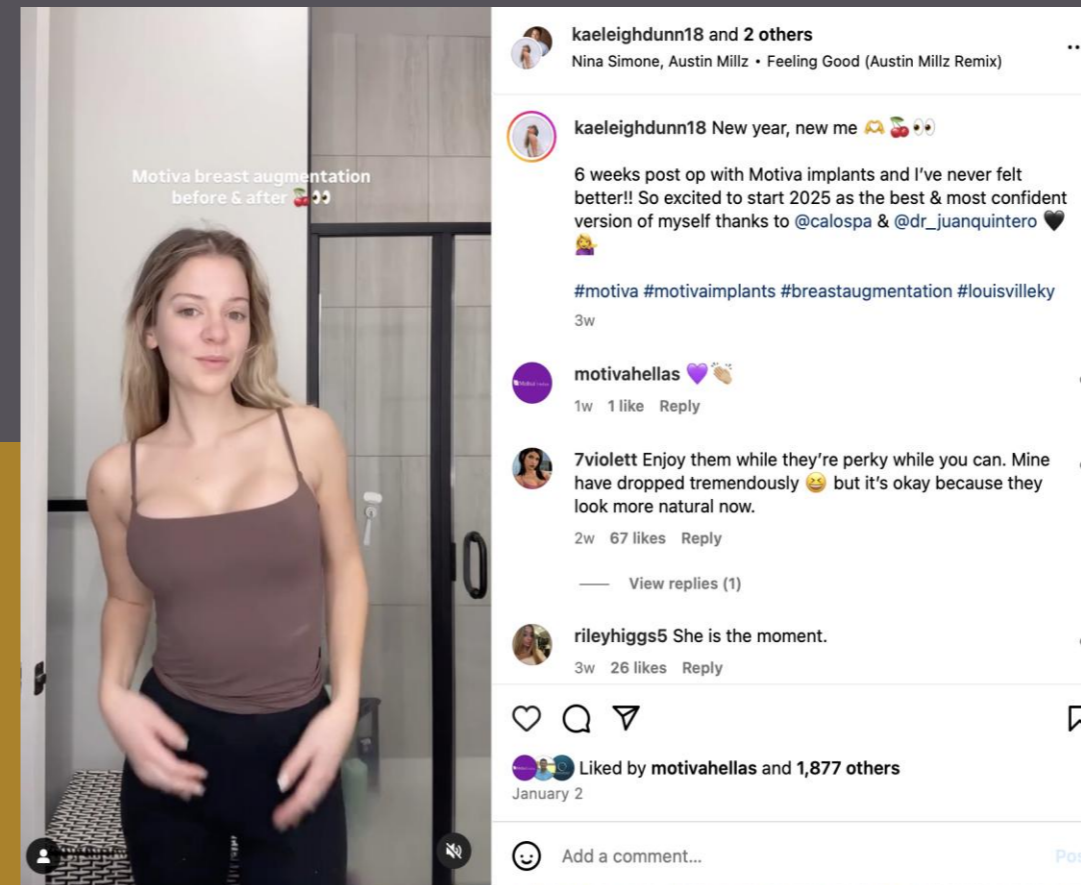


@Mary_a_b
141K Followers
Austin, TX



@alexiusmariee
24.4k Followers
Pflugerville, TX

User Generated Content



When you know you made the right decision 🥰
Dancing through life with her new perfect pair is @lindsarnold from @dancingwiththestars. At Motiva®, we're motivated by YOU - so we love to see you loving your Motiva Implants®!



Motiva[®]'s first **A-list** **celebrity influencer**

MEGHAN TRAINOR is a grammy award winning A- list singer songwriter and television personality, most notable for her debut single "**All About That Bass**".



Meghan has sold **millions of albums worldwide** and has over **18M social media followers**.

Meghan announced on her podcast in late November 2024 that she was ready for a breast augmentation.

She shared that she's been considering the procedure since the age of 16 and was finally ready after breastfeeding and losing weight.

Meghan's Motiva[®] journey **made headlines**

1.7M Video views

90 Meghan X Motiva Mentions

4.8 Billion Impressions



NEWBEAUTY



InStyle



Newsweek



Meghan Trainor Campaign Success Metrics

3,427+

Leads from Meghan Trainor's landing page

700 +

MT Campaign patients got surgery with Motiva® Implants

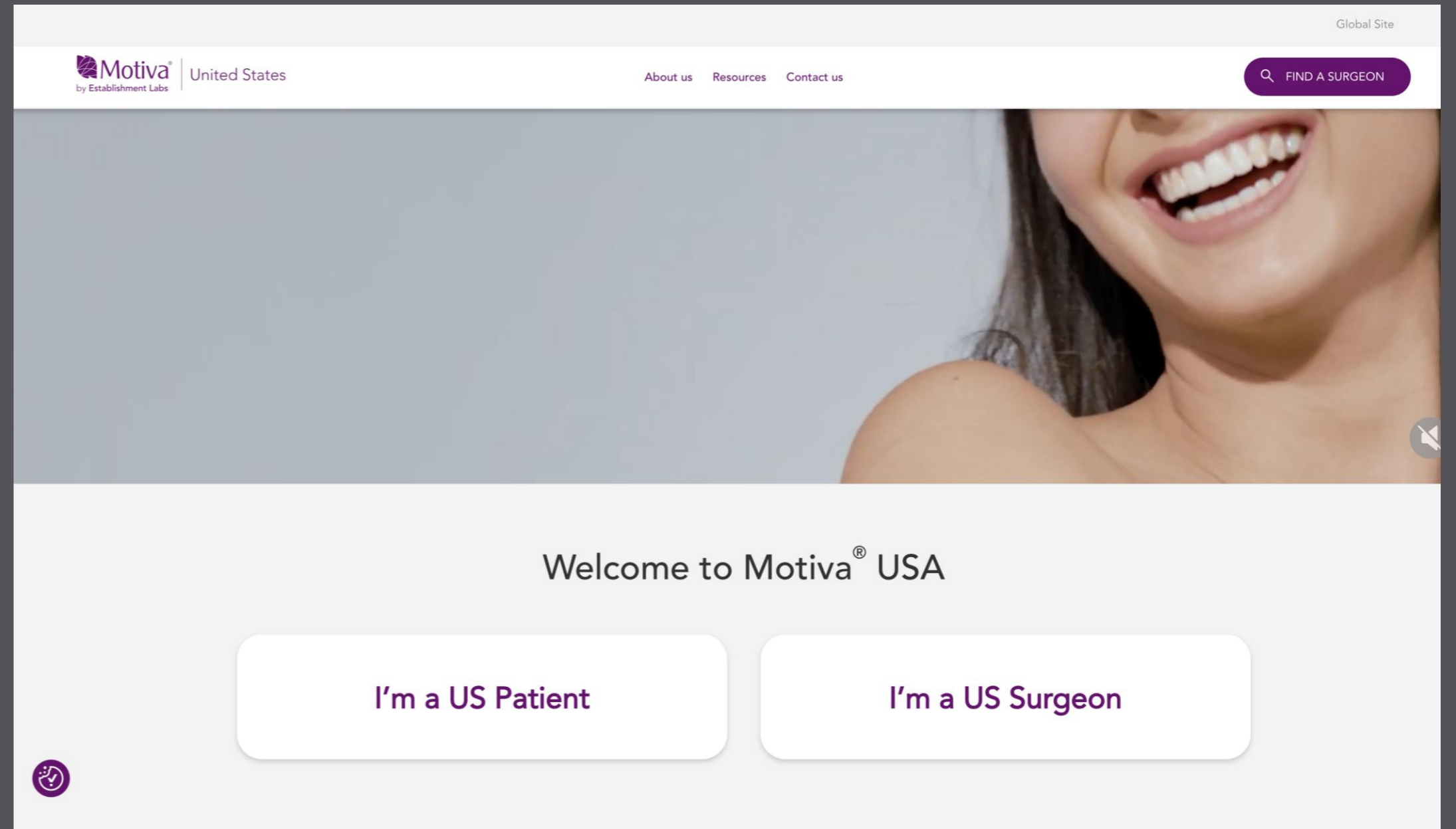


Driving Awareness

40%

Increase in Motiva[®]
Branded Searches

130,000 Active Website Visitors



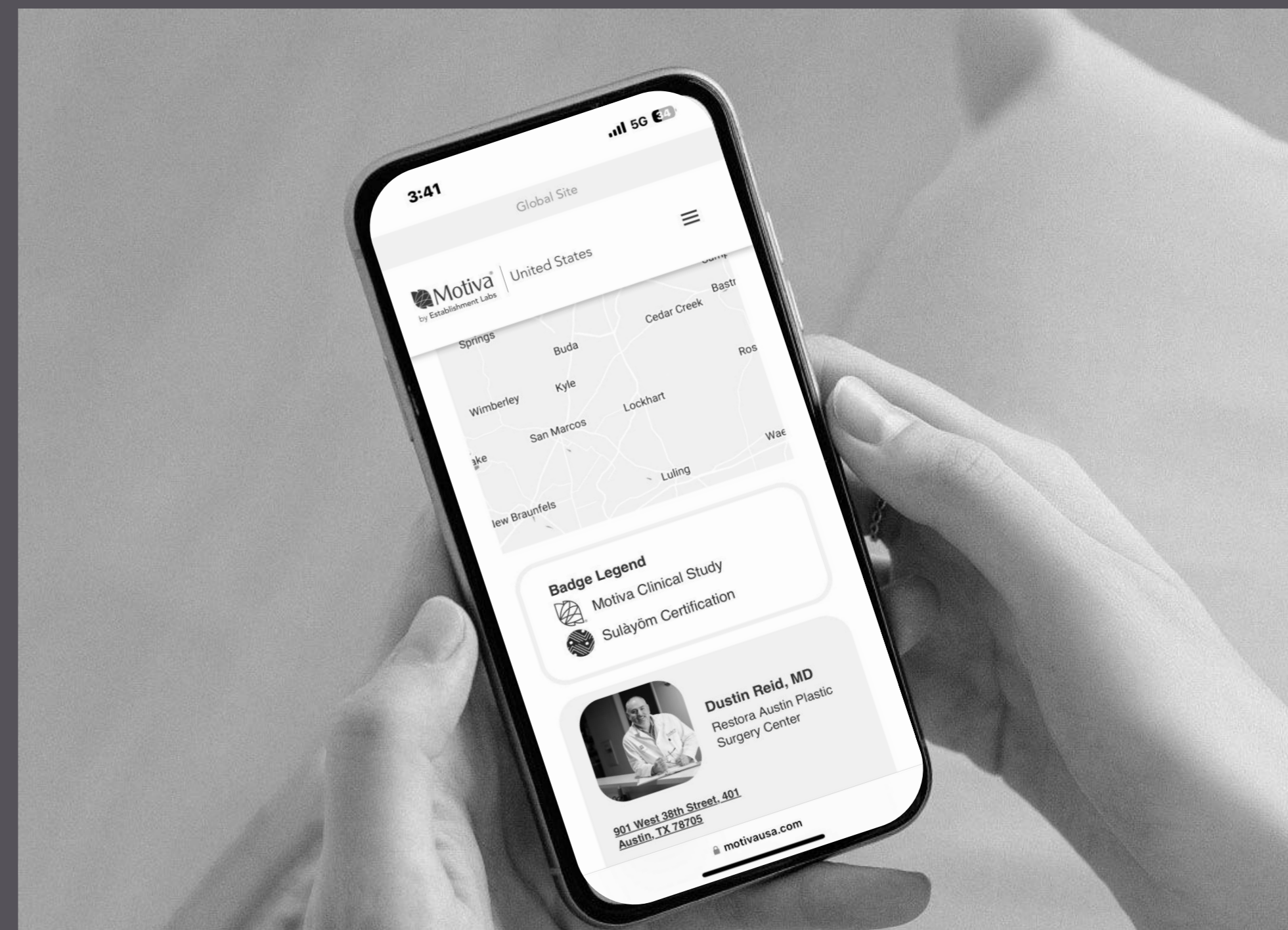
Patients are looking for a **Motiva[®] surgeon**

>5,000

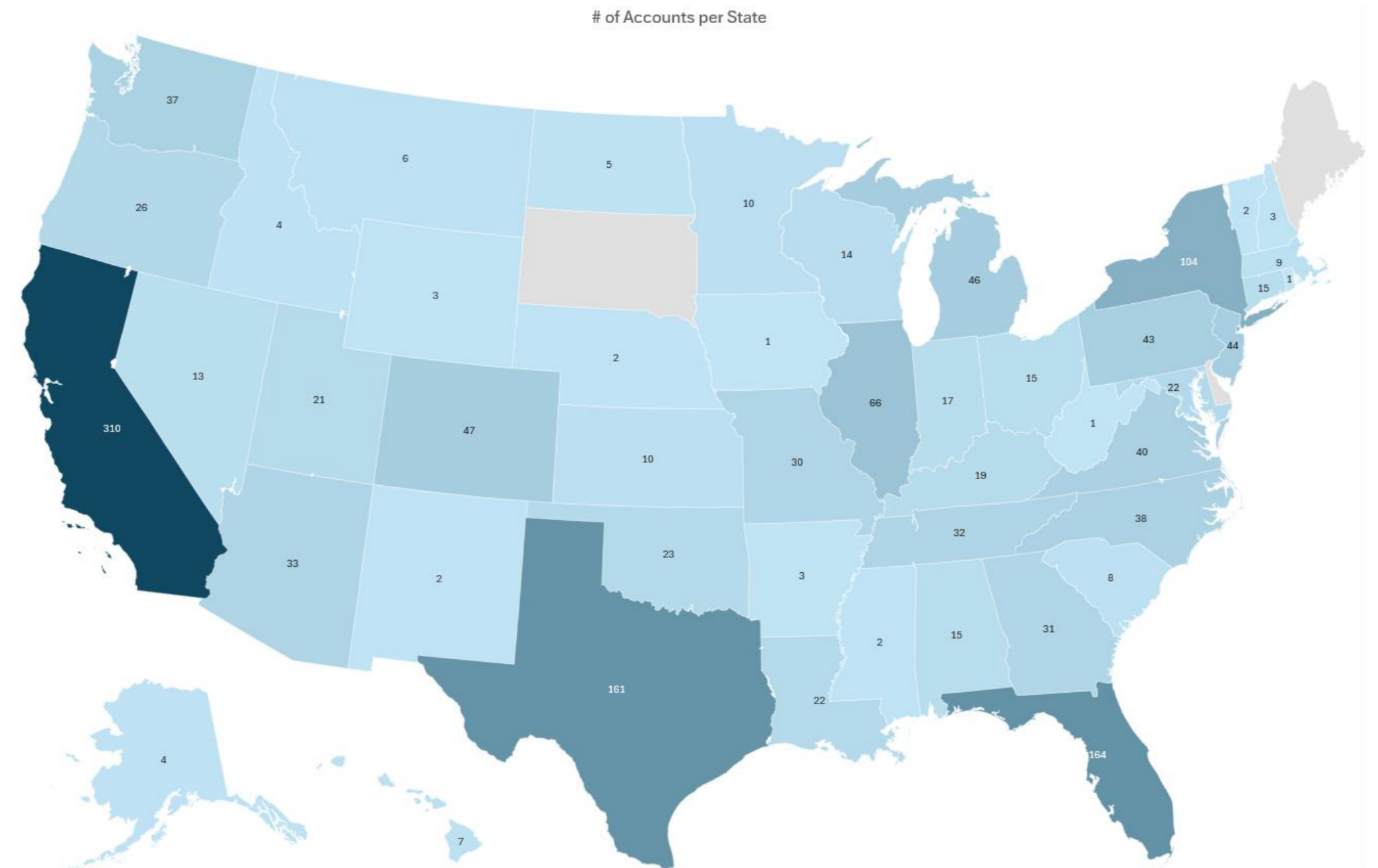
Patient Leads

>120,000

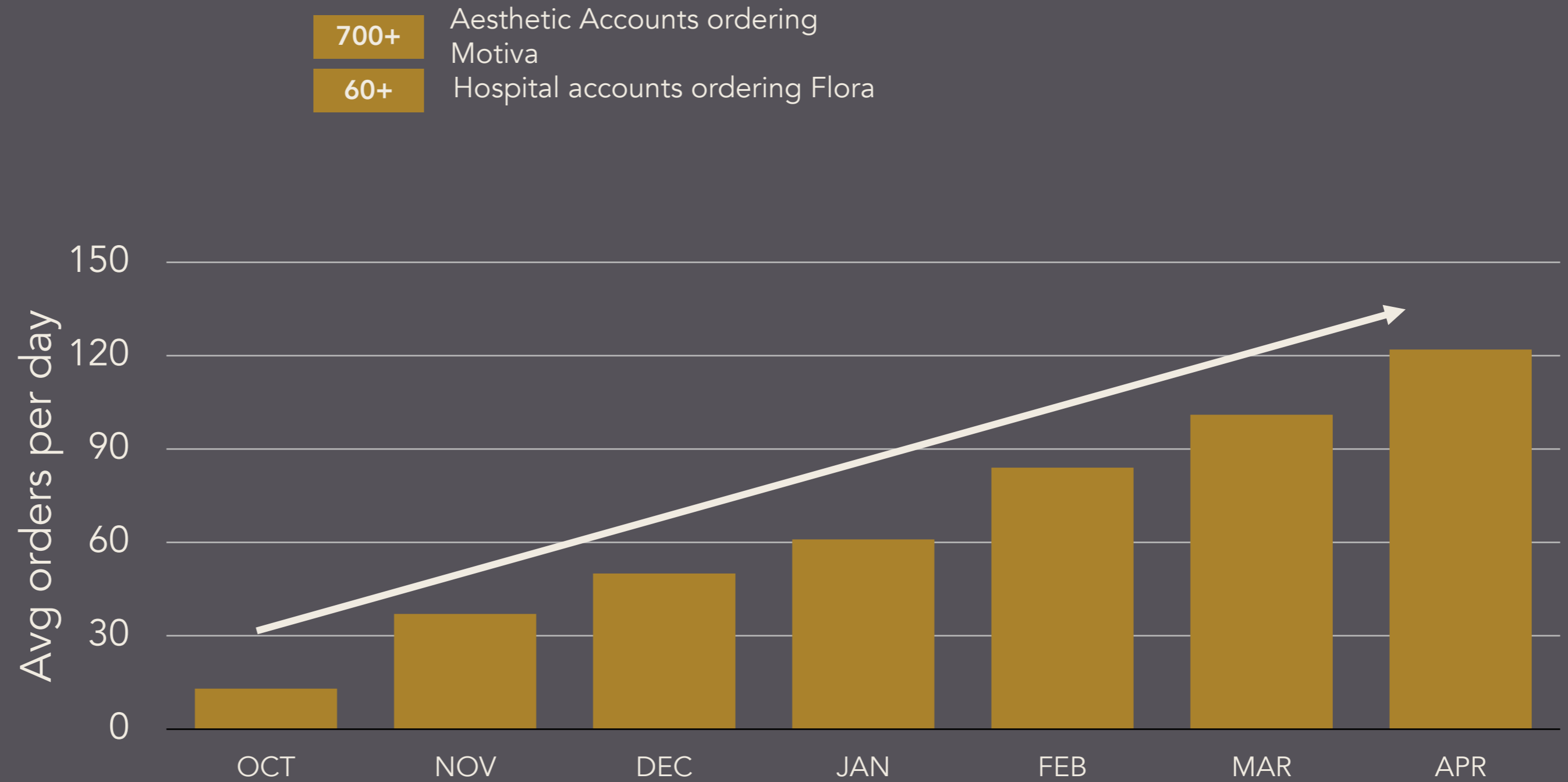
Actions on Motiva Surgeon Locator



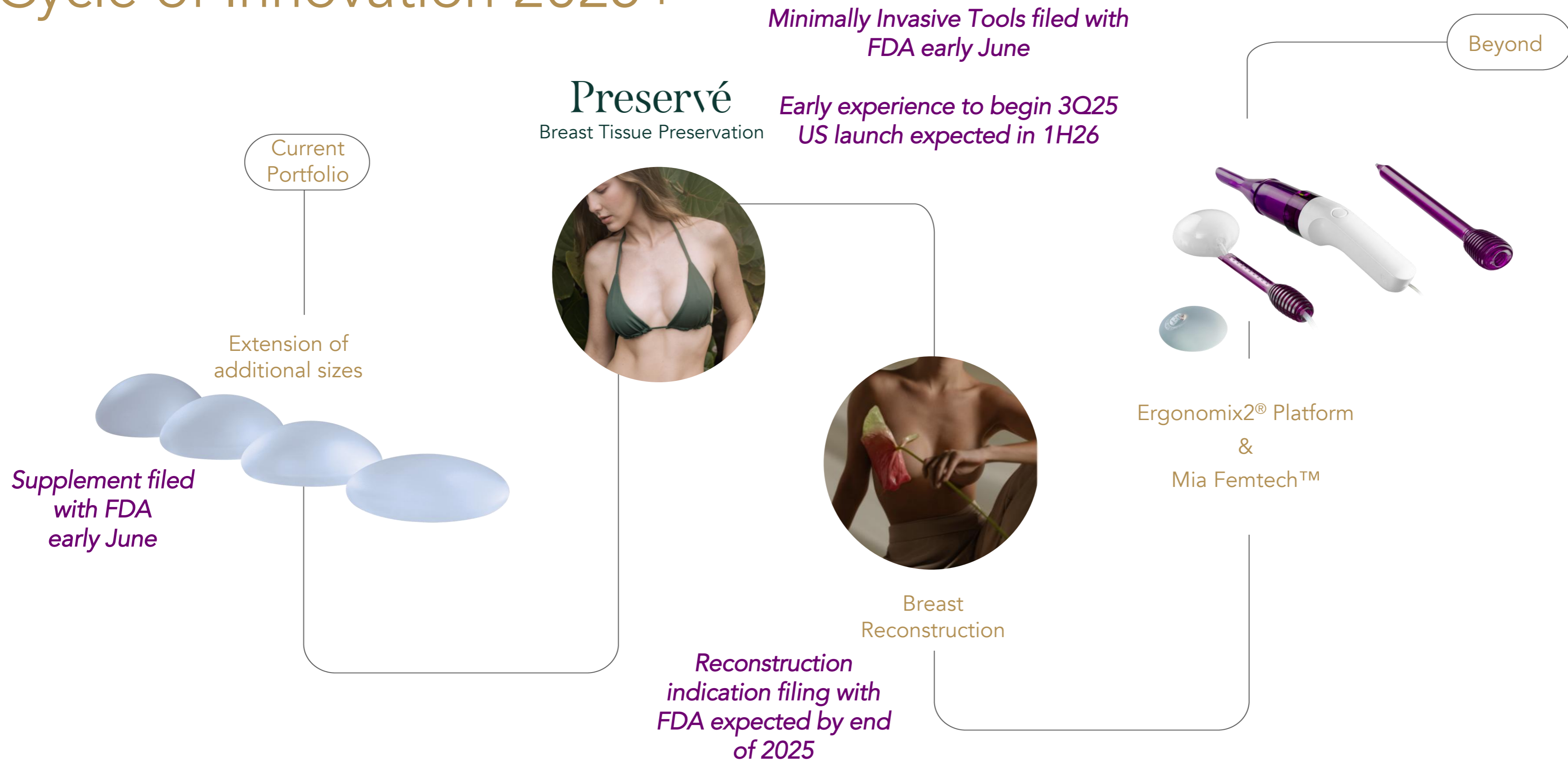
>1000 Surgeons Offer Motiva®:
Patients have ready access to Motiva®



Monthly Order Trends Steadily Increasing



Cycle of Innovation 2025+



03

■ US Breast Augmentation Panel

Ben Newcott

Panelists

Mark Epstein, M.D

Anna Steve, M.D

Troy Pittman, M.D.



Mark D. Epstein, MD, FACS

Center for Aesthetic Surgery
Hauppauge, NY

Engineering Beautiful Durable Results with Motiva Implants



My 7 Year Investigator Experience



Relevant Disclosures

- **Epstein Breast Retractors** – *ASSI (Royalties)*
- **Epstein Breast Implant Retractor** - *Black and Black surgical*
- **Vectra advisory board** - *Canfield Clinical Systems*
- **Principal investigator** - *Motiva[®] US Clinical Breast Implant Trial*
- **Stockholder** – *Establishment Labs[®]*
- **Allergan-** *Consultant and speaker*

About Me

Studied Biomedical/Electrical Engineering & Computer Science – Northwestern University

Performed thousands of breast augmentation

Board Certified – American Board of Plastic Surgery and American Board of Surgery

Employ both 2D and 3D imaging in my breast practice

31 years of clinical practice

Performing One Day Recovery Breast Augmentation for 21 years



Three-dimensional Imaging and Simulation in Breast Augmentation What Is the Current State of the Art?



Mark D. Epstein, MD^{a,*}, Michael Schefflan, MD^b

Clinics of Plastic Surgery 42: 437 – 450, October 2015

How Did I Get Involved

- 2017 – Invitation to become a principal investigator

- Deep dive into the technology

- Novel approach to silicone rheology

- TrueMonobloc[®] technology

- SmoothSilk[®]

- QiD[®]



Initial Observations

- Patients wanted the “little blue implant”

- Almost all new patients wanted to be in the study

- No issues with device usage and placement

- 100% of patients loved the way their breasts looked and felt

Current Observations at Seven Years Follow Up

- Results are EXTREMELY stable
- Breasts feel more natural than with any other device
- 99% of patients thrilled with their results
- No patient has asked to have a competitive device placed
- Device related complications extremely low

Motiva[®]: Disruption of the Market

■ Sustaining Innovation – Motiva[®] technology - superior as compared to competitive devices

■ New Market Disruption – Created two new markets utilizing minimally invasive technology

- Small volume breast augmentation (Mia[®])
- Larger volume breast augmentation (Preserve[™])



Motiva[®]: Major Paradigm Shift

■ Subpectoral breast augmentation

- Gold Standard > 30 years

■ Prepectoral breast augmentation

- The "New Gold Standard"



Motiva[®]: Advantages of Prepectoral Breast Augmentation

01 Concern for the transition from chest wall to upper breast is no longer a concern with Motiva implants

02 Can now perform this surgery in women with very thin tissue

03 Can create narrower cleavage

04 No animation deformities

05 Faster recovery?



Case Studies



Patient WS

- 26 YO, 146 LBS
- Primary Augmentation
- Dual Plane I
- Motiva® Ergonomix® ERSD
R: 340 cc, L: 340 cc



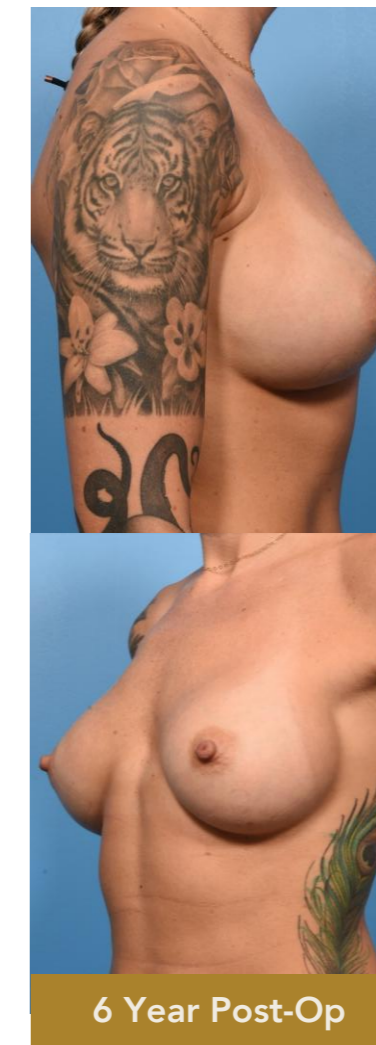
5/14/2018



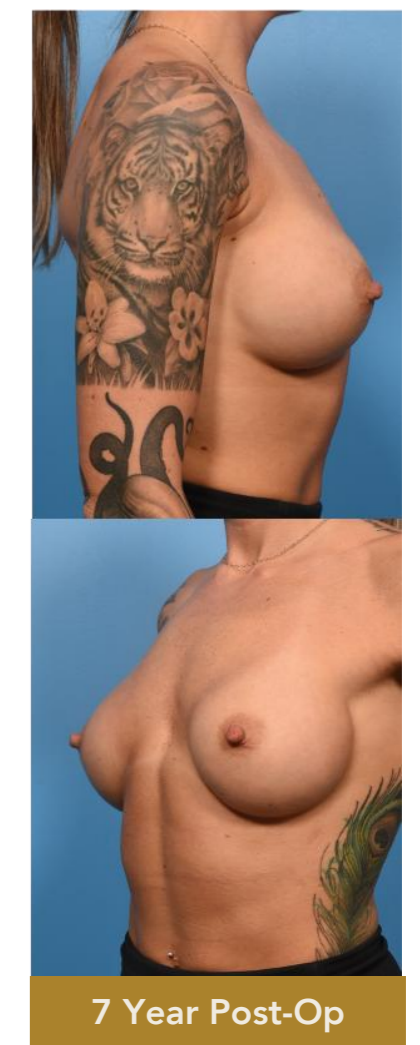
6/4/2018



9/25/2018



6/17/2024



6/5/2025

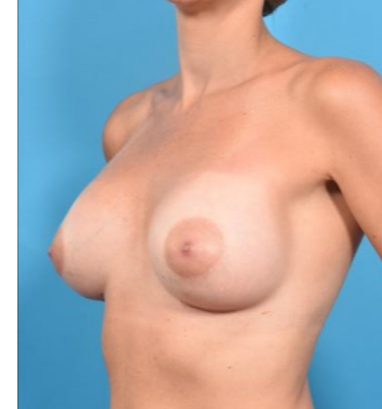
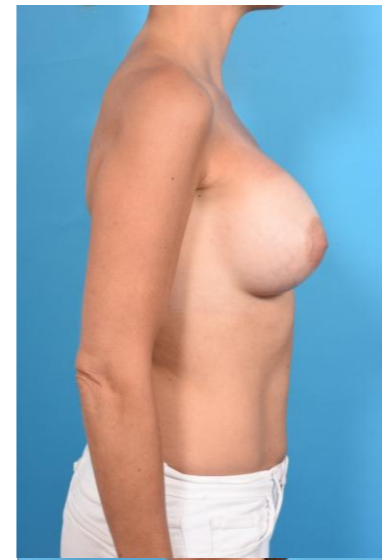
Patient EJ

- 40 YO, 118 LBS
- Primary Augmentation
- Dual Plane II
- Motiva® Ergonomix® ERSD
R: 230 cc, L: 230 cc



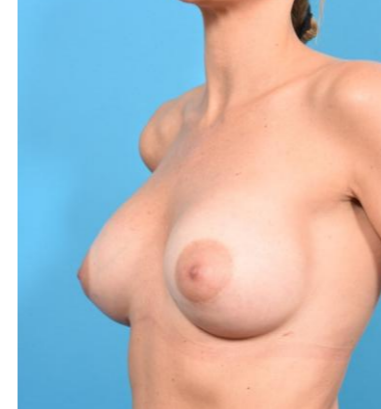
Pre-Op

7/2/2018



1 Month Post-Op

8/13/2018



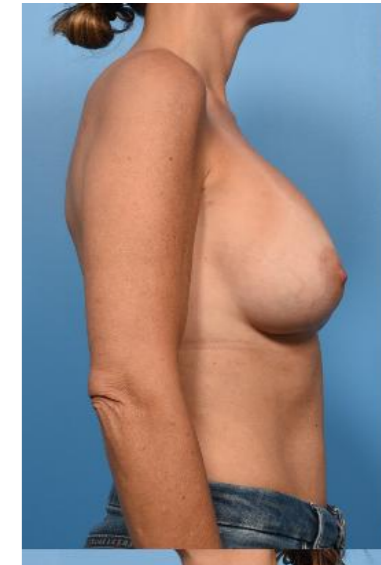
4 Month Post-Op

10/29/2018



6 Year Post-Op

8/12/2024

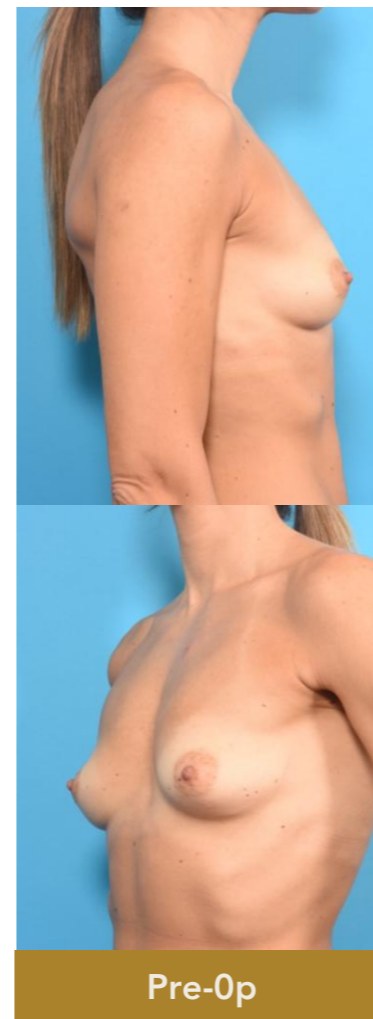


7 Year Post-Op

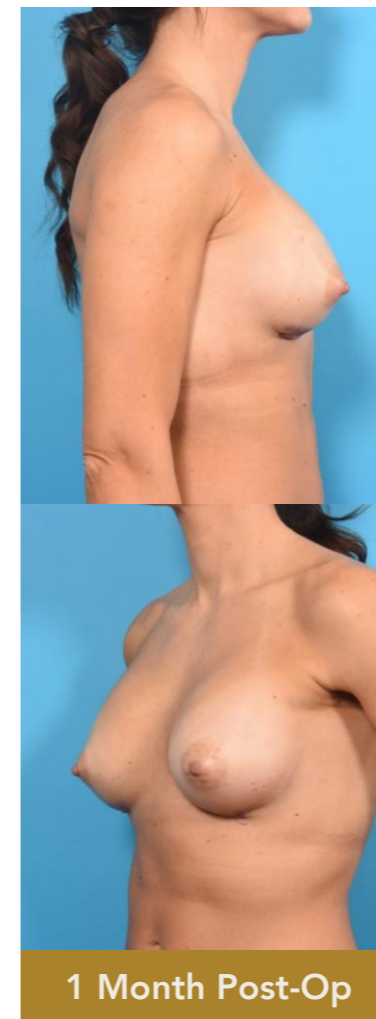
5/29/2025

Patient FL

- 34 YO, 122 LBS
- Primary Augmentation
- Dual Plane II
- Motiva[®] Ergonomix[®] ERSD
R: 265 cc, L: 265 cc



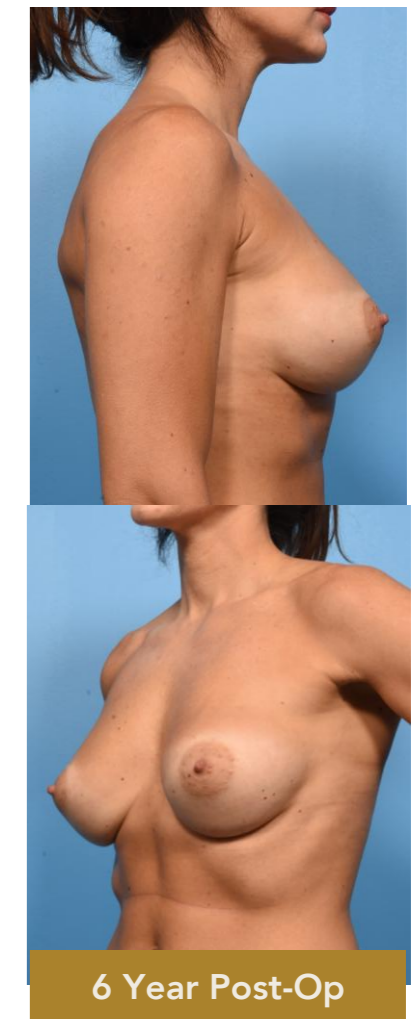
10/8/2018



10/26/2018



2/25/2019



10/11/2024

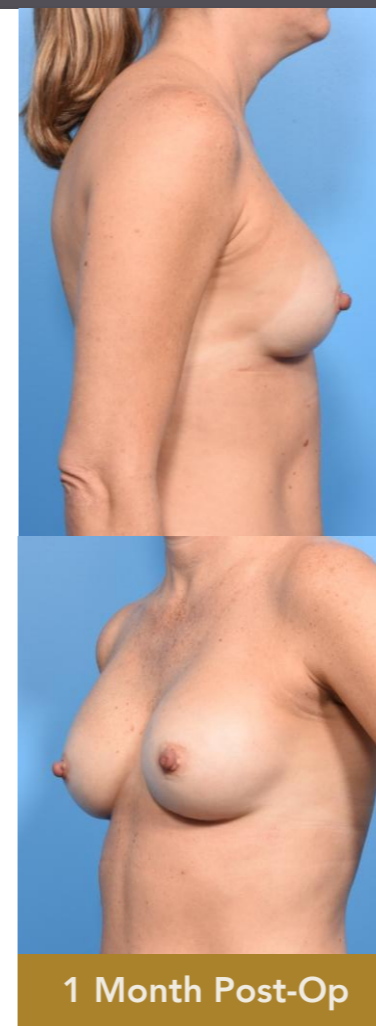
Patient GD

- 40 YO, 140 LBS
- Primary Augmentation
- Dual Plane I/II
- Motiva[®] Ergonomix[®] ERSD
R: 285 cc, L: 245 cc



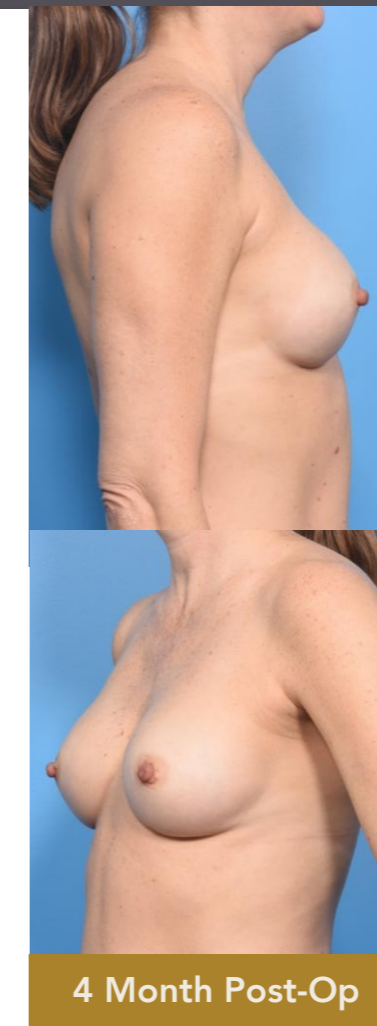
Pre-Op

10/10/2018



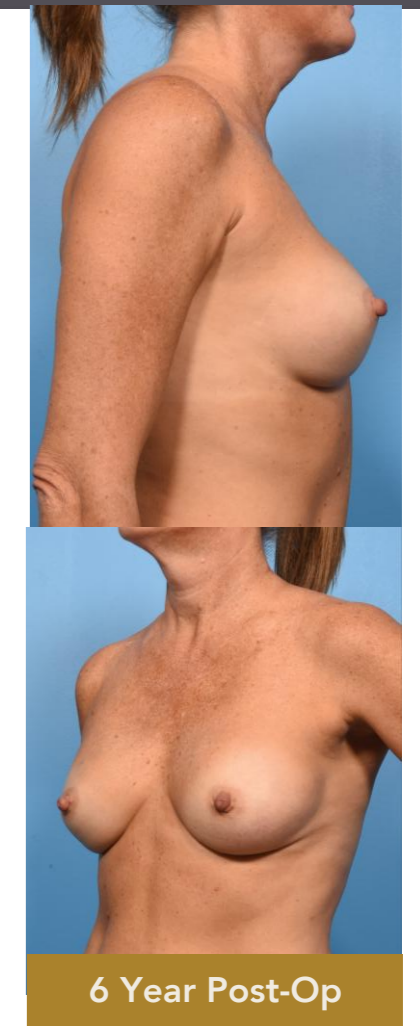
1 Month Post-Op

11/6/2018



4 Month Post-Op

2/18/2019



6 Year Post-Op

10/10/2024

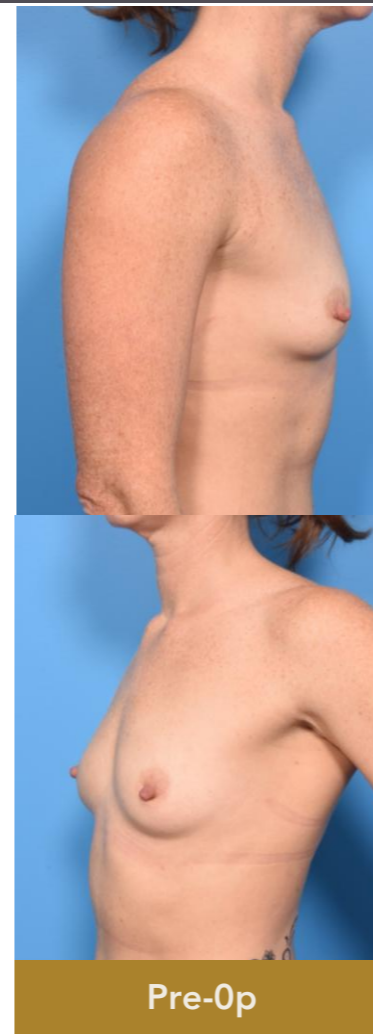
Patient HL

- 39 YO, 135 LBS
- Primary Augmentation
- Dual Plane II
- Motiva[®] Ergonomix[®] ERSD
R: 285 cc, L: 285 cc



Patient VC

- 39 YO, 116 LBS
- Primary Augmentation
- Dual Plane III
- Motiva® Ergonomix® ERSD
R: 320 cc, L: 320 cc



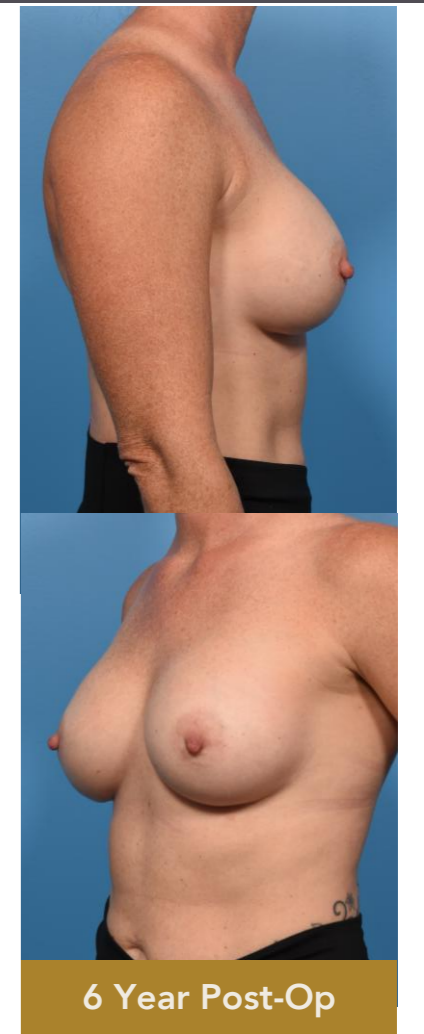
12/3/2018



1/7/2019



4/15/2019



1/16/2025

Patient JK

- 35YO
- Primary Augmentation
- Dual Plane I
- Motiva[®] Ergonomix[®] ERSD
R: 425 cc, L: 425 cc



Patient AC

- 40YO
- Primary Augmentation
- Dual Plane II
- Motiva® Ergonomix® ERSD
R: 265 cc, L: 265 cc



Thank you

Mark D. Epstein, MD, FACS

Center for Aesthetic Surgery
Hauppauge, NY

mepstein@epsteinplasticsurgery.com

631 987 5001



Anna Steve, MD

Neinstein Plastic Surgery
New York, New York

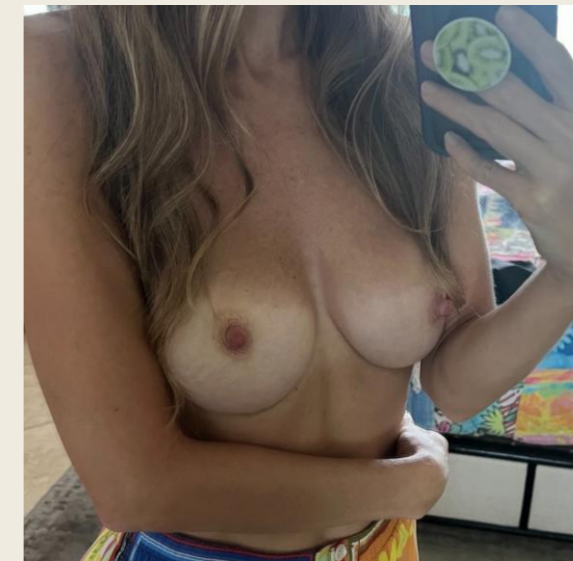
The New Era of Breast Aesthetics



The Park Avenue Look and Experience Women Expect
in my Practice

Bigger isn't always better





Patient Preference for Implant Brands

INTERNAL NOTES

zoom
5'4 125
lives in michigan
interested in subfascial breast augmentation with **Motiva Implants**
Desired surg ASAP
Has a hiking trip planned for May 22-26

INTERNAL NOTES

5'6"
113
Interested in the **motiva small volume implants** under local.

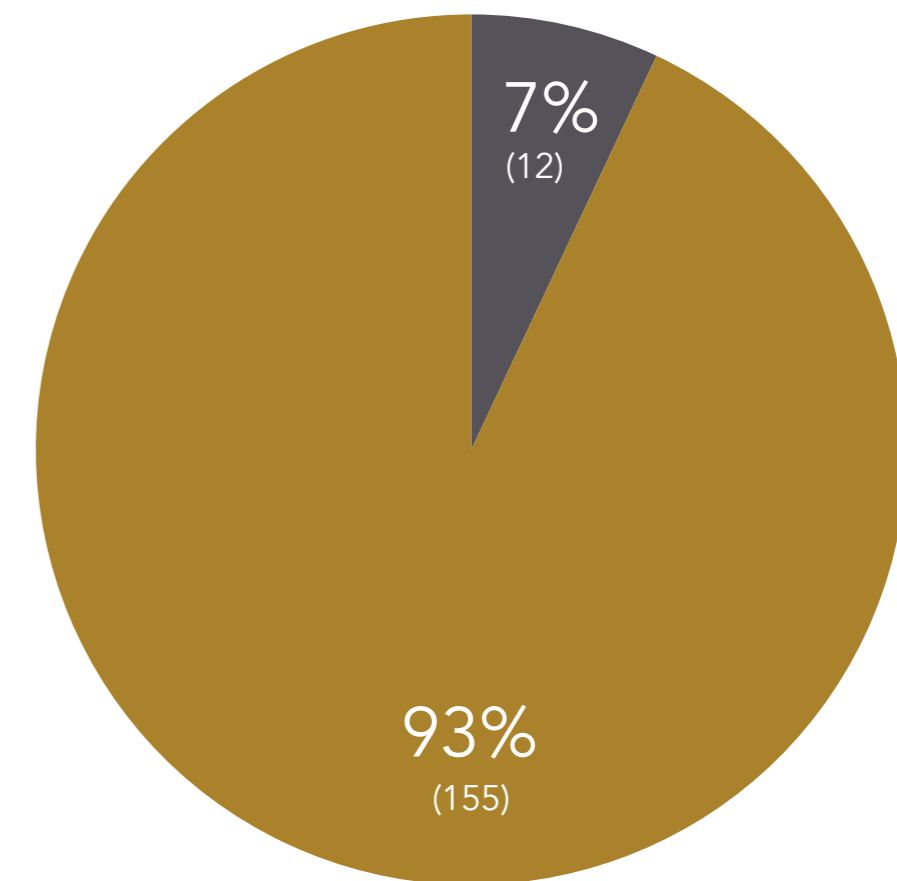
I'm 45 with 32B dense breast, looking for just a little natural volume to fill out tops and swimsuits. No kids, did not breastfeed.

Unsure of a surgical date yet until I hear more about procedure and costs.

INTERNAL NOTES

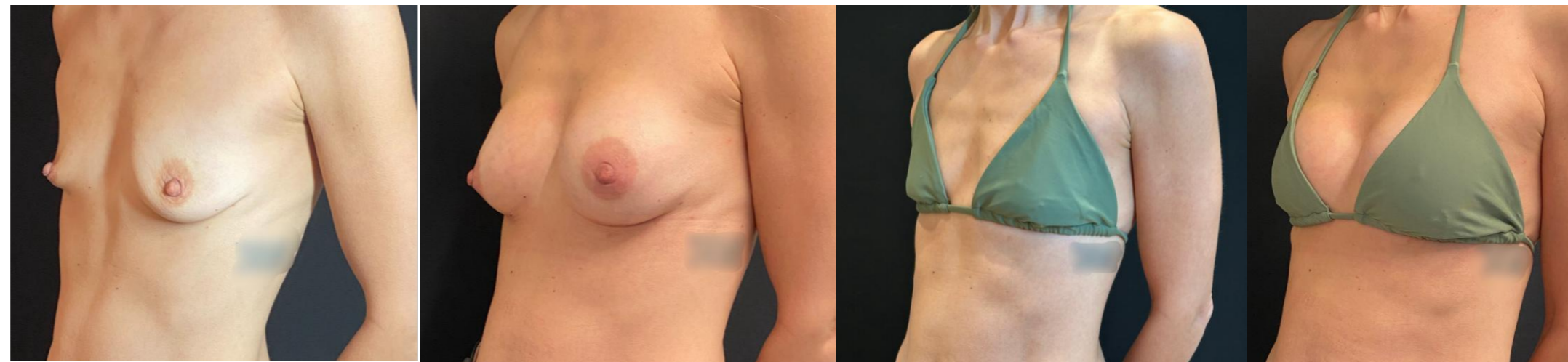
Lives in Utah - Interested in breast augmentation with **Motiva or fat grafting** depending on what **Dr. Anna suggests** - 5'9 135
- Would like surgery June 3rd

■ Other Brand ■ Motiva®





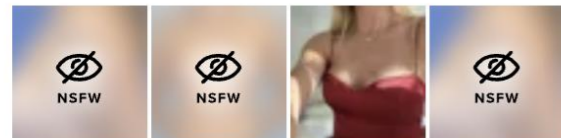
Both patients here were only candidates for over the muscle implants because of Motiva®



Patient Testimonial

BA + Fat Transfer with New Motiva Implants

25 Oct 2024 • 6 days post

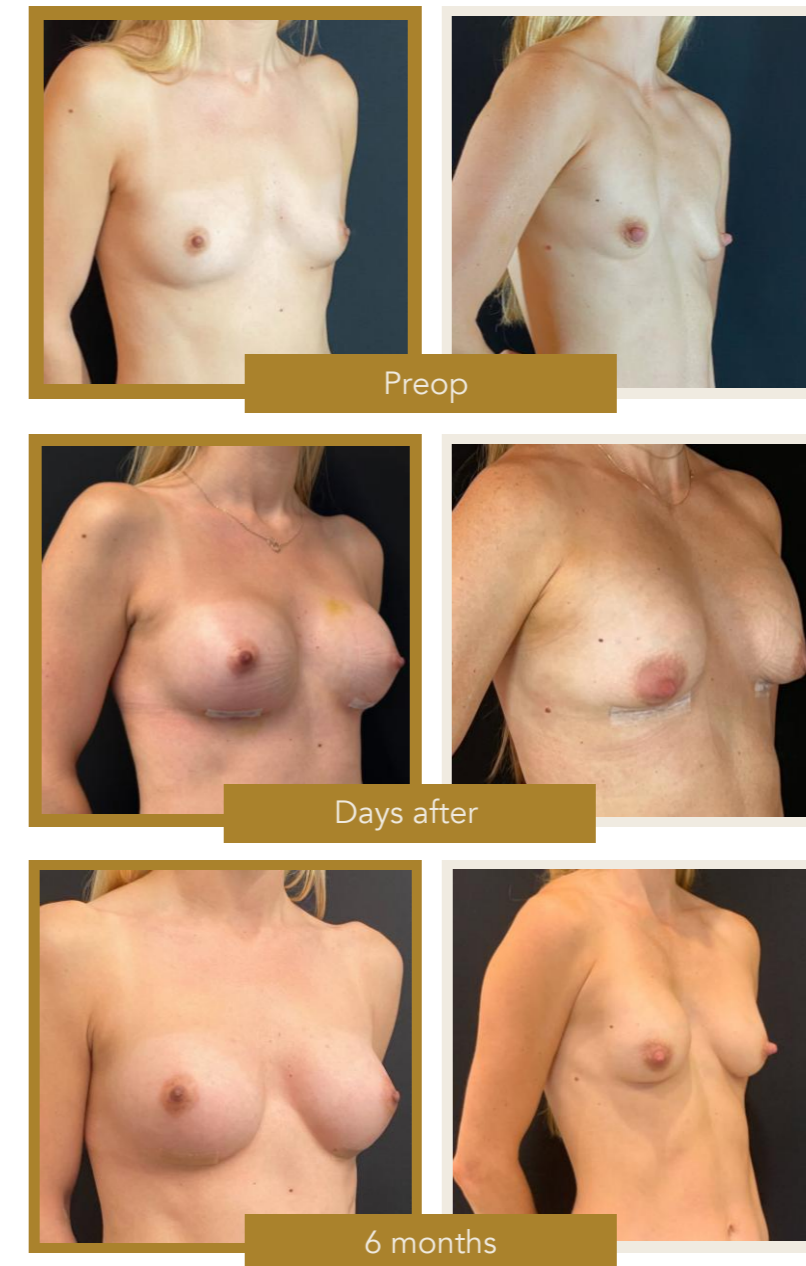


I had an amazing experience with Dr. Anna! I got 230cc Motiva ergonomix OTM minis. I chose Dr. Anna because of her ability to quickly build trust and make me feel calm/confident in the procedure and her expertise. The day of surgery, my nerves were put at ease, and I woke up with only mild discomfort (truly, no pain!)

I wanted to minimize recovery time, so Dr. Anna helped me adjust my original BA goals given the new release of the motivas. Also, because of the motivas technology, I was able to qualify for OTM (subfascial) implants, which was less invasive and preferred for me.

Less than 24 hours after surgery, I was out to dinner with a friend. My surgery was on a Saturday, but I probably could have gone back to work the next day! I'm 6 DPO today, and feeling absolutely amazing. Overall this was a huge success and really worth it for me!

Motiva®
over the Muscle



Other Brand
Under the Muscle

Thank you

Anna Steve, MD

Neinstein Plastic Surgery
New York, New York



Troy Pittman, MD FACS

New York, New York
Washington, DC

The Quest for the Perfect Breast:



Dogma, Devices and Drama



Dr. Scott Spear

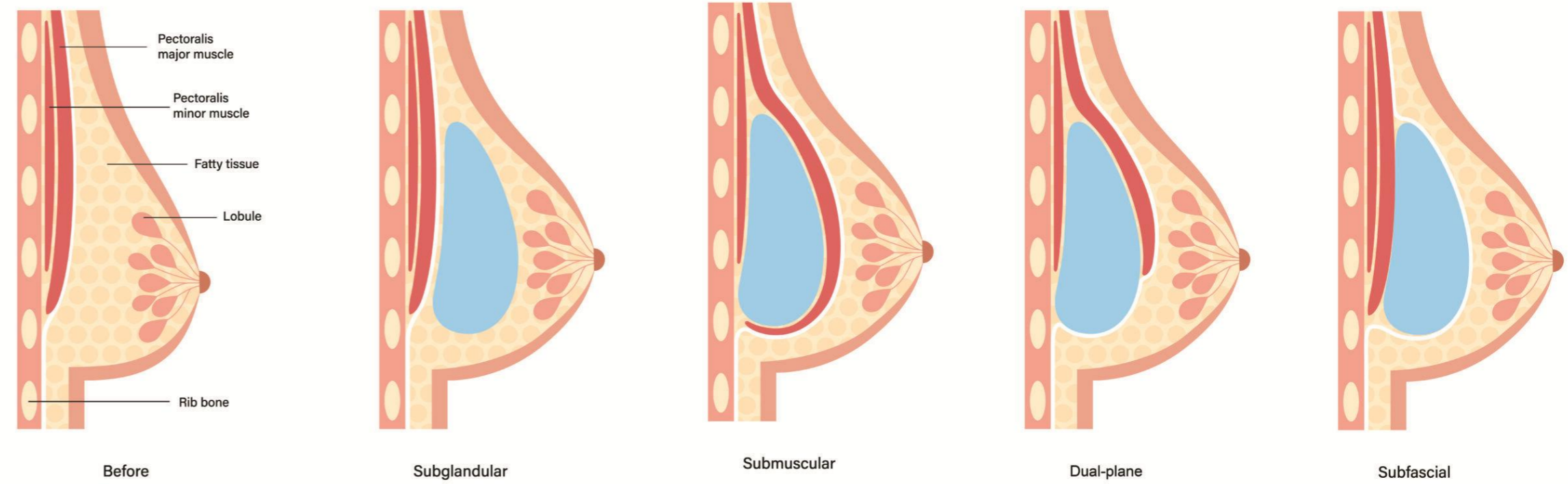


2014 Pre-Pectoral Reconstruction



- Gamechanger in breast reconstruction
- Does not disrupt the pectoralis
- Implant anatomically replaces breast tissue
- Faster post-op recovery / less pain
- No animation deformity
- Long term rippling?
- Long term CC?
- Requires ADM with strength yet compliance

Evolution Breast Augmentation



The FDA and Implants

A Two-Part Mini Drama



Act I

1962

Cronin and Gerow begin the modern age of silicone breast implants

1976

Congress passed the Medical Device Amendment to The Food, Drug and Cosmetic Act, which empowered the FDA to regulate medical devices

1988

FDA **classified** Breast Implants as **Class III** devices, subject to stringent safety and effectiveness controls

1990



1991

FDA published a final 515(b) regulation requiring manufacturers to submit premarket approval applications (PMAs) for silicone-filled implants within 90 days

1992-2006 FDA Moratorium



Act II – The Rising Storm

1997

- Keech and Creech report on BIA-ALCL

2011

- FDA alert

2016

- BIA-ALCL recognized by WHO

2019

- FDA hosts General and Plastic Surgery Devices Panel of the Medical Devices Advisory Committee Meeting
- FDA orders a class I voluntary recall of all Allergan textured devices from the market.
- Further fuels concern from patient advocacy groups, lobbyists, online chatter, etc.



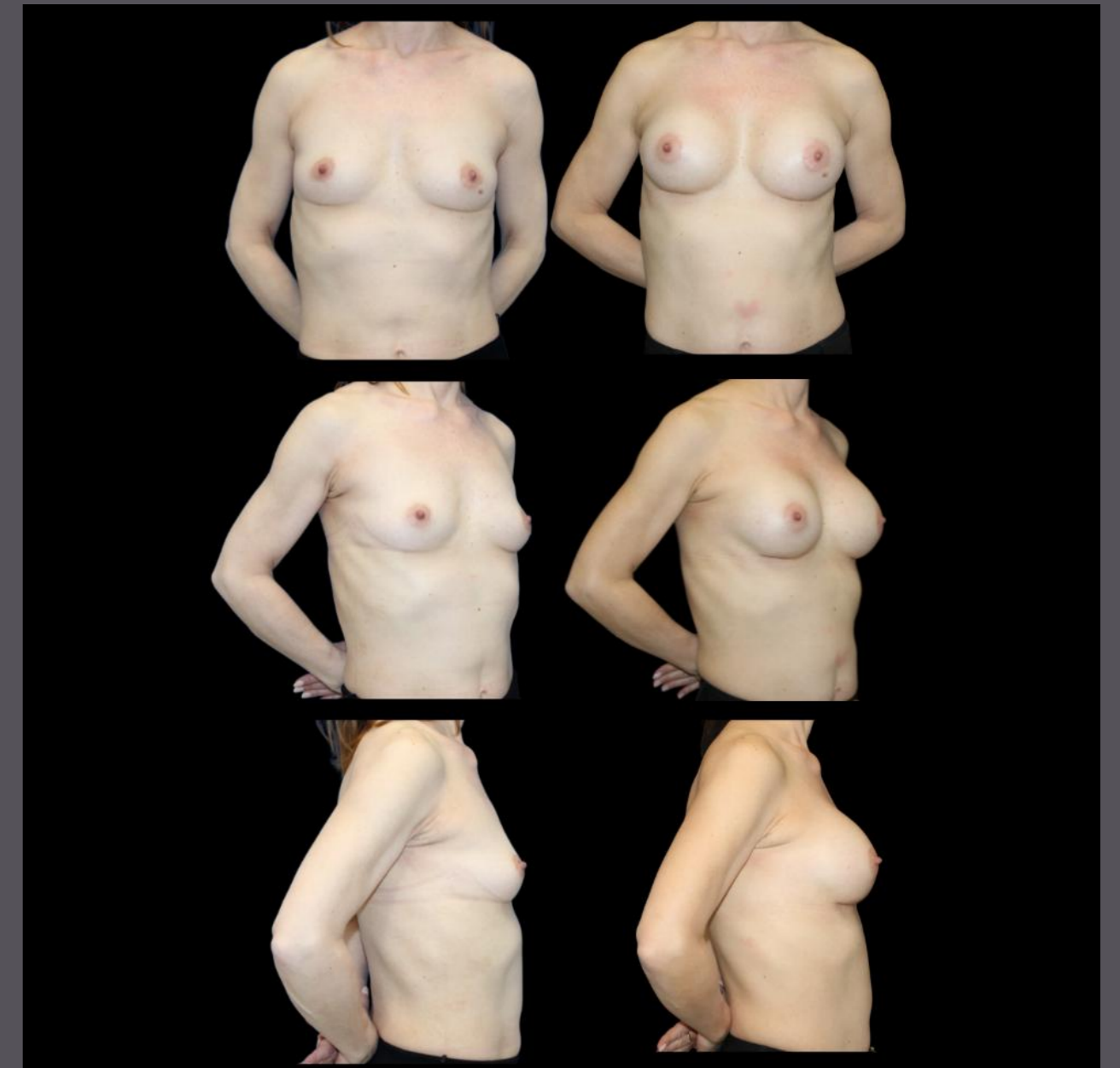
Motiva[®] and The Tissue Preservation Revolution

- Gamechanger in breast reconstruction augmentation
- Does not disrupt the pectoralis
- Implant anatomically replaces breast tissue
- Faster post-op recovery / less pain
- No animation deformity
- ~~Long term rippling?~~
- ~~Long term CC?~~
- ~~Requires ADM with strength yet compliance~~

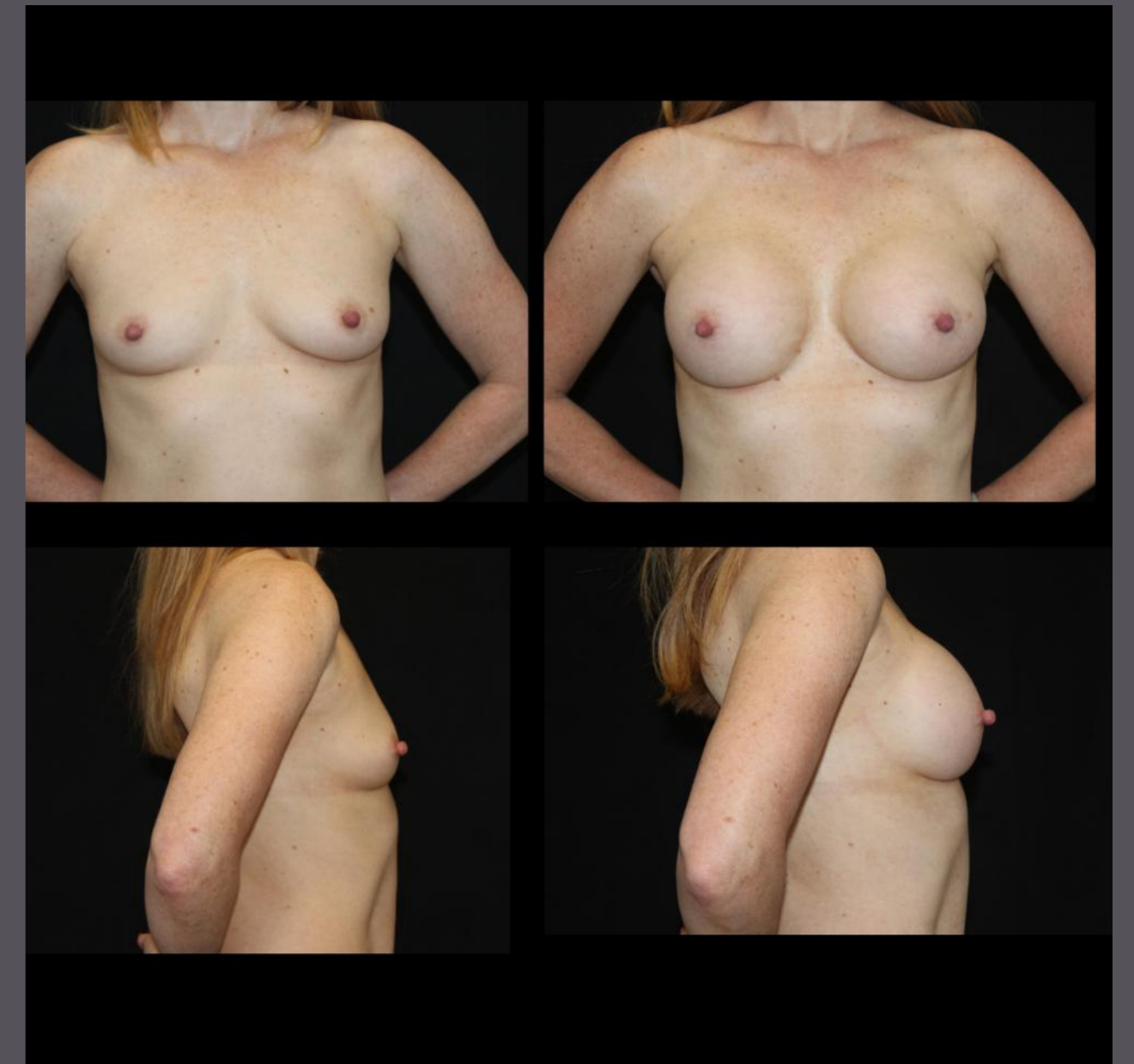
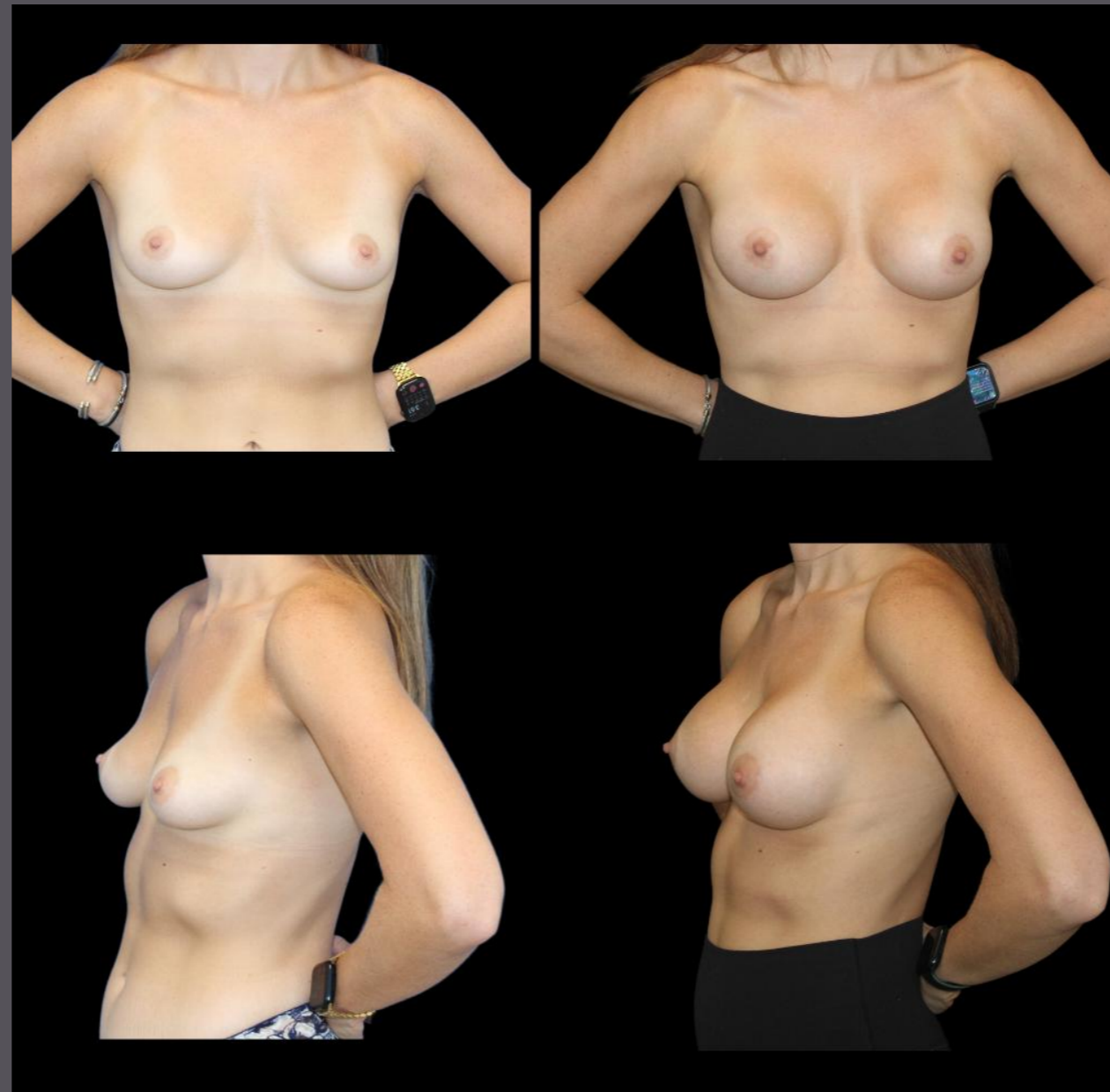
Amimation Deformity



Preservation Breast Augmentation



Preservation Breast Augmentation





04

US Breast Augmentation Q&A

Ben Newcott

Panelists

Mark Epstein, M.D

Anna Steve, M.D

Troy Pittman, M.D.

05

Breast Reconstruction Opportunity in the USA

Jeff Ehrhardt



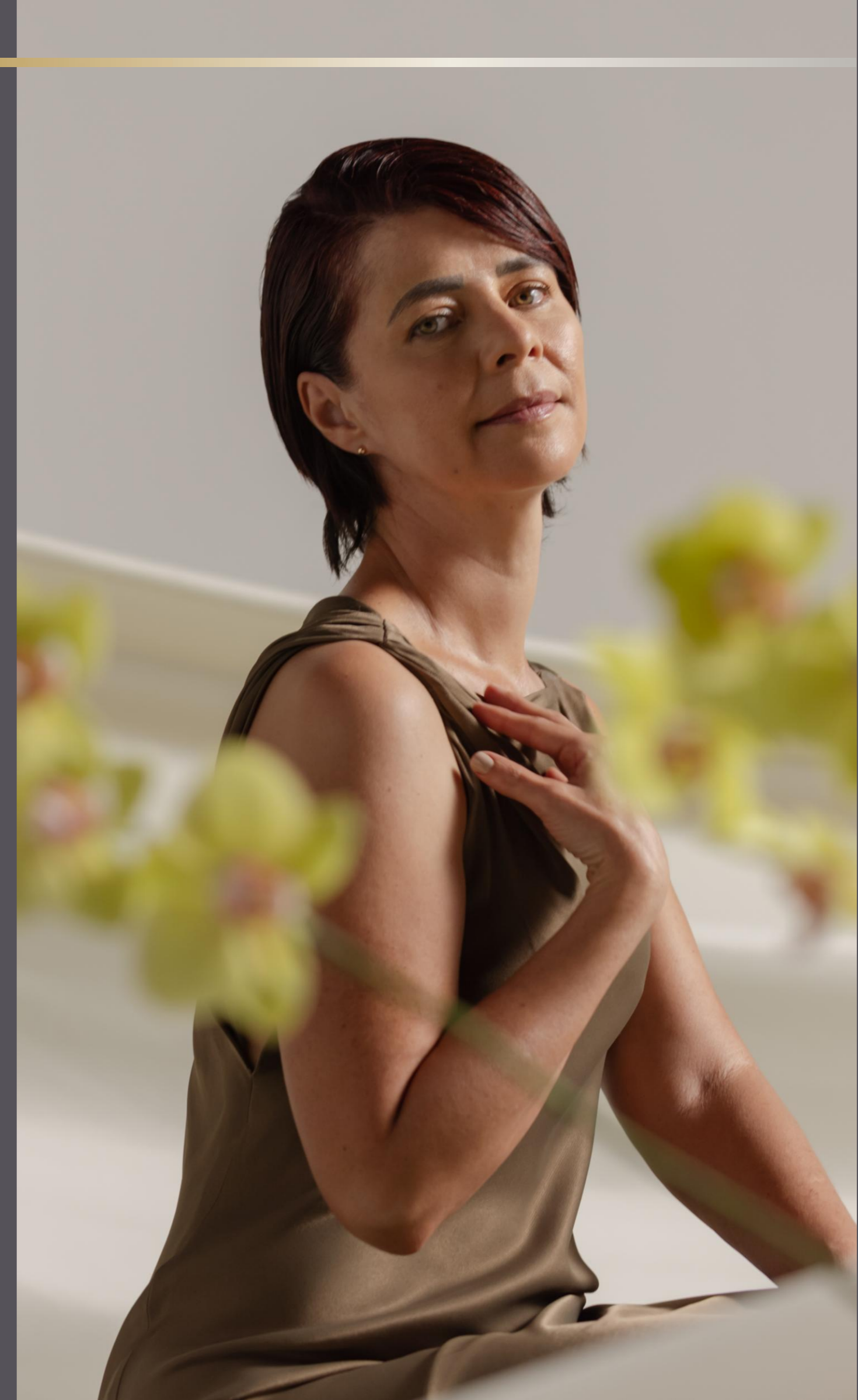
Reconstruction represents significant opportunity

Device-Based Reconstruction Market

- >100K procedures per year, with steady procedural growth ~2%
- ~25% of total breast procedures
- ~50% of total breast revenue
- Mainly hospital based with legally mandated insurance coverage and strong reimbursement

Per Case Revenue can be as high as 3X of Augmentation

- 85% of Device-Based Recons include Tissue Expanders plus Implants
- Reconstruction Implant ASPs tend to be 25-30% higher than Augmentation Implants
- Tissue expander ASPs can be nearly double than Augmentation Implants



Reconstruction represents significant opportunity

Motiva® Implants and Motiva Flora® Tissue Expanders are well-differentiated

- Both are the only devices with SmoothSilk® surface technology for strong but pliable capsules
- Motiva Flora® is the Only MRI Conditional Expander in the market, allowing:
 - Imaging during expansion process
 - More targeted treatment (radiation) protocols
- 100% fill TrueMonobloc® implant is ideal for reconstruction patient where the main concerns are implant palpability and capsular contracture

Motiva Flora® Updates

- Recently Published: Lower infection and device explantation demonstrated with Motiva Flora® at MD Anderson Cancer
- Motiva Flora® has been approved and used in more than 60 institutions with more than > 100 pending





06

US Breast Reconstruction Panel

Ben Newcott

Panelists

Dennis Hammond, M.D.

Nolan Karp, M.D.



Dennis C. Hammond, MD

Partners in Plastic Surgery
Grand Rapids, Michigan

The Motiva[®] Flora Tissue Expander



Using Technology to Enhance Implant Based Breast Recon

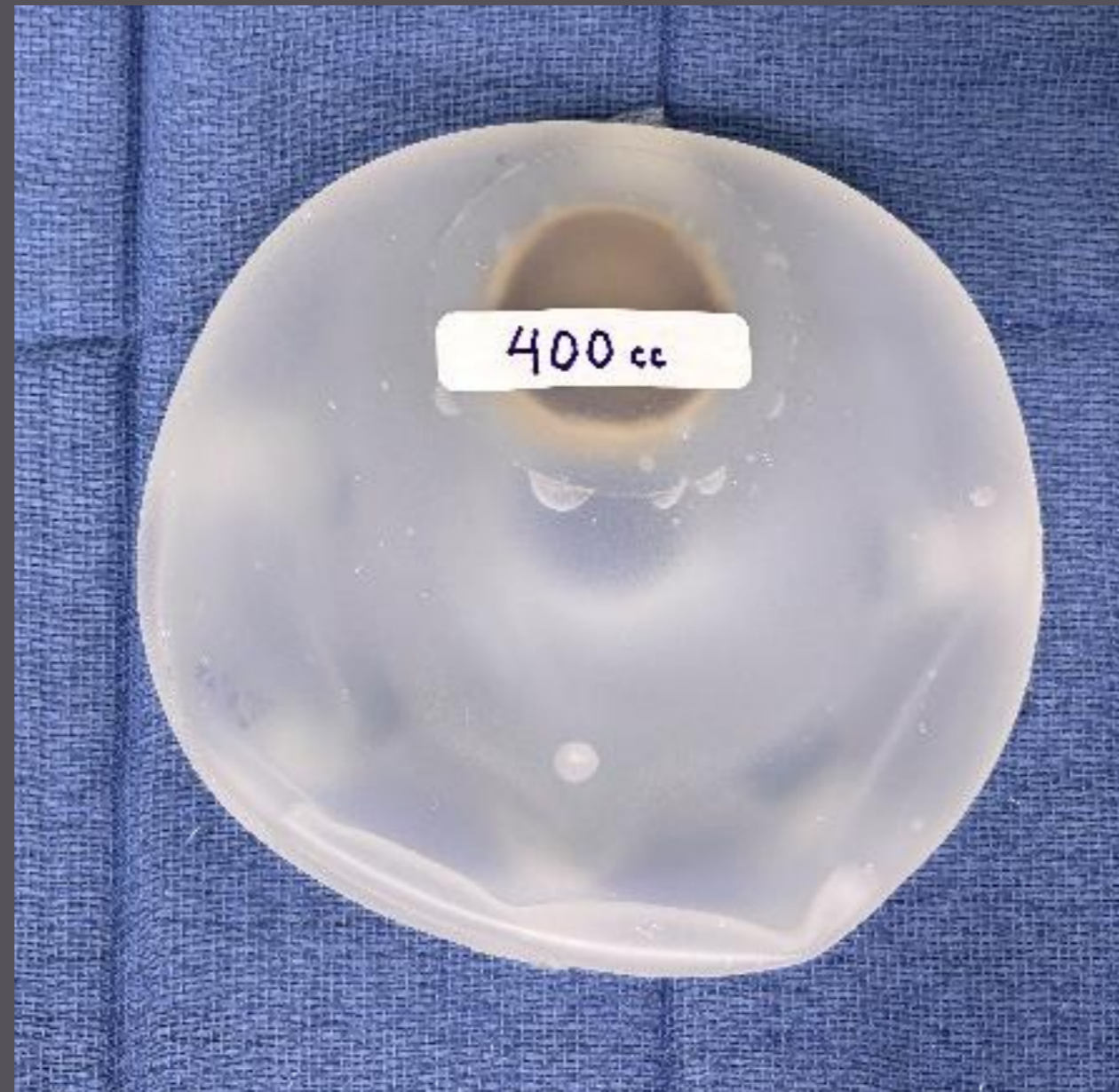


Design

Breast Reconstruction

Motiva Flora[®] Tissue Expander

- Anatomic shape
- Shoulders resist rotation
- Integrated valve, skirt
- Fixation tabs
- Orientation stripe
- Low inflammatory surface
- Soft feel
- MRI compatible



Design

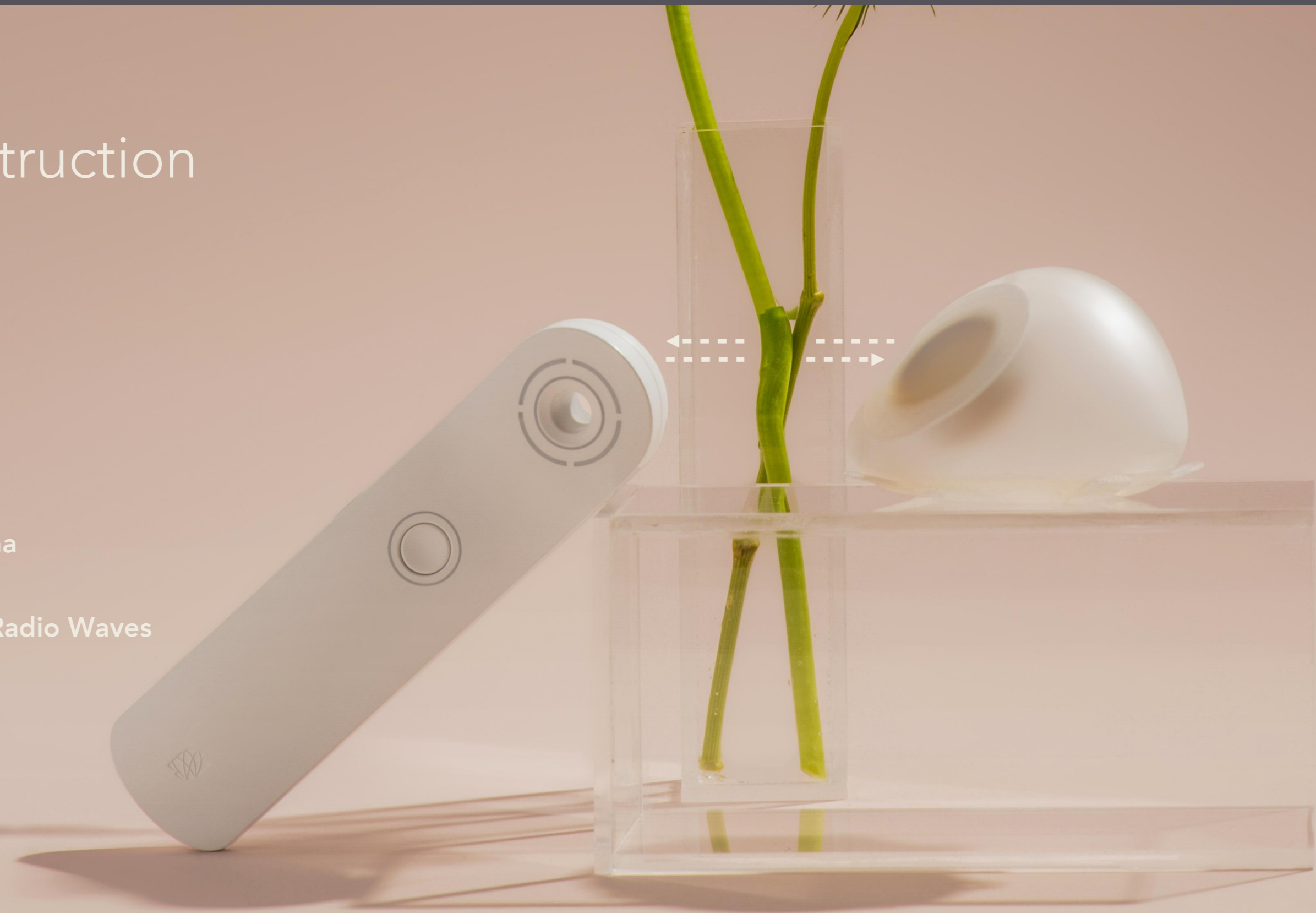
Breast Reconstruction



Design

Breast Reconstruction

- Reader
- Antenna
- Emits Radio Waves

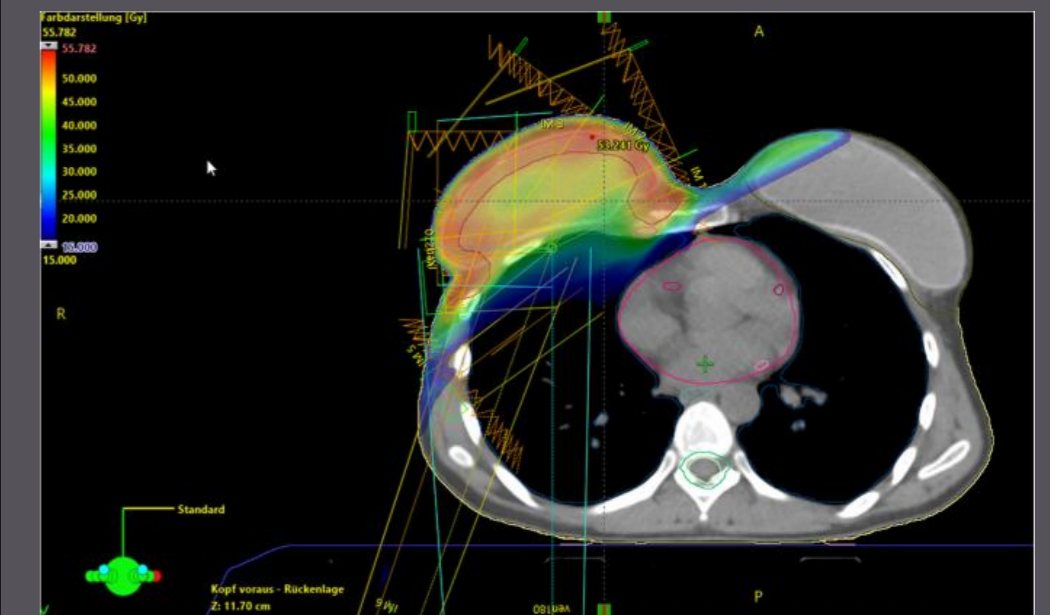
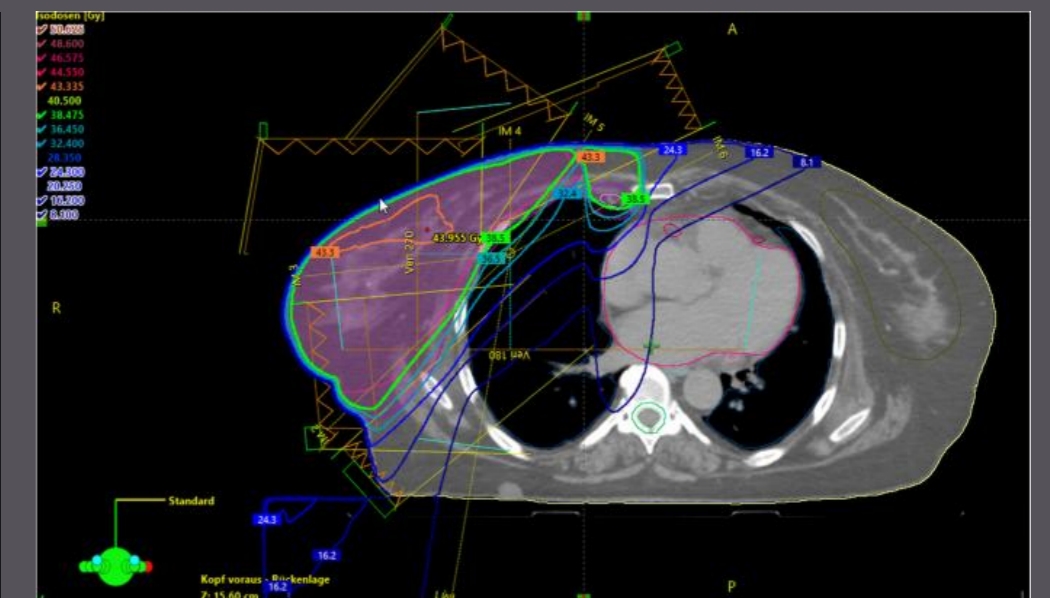
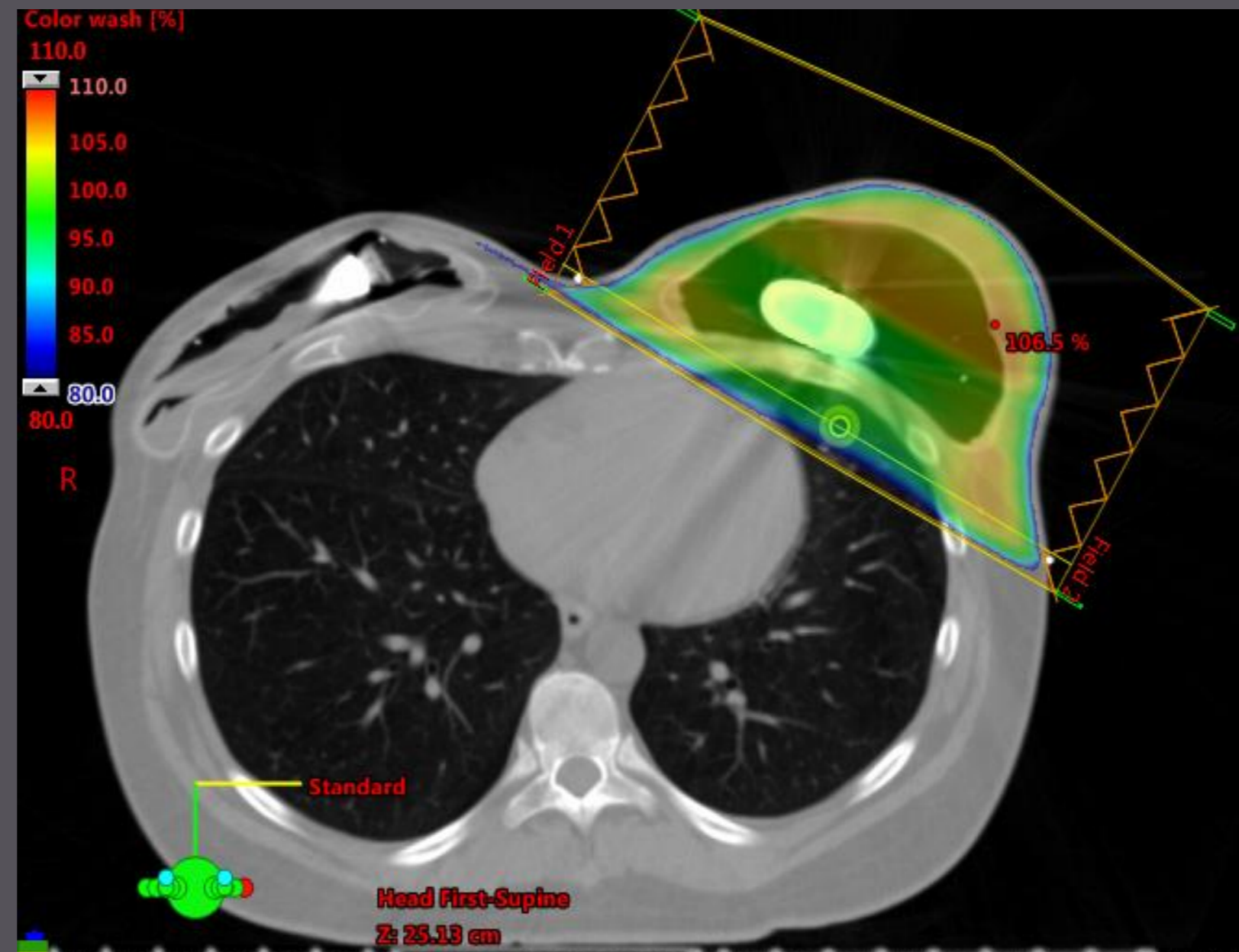


- Air Wound Coil
- Passive RFID Tag
- Powered by the Reader

Rx Planning

Breast Reconstruction

Motiva Flora[®] Tissue Expander



<https://radformation.com/blog/ezfluence-automates-planning-for-patients-with-aeroform-tissue-expander/>

<https://ro-journal.biomedcentral.com/articles/10.1186/s13014-020-01501-x>

MRI

Breast Reconstruction

Motiva Flora[®] Tissue Expander

Experimental set up to evaluate artifacts at 3T. T1-Weighted Spin Echo Pulse sequence, long and short axis.
Source: Shellock Inc. Evaluation of Magnetic Field Interactions, Heating, and Artifacts for the Motiva Flora Tissue Expander. February 2019



MRI

Breast Reconstruction



ORIGINAL ARTICLE

MRI-Conditional Tissue Expanders in Breast Reconstruction: Clinical Outcomes and Radiation Therapy Implications

Clemens, Mark W. MD MBA¹; Mitchell, Melissa P. MD²; Christensen, Joani M. MD¹; Olenczak, J. Bryce MD¹; Shay, Paul L. MD¹; Hanwright, Philip MD¹; Ha, Austin Y. MD¹; Kapur, Sahil MD¹; Melancon, Adam MD²; Shuck, John W. MD¹

Author Information

Plastic and Reconstructive Surgery ():10.1097/PRS.00000000000012029, February 11, 2025. | DOI: 10.1097/PRS.00000000000012029

Abstract

Background:

MRI-conditional tissue expanders (MRI-CTEs) were developed to address imaging artifacts and challenges in radiation planning associated with traditional tissue expanders (TTEs). This study aims to compare the clinical outcomes and radiation protocol impacts of MRI-CTEs versus TTEs in postmastectomy breast reconstruction.

Methods:

A retrospective review was conducted on immediate breast reconstruction with MRI-CTEs or TTEs between 2021 and 2024. Outcomes such as seroma, infection, malposition, and expander loss were analyzed.

Results:

A total of 867 tissue expanders were evaluated in 559 patients. The MRI-CTE cohort consisted of 103 patients (161 devices), and the TTE cohort included 456 patients (706 devices). Demographics, surgical details, and outcomes did not differ significantly including seroma (P=0.091), malposition (P=0.827), and mastectomy skin flap necrosis (P=0.251). Three cases (1.9%) in the MRI-CTE cohort required MRI evaluation but did not require explantation. The MRI-CTE group had a lower need for artifact management during radiation therapy and reduced imaging artifact size from 4 cm to 1 cm in diameter, allowing for a reduction in planning target volume margins from 20 mm to 5 mm, improving delineation accuracy by 75% and decreased irradiation of healthy tissue by up to 60%.

Conclusions:

MRI-CTEs may contribute to improved clinical outcomes with fewer surgical interventions and enhanced precision in radiation treatment planning. MRI-CTEs demonstrated similar surgical outcomes to TTEs but offered improved accuracy in radiation dose calculations. Reduced manual interventions for artifact adjustment decrease the potential for human error, enhancing the overall precision of radiation treatment delivery.

Table 1. Patient Characteristics By Tissue Expander Type

Characteristic	MRI-CTE (%)	TTE (%)	p
No.	103	456	
Age, yr			0.171
Mean	49.5	50.1	
SD	11.1	10.7	
Median	48.6	50.4	
IQR	42-56	41-57	
BMI, kg/m ²			0.207
Mean ± SD	28.2	27.1	
SD	8	7.7	
Median	27.9	27.3	
Race			0.089
White	75 (72.8)	299 (65.6)	
Black/African American	12 (11.7)	41 (9.0)	
Asian /Far East/Indian	10 (9.7)	46 (10.1)	
Native Hawaiian or Pacific Islander	1 (1.0)	1 (0.2)	
Native American/American Indian / Alaskan	0 (0.0)	5 (1.1)	
Other/unknown/refused to answer	5 (4.9)	64 (14.0)	
Comorbidities			
Diabetes	6 (5.8)	21 (4.6)	0.768
Cardiovascular disease	20 (19.4)	80 (17.5)	0.701
Hypertension	23 (22.3)	102 (22.4)	0.984
Autoimmune disease	17 (16.5)	78 (17.1)	0.909
Congestive heart failure	1 (1.0)	4 (0.9)	1
Chronic kidney disease	2 (1.9)	6 (1.3)	0.637
COPD	4 (3.9)	19 (4.2)	0.88
Connective tissue disorder	2 (1.9)	18 (3.9)	0.575
Liver disease	2 (1.9)	12 (2.6)	0.747
Smoking history			0.837
Smokers	18 (17.5)	84 (18.4)	
Nonsmokers	84 (81.6)	364 (79.8)	
Unknown	1 (1.0)	8 (1.8)	
Chemotherapy			
Neoadjuvant	33 (32.0)	134 (29.4)	0.619
Adjuvant	37 (35.9)	204 (44.7)	0.105
No Chemotherapy	33 (32.0)	118 (25.9)	
Radiation therapy			

20

Table 2. Surgical Details By Tissue Expander Type

Detail	MRI-CTE (%)	TTE (%)	p
No.	161	706	
Mastectomy type			0.034
Nipple-sparing	30 (18.6)	87 (12.3)	
Skin-sparing	131 (81.4)	619 (87.7)	
Sentinel lymph node biopsy	120 (74.5)	510 (72.3)	0.547
Axillary lymph node dissection	33 (20.5)	131 (18.6)	0.569
Plane of Placement			
Prepectoral	161 (100)	576 (81.6)	
Subpectoral	0 (0)	130 (18.4)	
TE size, cc			0.009
Mean ± SD	420 ± 111.2	395 ± 95	
Median	440	400	
IQR	300-545	300-600	
Acellular dermal matrix use	127 (78.9)	598 (84.7)	0.074

* Note data is reported per device

Table 3. Complication Rates And Outcomes

Complication & Outcomes	MRI-CTE (%)	TTE (%)	p
No.	161	706	
Hematoma	2 (1.2)	8 (1.1)	1
Seroma	3 (1.9)	45 (6.4)	0.062
Infection/ cellulitis	3 (1.9)	44 (6.2)	0.022
Malposition /rotation	5 (3.1)	26 (3.7)	0.827
Mastectomy skin flap necrosis	7 (4.3)	50 (7.1)	0.251
Mastectomy skin flap necrosis requiring revision	2 (1.2)	22 (3.1)	0.246
TE exposure	0 (0.0)	4 (0.6)	0.577
TE removal with immediate replacement	1 (0.6)	20 (2.8)	0.093
TE removal without replacement	2 (1.2)	12 (1.7)	0.77
MRI Required During Expansion	3 (1.9)	6 (0.8)	0.181
TE Removal Due to MRI	0 (0.0)	6 (0.8)	0.35

* Note data is reported per device

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Neoadjuvant	2 (1.9)	2 (0.4)	0.133
Adjuvant	22 (21.4)	90 (19.7)	0.711
No Radiation	79 (76.7)	364 (79.8)	
Laterality of procedure			0.787
Unilateral	45 (43.7)	206 (45.2)	
Bilateral	58 (56.3)	250 (54.8)	

* Note data is reported per patient



Clinical Outcomes

- Reconstruction

559 patients

867 tissue expanders

103 patients

161 tissue expanders

4.7 months mean follow-up

456

706 tissue expanders

4.9 months mean follow-up

This retrospective, single center study explores and compares the clinical outcomes and radiation protocol impacts of MRI-Conditional Tissue Expanders (MRI-CTE's) versus Traditional Tissue Expanders (TTE's) in postmastectomy breast reconstruction.

Complications* & Outcomes	MRI-CTE (Motiva) (%) N=161	TTE (Mentor & Allergan) (%) N=706
Hematoma	2 (1.2%)	8 (1.1%)
Seroma	3 (1.9%)	45 (6.4%)
Infection/Cellulitis	3 (1.9%)	44 (6.2%)
Malposition/Rotation	5 (3.1%)	26 (3.7%)
Mastectomy Skin Flap Necrosis	7 (4.3%)	50 (7.1%)
Mastectomy Skin Flap Necrosis Requiring Revision	2 (1.2%)	22 (3.1%)
TE Exposure	0 (0%)	4 (0.6%)
TE Removal with Immediate Replacement	1 (0.6%)	20 (2.8%)
TE Removal without Replacement	2 (1.2%)	12 (1.7%)
MRI Required During Expansion	3 (1.9%)	6 (0.8%)
TE Removal Due to MRI	0 (0%)	6 (0.8%)

*Complications were tracked from expander placement to either exchange to a permanent implant or expander loss/removal.





Results

- In cases requiring MR imaging, 0/3 patients in the Flora[®] cohort required explantation to safely undergo scanning, whereas 6/6 patients in the TTE cohort required prior device removal.
- During radiation planning, the Flora[®] cohort required less artifact management, with a mean artifact diameter of 1cm compared to 4cm in the TTE group. This reduction enabled more accurate radiation delivery (up to 75%) minimizing underdosing of the target and overdosing of adjacent healthy tissue.
- The Motiva Flora[®] cohort group had a significantly lower rate of infection/cellulitis compared to the TTE cohort (1.9% vs. 6.2%) and showed a trend toward lower rates of seroma (1.9% vs. 6.4%).

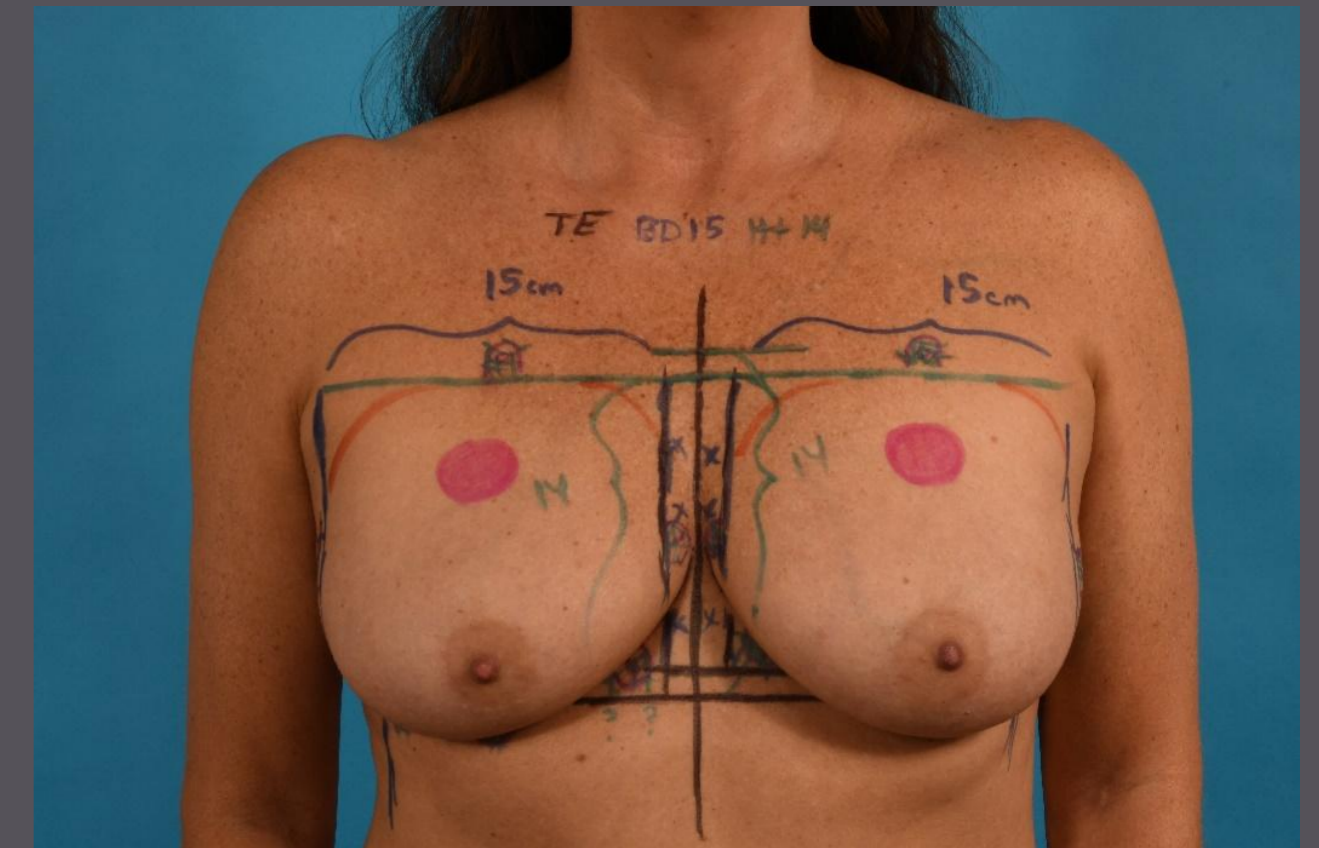
Key Takeaways

- Motiva Flora[®] SmoothSilk[®] Tissue Expander may contribute to improved clinical outcomes with fewer surgical interventions and enhanced precision in radiation treatment planning.
- Motiva Flora[®] demonstrated enhanced surgical outcomes in addition to providing improved accuracy in radiation dose calculations.
- Reduced manual interventions for artifact adjustment decrease time and also the potential for human error, enhancing the overall precision of radiation treatment delivery.

Preop

Breast Reconstruction

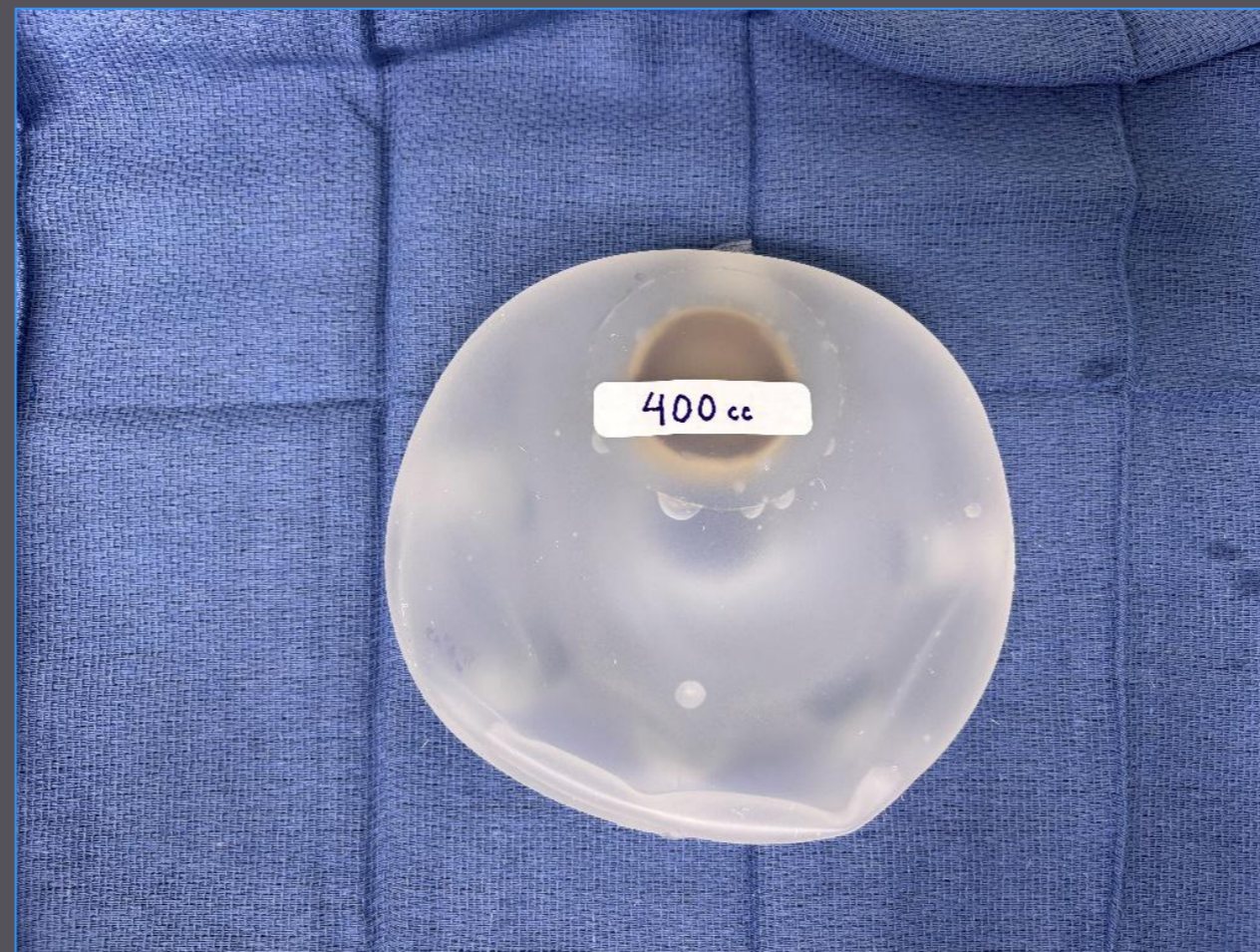
TE, ADM, and Fat Grafting



Intraop

Breast Reconstruction

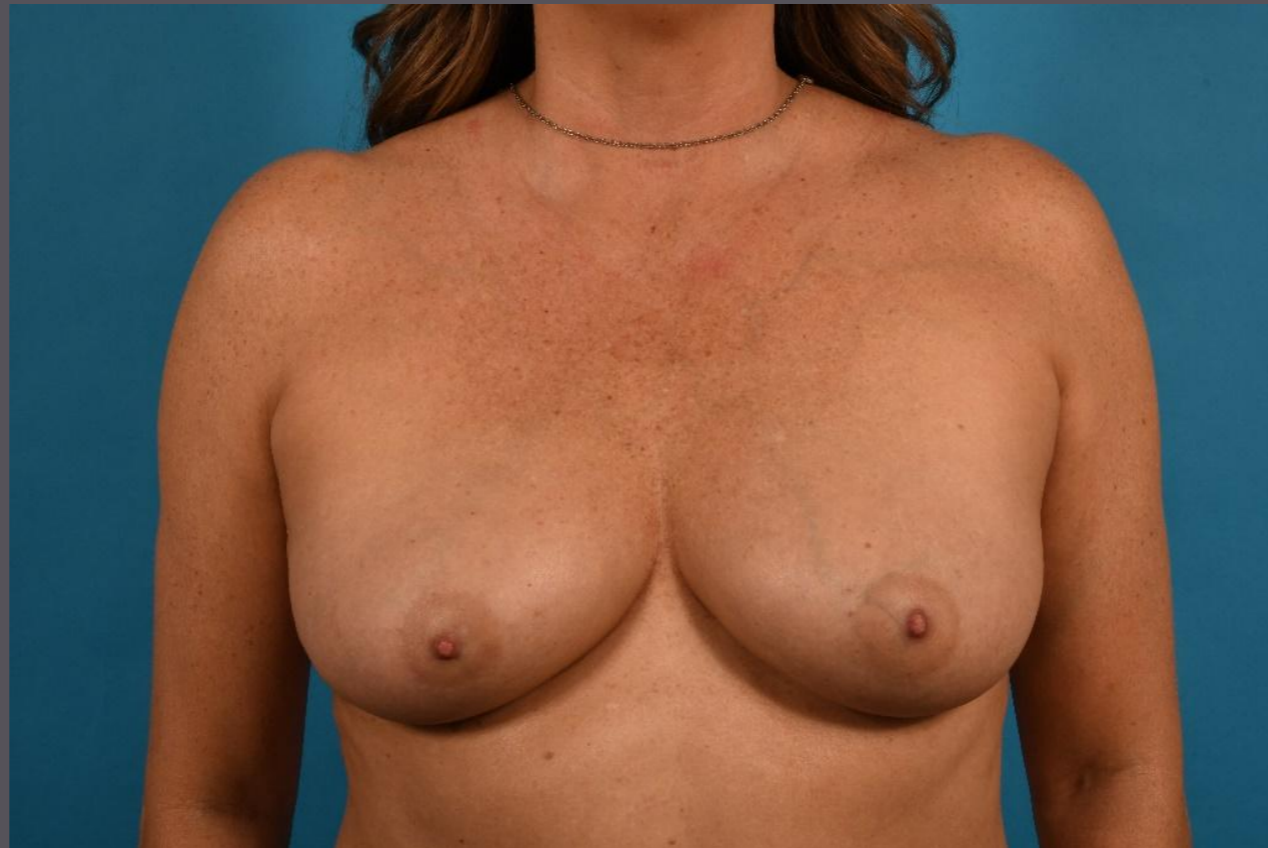
TE, ADM, and Fat Grafting



Result

Breast Reconstruction

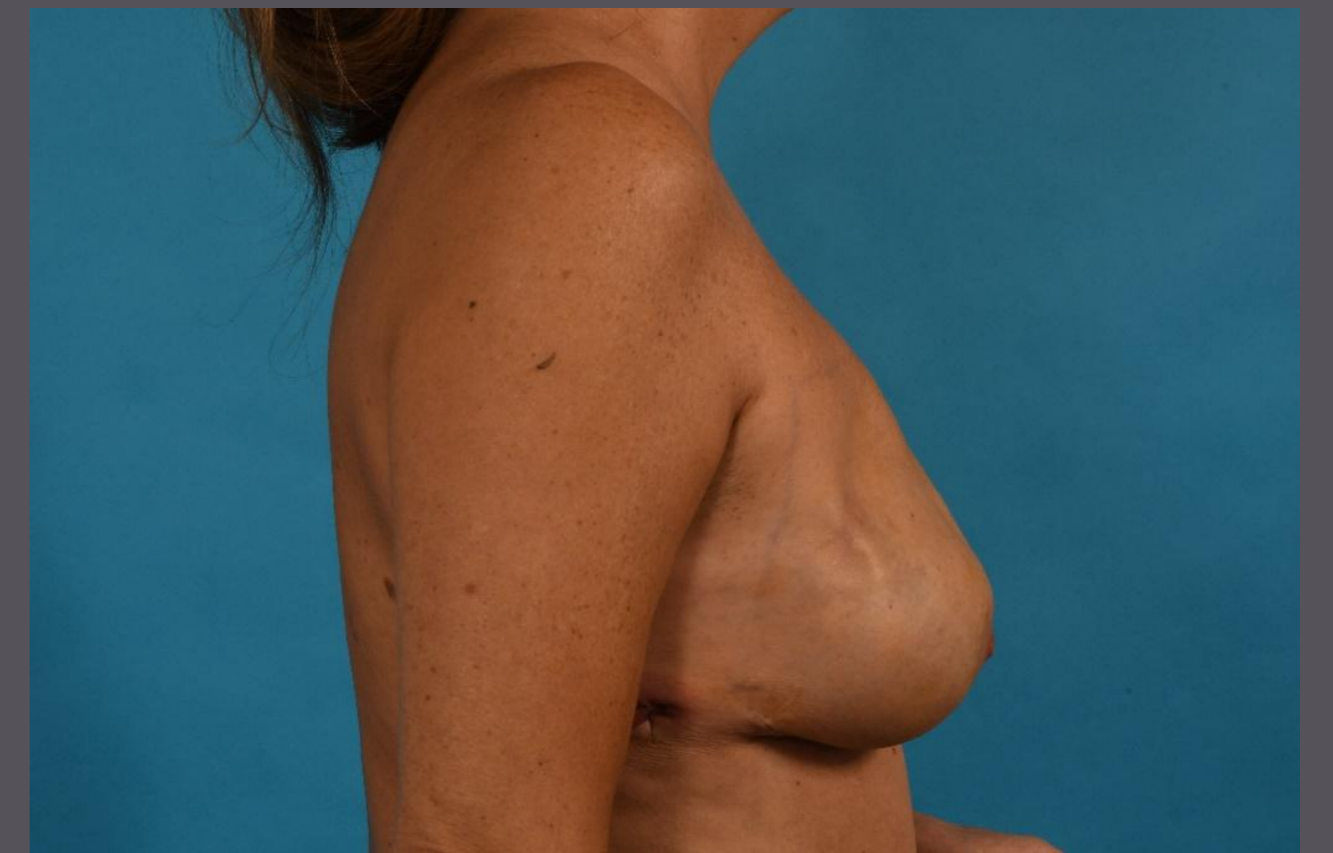
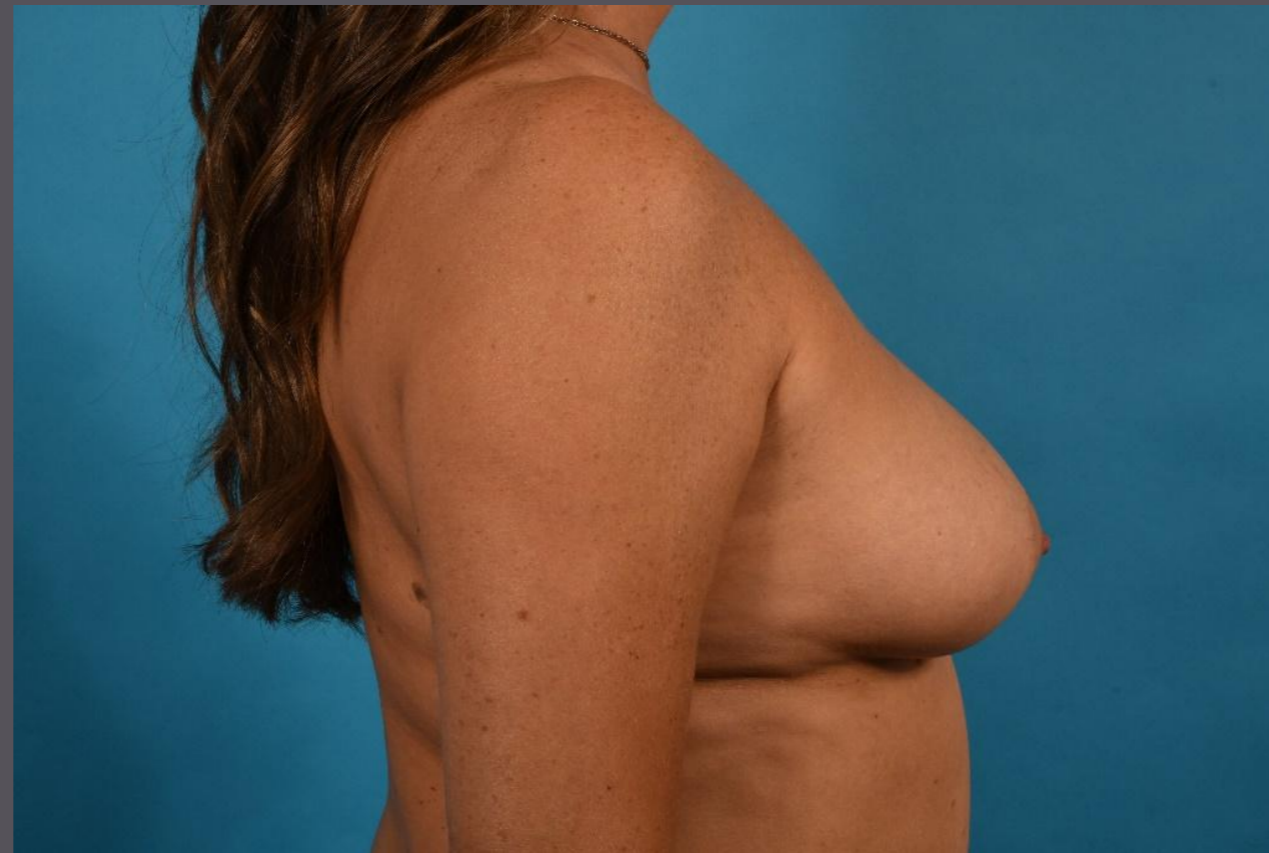
TE, ADM, and Fat Grafting



Result

Breast Reconstruction

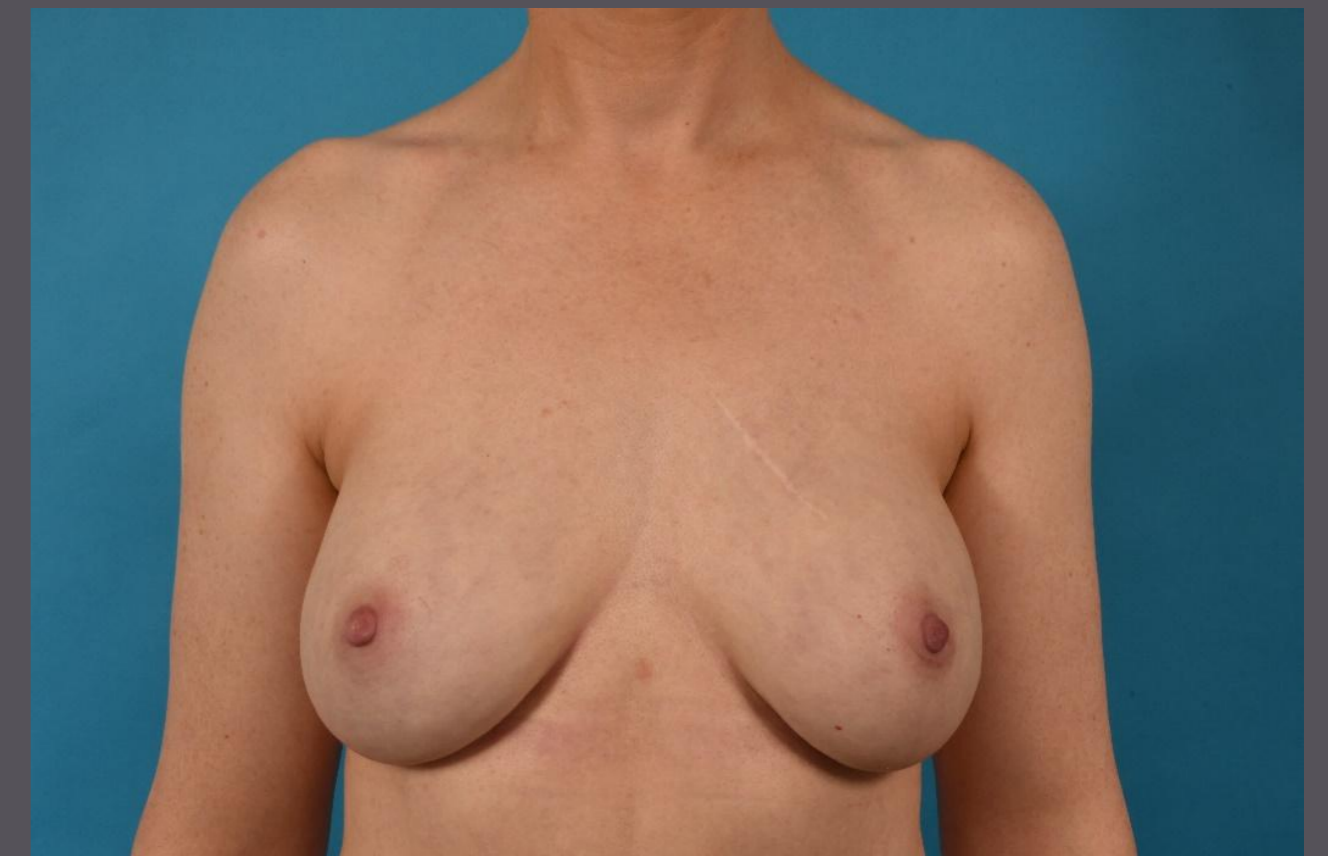
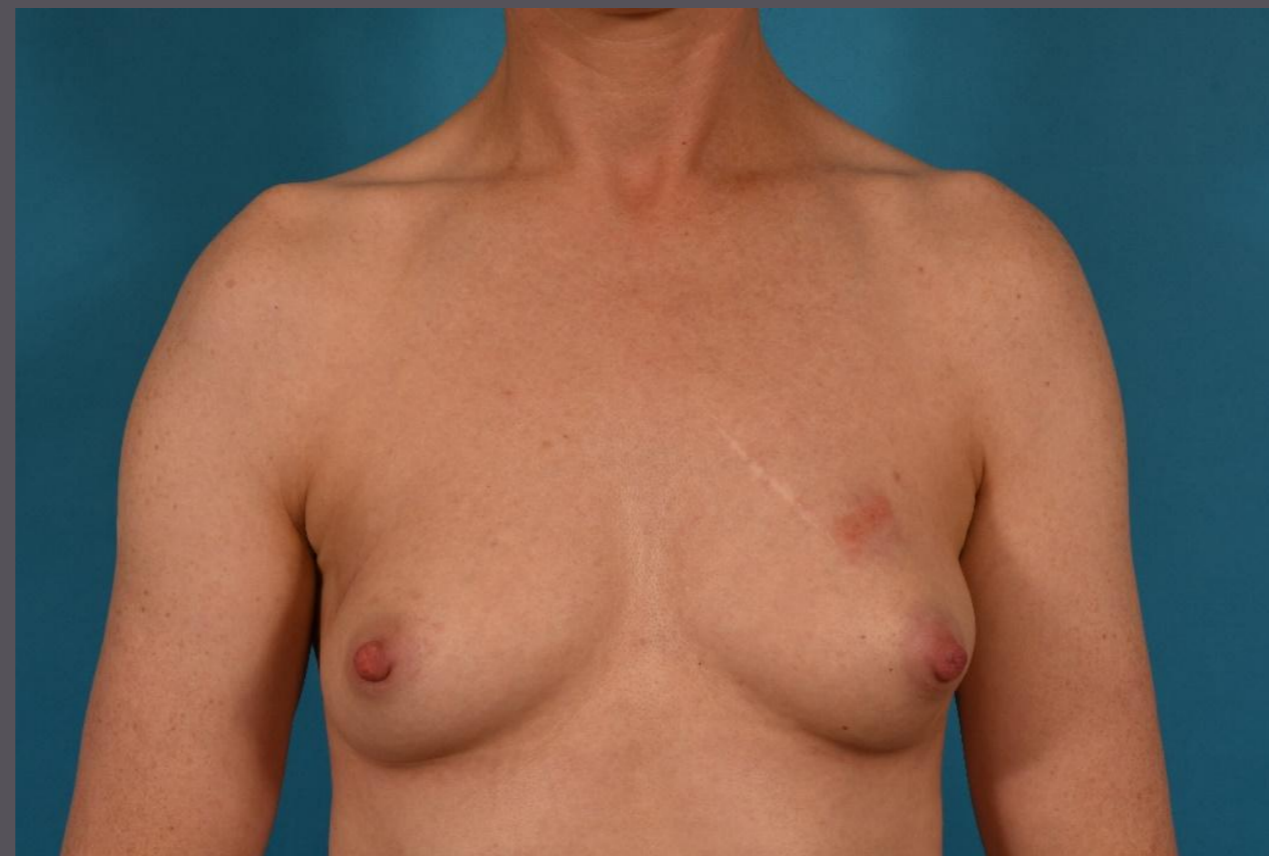
TE, ADM, and Fat Grafting



Result

Breast Reconstruction

TE, ADM, and Fat Grafting

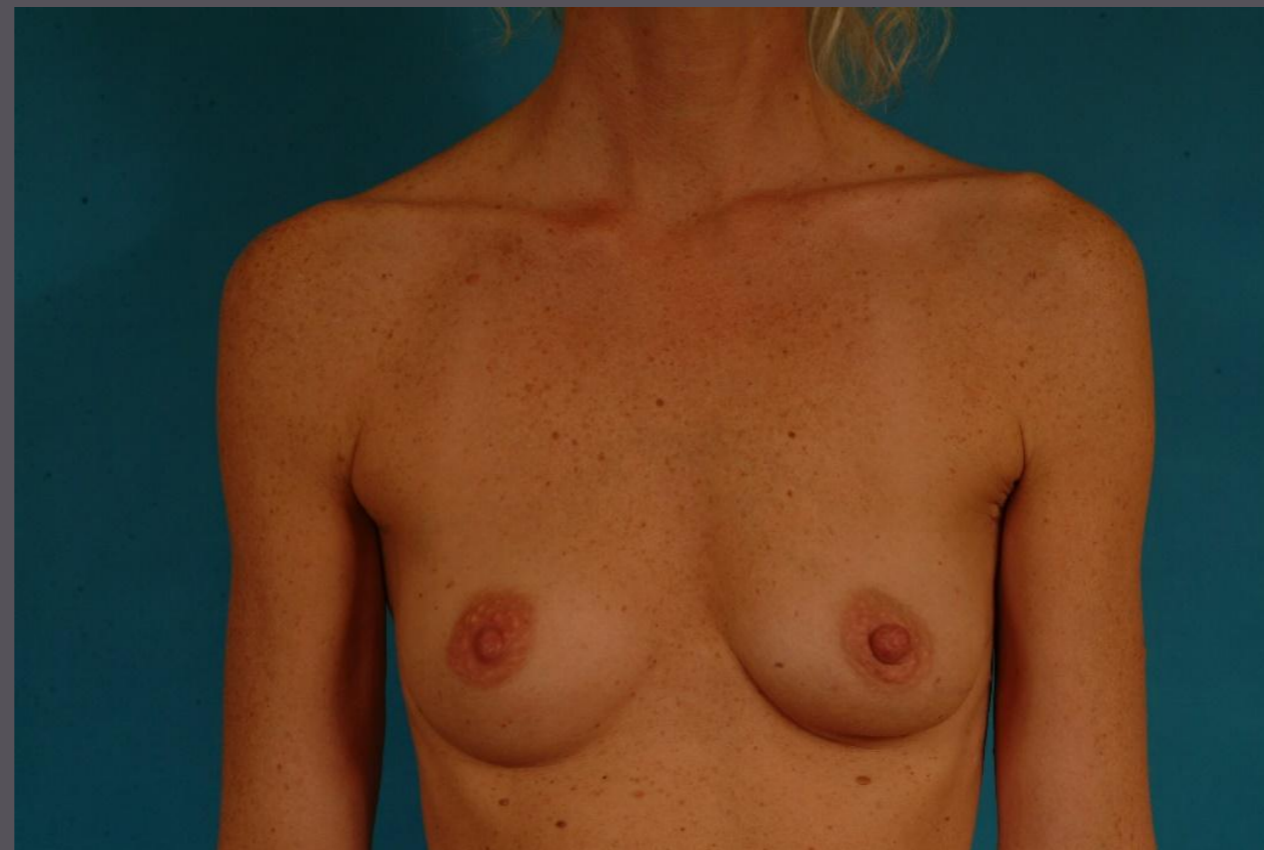


Result

Breast Reconstruction

TE, ADM, and Fat Grafting

- Motiva SilkSurface® Breast Implant
- 380 cc ERSD
- Fat 40 cc bilaterally



F/U 6 Months

Result

Breast Reconstruction

TE, ADM, and Fat Grafting

- Motiva SilkSurface® Breast Implant
- 380 cc ERSD
- Fat 40 cc bilaterally



F/U 6 Months

Nolan S. Karp, MD

Professor of Plastic Surgery
NYU Grossman School of Medicine

My Investigator Experience: Motiva® Implants in Breast Reconstruction



In the Past....

- I used to spend a great amount of time lowering the bar in breast reconstruction

- Trying to set realistic expectations

- This was disappointing to the patient

- But, also disappointing to me

I started to compare my
Reconstructive results to my
Aesthetic results

- Is it realistic for me to make my Reconstructive breast surgery goals and expectations the same as Aesthetic?

- The patients expect this in reality

- These are the pictures that they see in magazines

- We are plastic surgeons

- The patient expects perfection for both reconstructive and aesthetic cases

Aesthetic/ Reconstructive:

Which is which?



The Goal in 2025 and Beyond:

Make the reconstructed breast as
good or better than the native breast

The Problem!

- Breast implant technology has not kept up with patient and market expectations

- We were stuck with implants that have not materially changed in 30 years or longer



Until *Now*



Motiva[®] Implants

Feel more **natural**

When I enrolled patients in the FDA study, I asked them to close their eyes. I put a Motiva[®] implant in one hand and our usual reconstructive implant in the other. **95% of patients picked the Motiva[®] implant.**

Enrolling patients in the study was easy

Besides feeling better, Motiva[®] implants ripple less and have very rare capsular contracture. In addition, I have not seen a single rupture.

United States Breast Reconstruction Market

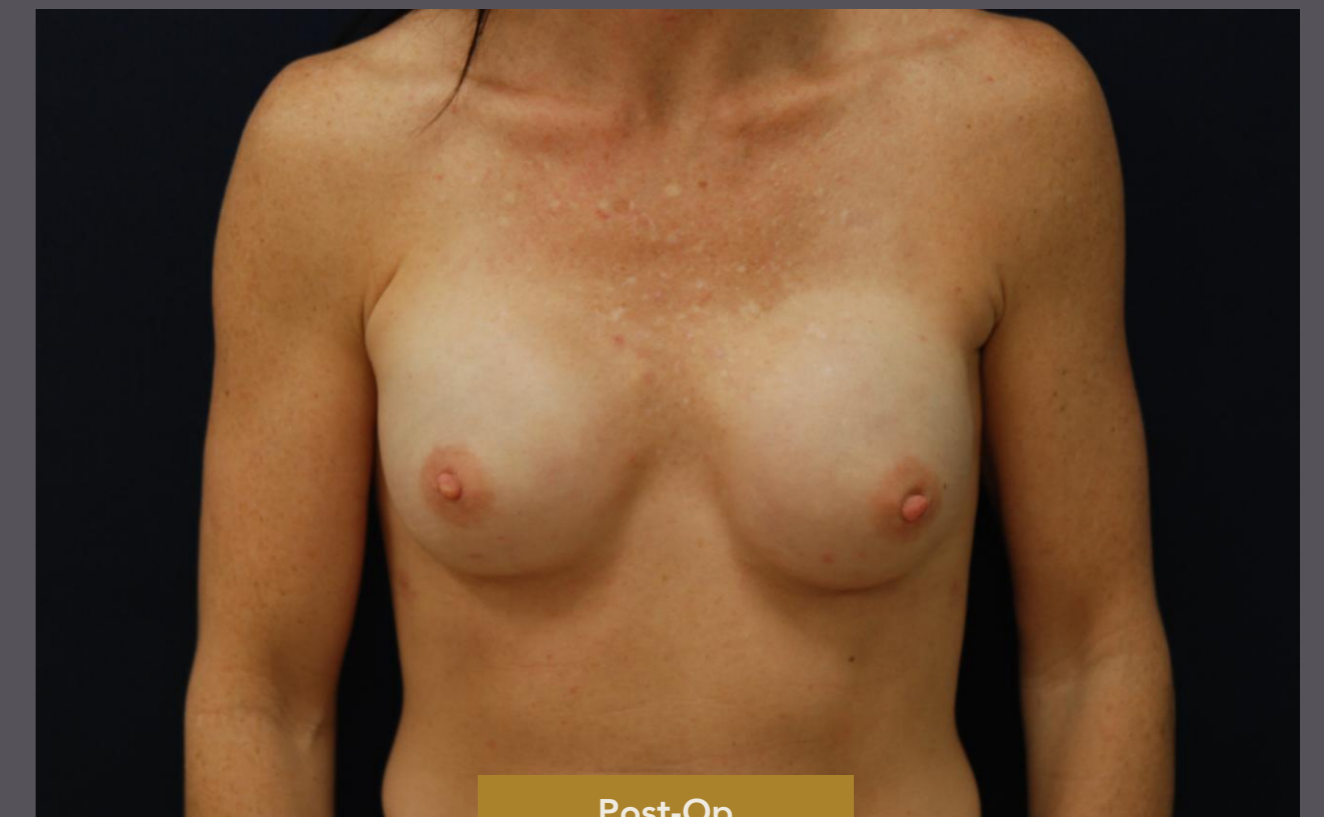
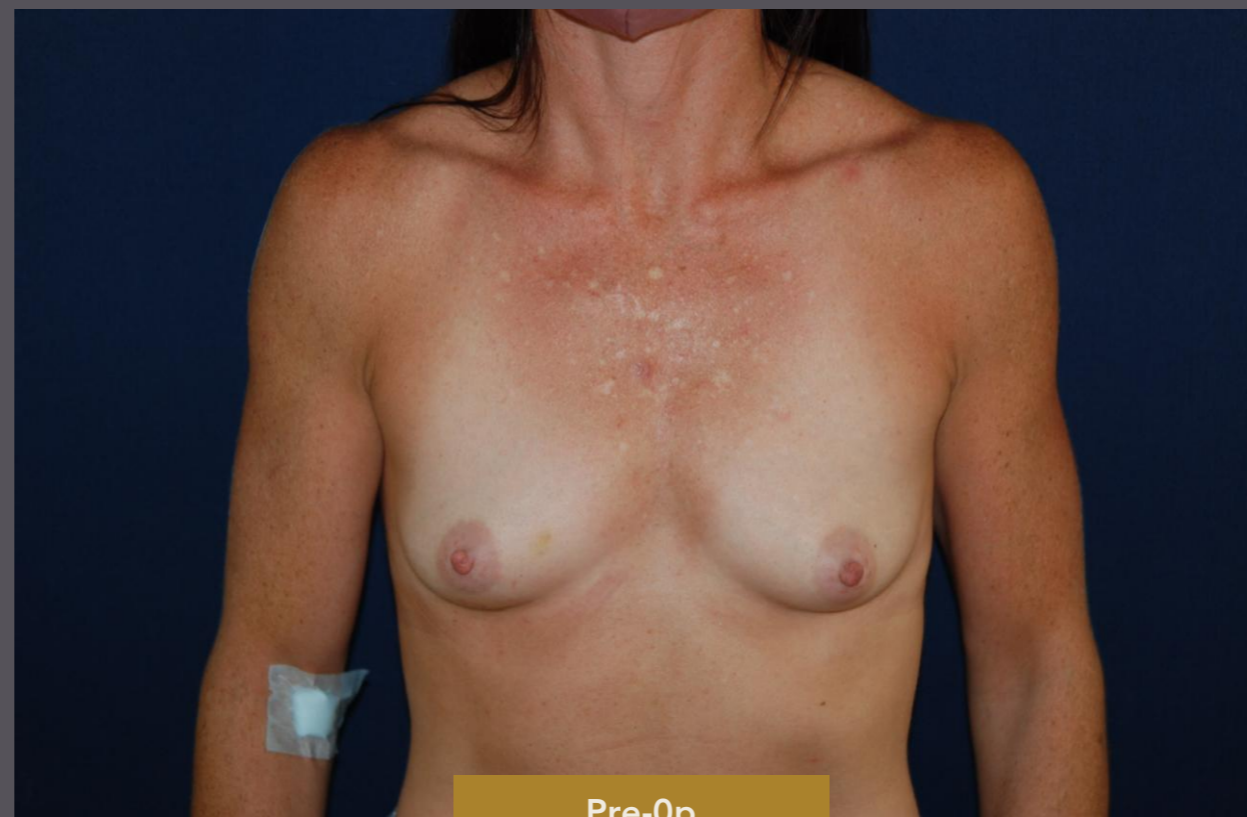
- Over 100,000 cases a year
- 85% are implant based
- Concentrated in high volume centers
- When the Motiva[®] implants are approved we will switch at my institution immediately, and I expect most other institutions will switch as well

Sample cases



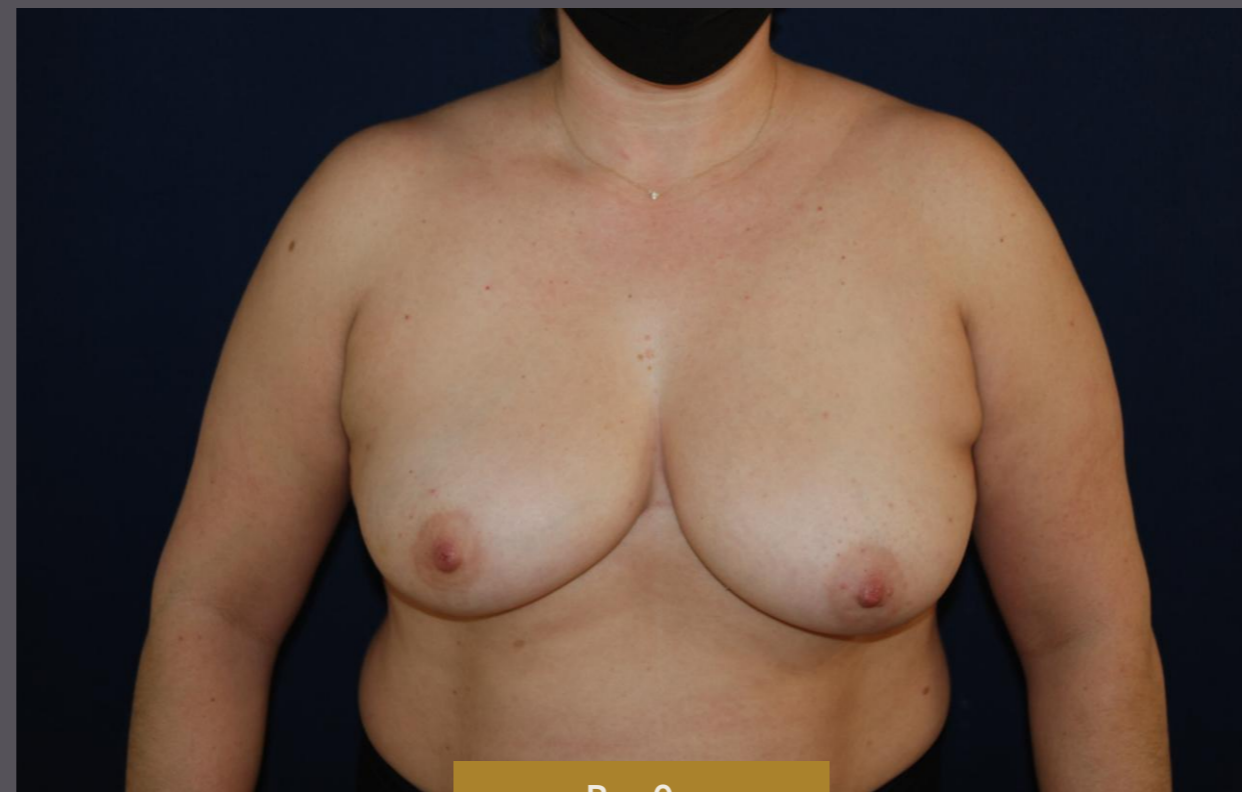
41 year old with
right breast cancer

Reconstructed with Motiva® RSF 315 cc
implants in the subpectoral position



40 year old with
right breast cancer

Reconstructed with Motiva® ERSF 550
cc. in the prepectoral position

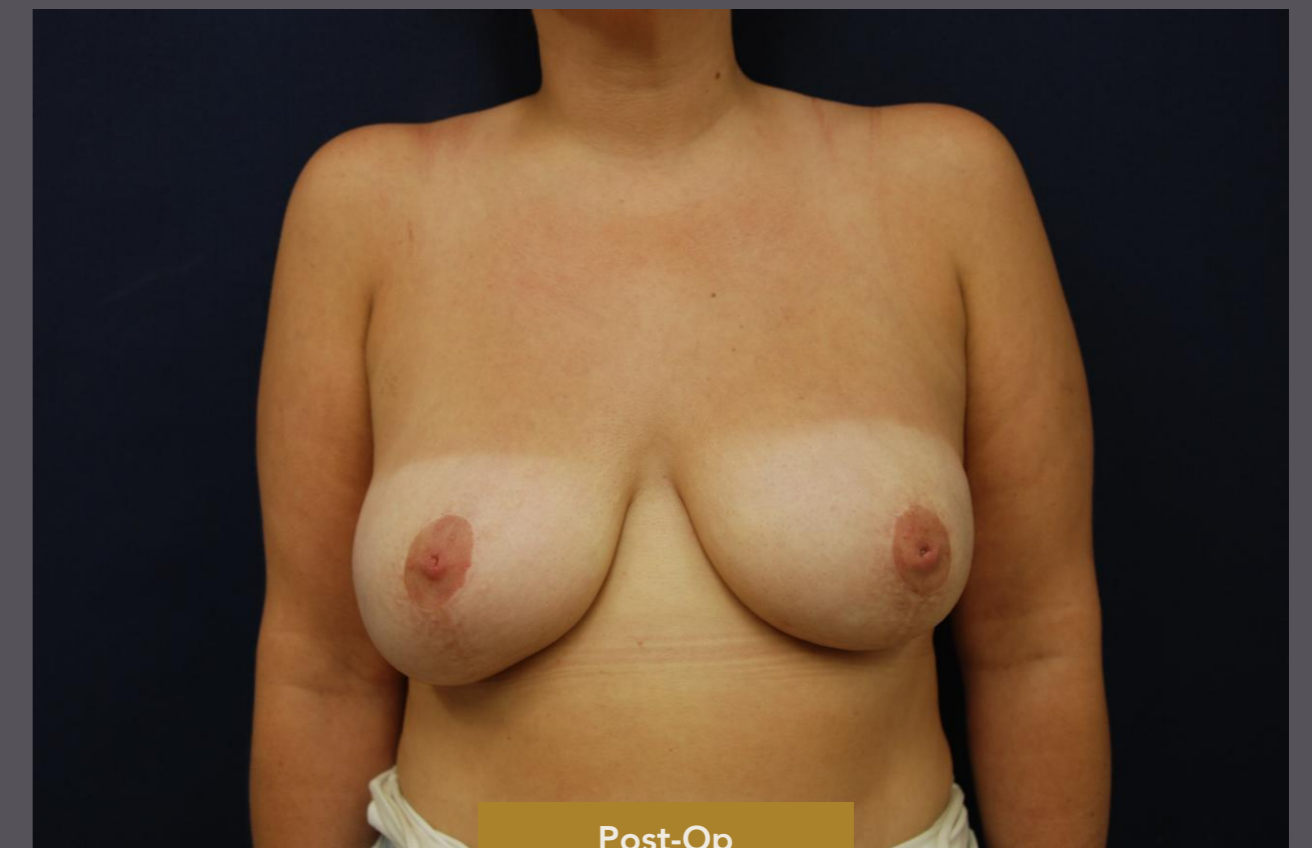
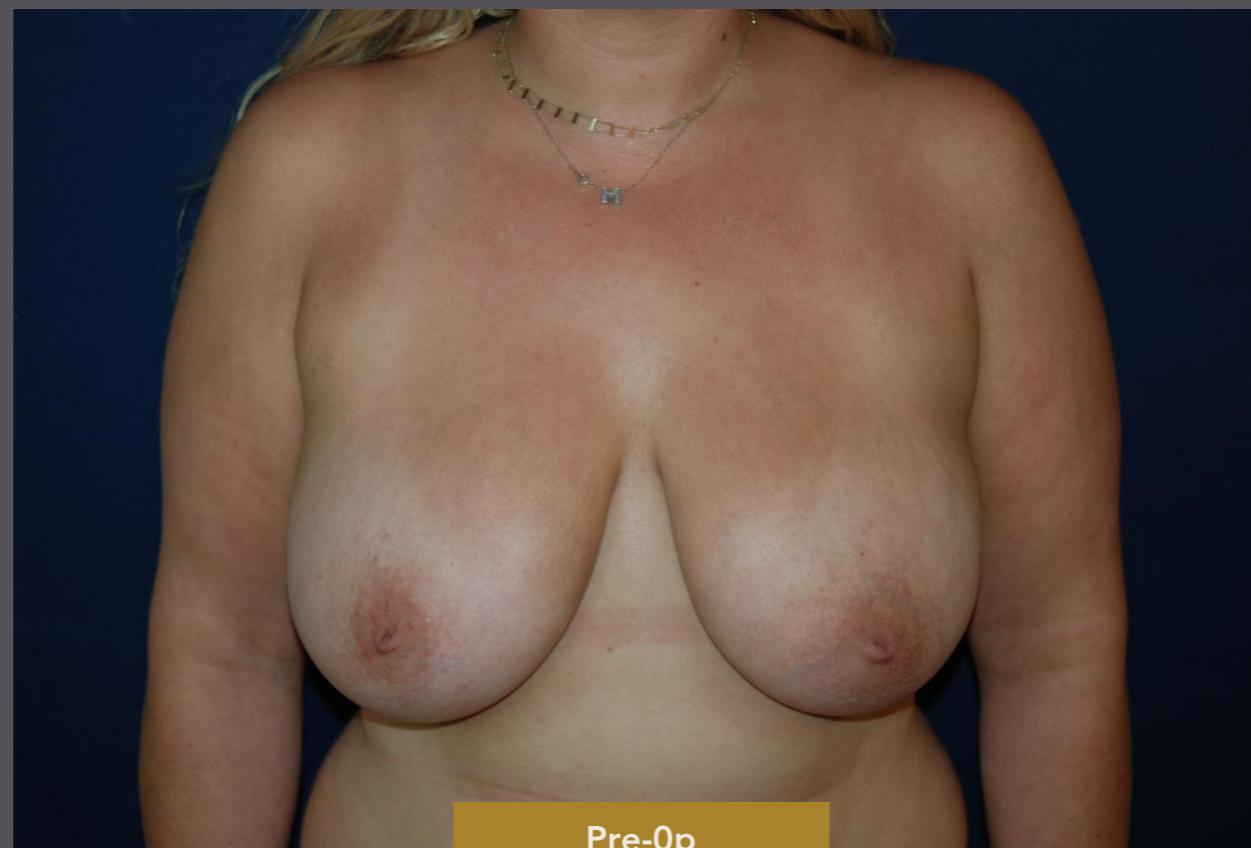


Pre-Op



Post-Op

33 year old with BRCA1 mutation had a staged Breast reduction followed by Prepectoral Direct Implant placement with Motiva® ERSF 550cc



Conclusions

- We did 60 cases of breast reconstruction with Motiva[®] implants with the longest f/u now 54 months.
- We had no complications specifically related to the implants themselves
- Our complication profile was typical for what one sees in the breast reconstruction patient population
- The patient satisfaction has been very high.
- There were no cases of revision surgery related to pain or discomfort attributed to the implants

Thank you

Nolan S. Karp, MD

Professor of Plastic Surgery
NYU Grossman School of Medicine





07

US Breast Reconstruction Q&A

Ben Newcott

Panelists

Dennis Hammond, M.D.

Nolan Karp, M.D.



08

■ Innovation Pipeline

Roberto De Mezerville





08.1

Motiva[®] Minimally Invasive Platform

Breast Tissue Preservation

Roberto de Mezerville

Real World Data

US-FDA Core Study

Motiva Kaplan-Meier (KM)
Key Complications
2-5 year including MRI cohort

Primary Augmentation (N=451)	2-year (95% CI)	FDA Approval 3-year (95% CI)
Capsular contracture (Baker Grade III/IV)	0.5% (N=2)	0.5% (N=2)
Rupture, suspected or confirmed	0.6% (N=1)	0.6% (N=1)
Breast pain	0.7%	0.7%
Infection	0.9%	0.9%
Implant removal, with or without replacement	1.6%	1.6%
Any reoperation ¹	5.9%	6.6%
Any complication ²	8.4%	8.8%

1. Any surgery on the breast or chest area, device or non-device related, including size change.
2. Any device or non-device related event, including reoperation.

Data from 5-year is preliminary and does not reflect the final study results.

Aesthetic Breast Surgery

The Study of the Safety and Effectiveness of Motiva SmoothSilk Silicone Gel-Filled Breast Implants in Patients Undergoing Primary and Revisional Breast Augmentation: Three-Year Clinical Data

Caroline Glicksman, MD, MSJ^{*}; Andrew Wolfe, MD; and Patricia McGuire, MD^{*}


Abstract
Background: Silicone breast implant design has evolved over the last 50 years. Regulatory bodies including the FDA require data to support the modifications designed to improve the safety, efficacy, longevity, and biocompatibility of breast implants.
Objectives: The authors reviewed the 3-year data on the safety and effectiveness of Motiva (Establishment Labs Holdings, Inc., Alajuela, Costa Rica) SmoothSilk silicone gel-filled breast implants submitted to the FDA. The current submitted data include the primary breast augmentation and revisional augmentation cohorts.
Methods: The Motiva IDE is a prospective, single-arm, multicenter, 10-year pivotal study in which data are collected on breast augmentation, reconstruction, and revisional surgery. Three-year data were submitted to the FDA on adverse events, reoperations, patient and physician satisfaction, connective tissue diseases, and quality of life validated instruments. A subset of the patients underwent annual magnetic resonance imaging (MRI) at years 1, 2, and 3 to screen for implant rupture.
Results: A total of 451 patients were implanted in the primary augmentation cohort and 109 patients in the revisional augmentation cohort. There were 218 patients enrolled in the MRI cohort. Reported rates for reoperation for any reason were 6.1% in the primary augmentation cohort (92.4% follow-up) and 25.8% in the revisional augmentation cohort (88.7% follow-up).
Discussion: Motiva implants were first introduced in 2010. The 3-year Motiva data suggests that the leading cause of revisional surgery has shifted from capsular contracture and rupture to more subjective indications for reoperation such as malposition and size change.
Conclusions: Three-year data from the primary augmentation and revisional augmentation cohorts submitted to the FDA demonstrate the safety and efficacy of the Motiva implants. There were low complication rates for implant-related complications and high surgeon and patient satisfaction.

Level of Evidence: 2

Editorial Decision date: June 3, 2024; online publish-ahead-of-print September 27, 2024.

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Therapeutic

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Real World Data

Independent Meta - Analysis

13 Studies

4,784 Patients

1-4 Year Follow-Up



Journal of
Clinical Medicine

Article

Complication Rates after Breast Surgery with the Motiva Smooth Silk Surface Silicone Gel Implants—A Systematic Review and Meta-Analysis

Marie-Luise Aitzetmüller-Klietz ^{1,2,3,†}, Siling Yang ^{1,2,3,†}, Philipp Wiebringhaus ^{1,2,3,†}, Sascha Wellenbrock ^{1,2,3}, Mahmut Öztürk ^{1,2,3}, Maximilian Kückelhaus ^{1,2,3}, Tobias Hirsch ^{1,2,3} and Matthias Michael Aitzetmüller-Klietz ^{1,2,3,*}

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Abstract: Background: In an era where textured devices are being phased out due to concerns about BIA-ALCL, the Motiva SilkSurface breast implants intend to alleviate historical prosthesis-related complications. However, its safety and feasibility remain unelucidated. Methods: An analysis of Pubmed, Web of Science, Ovid, and Embase databases was performed. A total of 114 studies were identified initially, and 13 of these met the inclusion criteria and were assessed regarding postoperative parameters such as complication rate or follow-up period. Results: In 4784 patients who underwent breast augmentation with Motiva SilkSurface breast implants, a total of 250 (5.2%) complications were observed. Short- and medium-term complication rates ranged from 2.8–14.4% and 0.32–16.67%, respectively. The most common complication was early seroma ($n = 52$, overall incidence = 1.08%), followed by early hematoma ($n = 28$, overall incidence = 0.54%). The incidence of capsular contracture was 0.54% and breast implant-associated-anaplastic large cell lymphoma was not observed. Discussion: Although the majority of the studies in the current literature suggest the distinction of the Motiva SilkSurface breast implants in terms of postoperative complications and capsular contracture, its safety and feasibility need to be further elucidated with well-designed, large-scale, multicenter, prospective case-control studies. Other: No funding was received.

Keywords: breast implants; breast surgery; nanosurface; breast augmentation; breast reconstructions

1. Introduction

According to the annual report of the American Society of Plastic Surgeons (ASPS), breast augmentation has been one of the five most frequently performed cosmetic procedures from 2006 to this date. Alone in 2020, 193,073 patients underwent breast augmentation, of whom 103,485 (54%) received breast implants [1]. Despite the paucity of global statistics, the number of patients with breast implants worldwide is estimated to be 35 million [2]. Considering the size of this patient population and the disconcerting previous experience with specific implants, the surveillance of these devices cannot be overstated.

Historically, breast implants have undergone at least three accountability crises since their invention in 1960 [3], resulting in considerable negative physical or psychological impact on those patients involved. In addition to the detrimental repercussions of the 1992 Dow Corning crisis and the 2010 Poly Implant Prosthesis (PIP) crisis [3], breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), which was initially described in 1997 [4], emerged as the third crisis of the last decades. In breast plastic surgery and especially in oncoplastic breast reconstructive surgery, acellular dermal matrices are used,

Citation: Aitzetmüller-Klietz, M.-L.; Yang, S.; Wiebringhaus, P.; Wellenbrock, S.; Öztürk, M.; Kückelhaus, M.; Hirsch, T.; Aitzetmüller-Klietz, M.M. Complication Rates after Breast Surgery with the Motiva Smooth Silk Surface Silicone Gel Implants—A Systematic Review and Meta-Analysis. *J. Clin. Med.* **2023**, *12*, 1881. <https://doi.org/10.3390/jcm12051881>

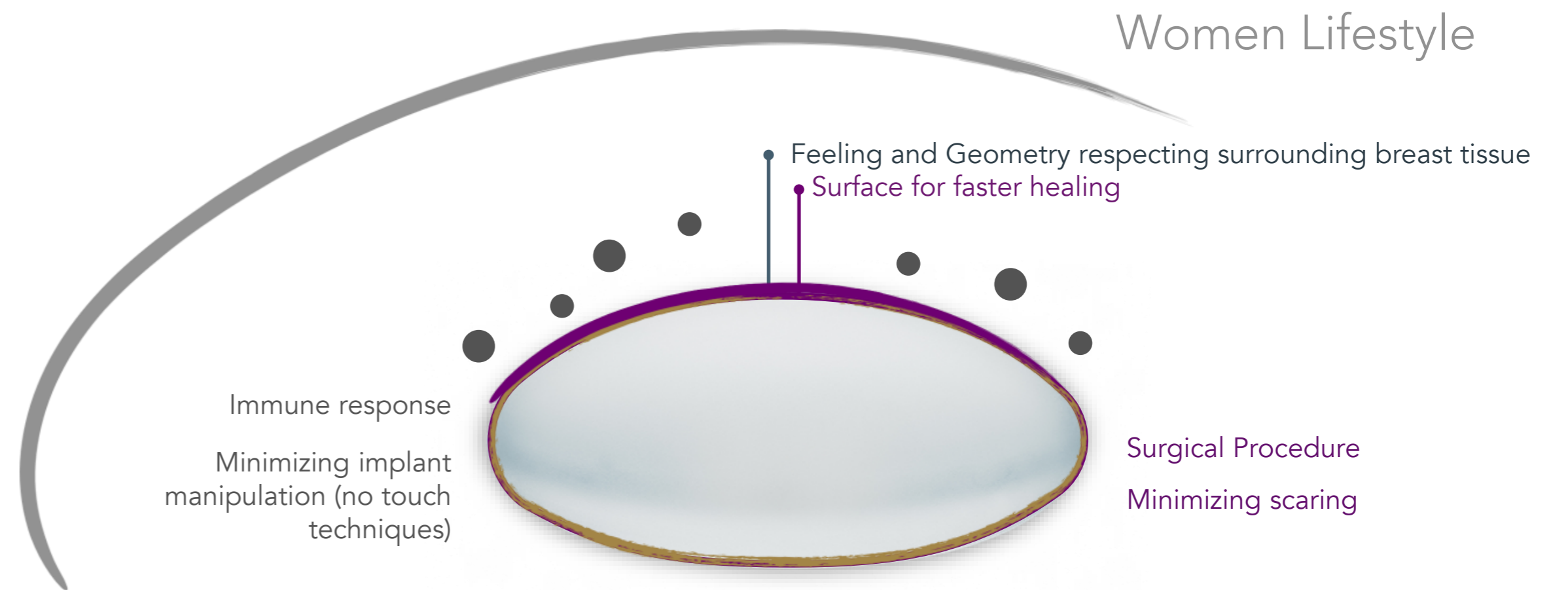
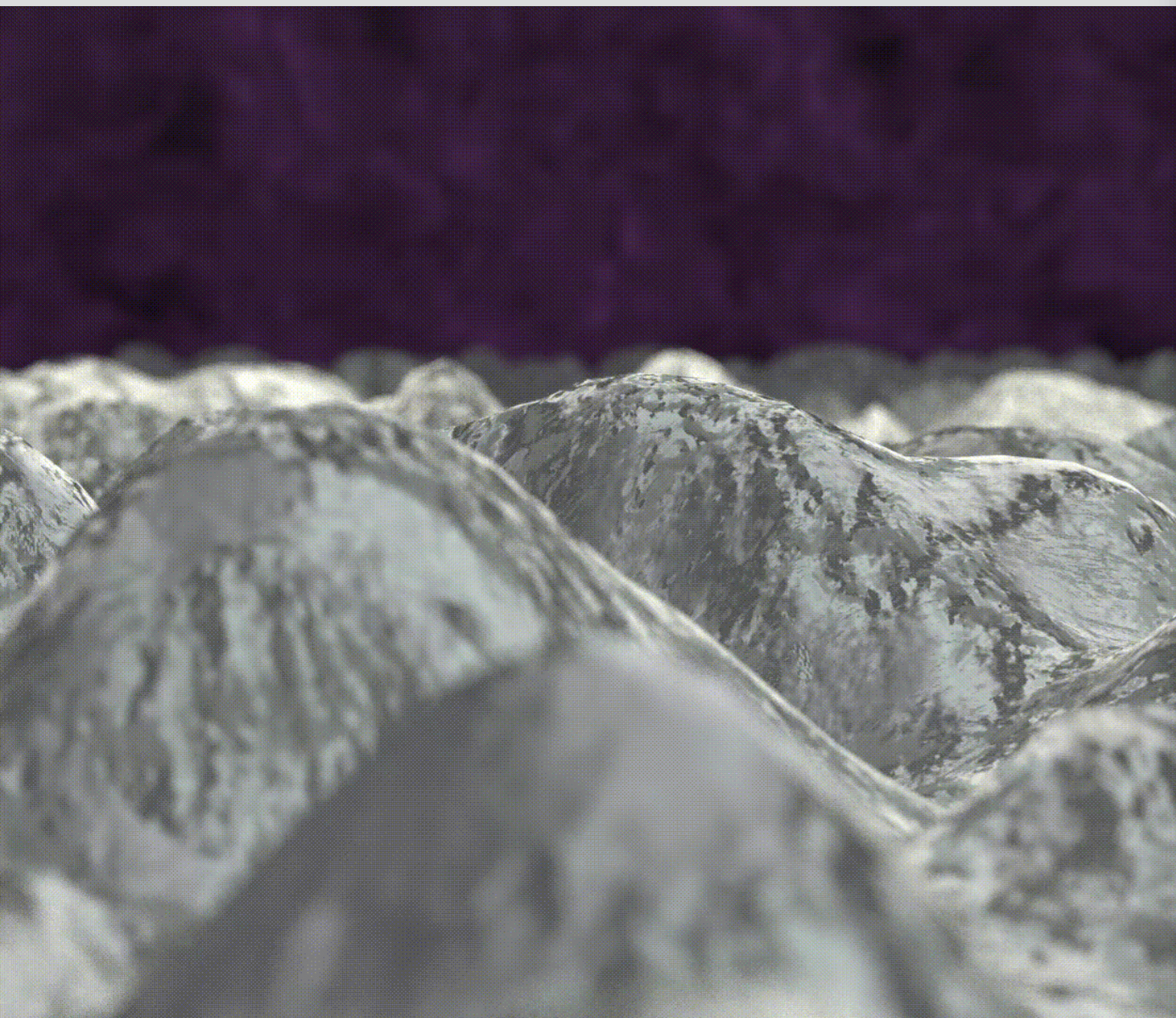
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Design with a Purpose

SmoothSilk®
4 µm Average Roughness



TRUEMONOBLOC+™

32% higher elongation

23%+ Adaptability

45% Softer

BLUSEAL+™

60% higher performance



A Shell for Every Gel

Ergonomy

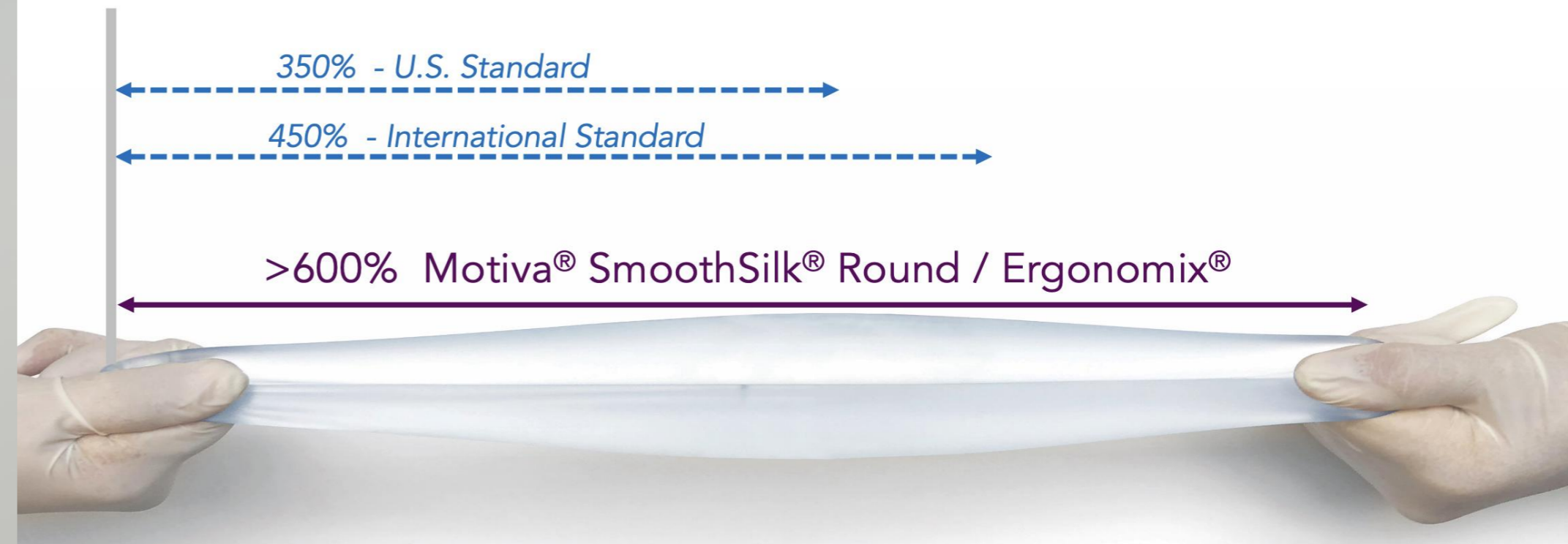
Adaptability

Softness

Elongation



Shell Elongation



Our implant evolution

Breast Tissue Preservation Platform



Motiva Minimally Invasive Technology Platform

mia®

Preservé

GEM®

The New Aesthetics Consumer

Breast Tissue Preservation
For the day-to-day

Standardize
Gluteal Enhancement Modeling

Motiva® Minimally Invasive Technology Platform



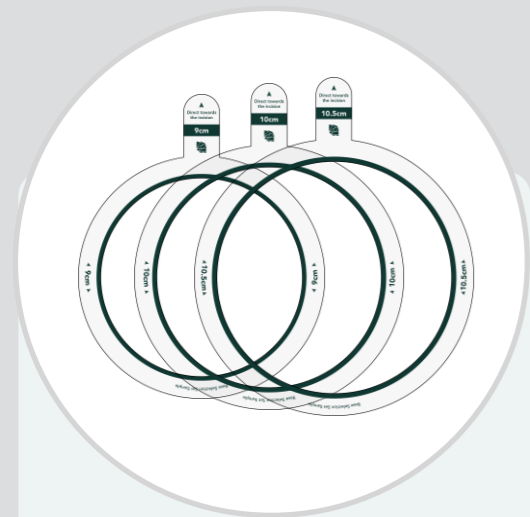
Motiva® SmoothSilk
Ergonomix
Ergonomix2



Motiva® SmoothSilk
Ergonomix2 Diamond

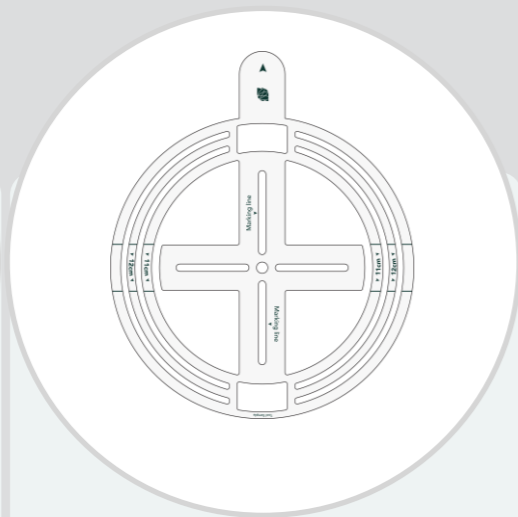


Motiva® SmoothSilk
Ergonomix2 Gluteal
Diamond



Motiva® Consultancy
Implant Selection Set

Set of templates to guide the surgeon in selecting the Motiva Implant, under the consumers' breast boundaries.



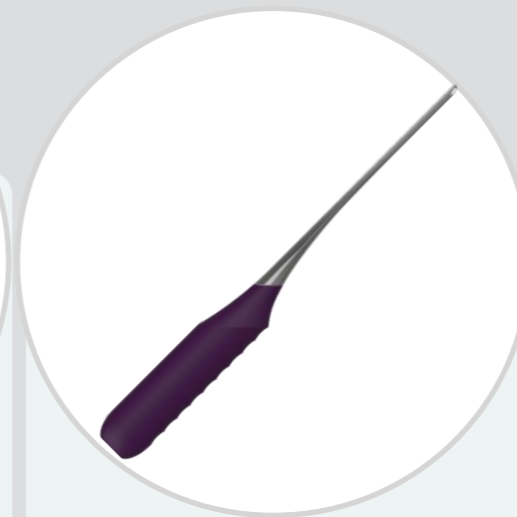
Motiva® Pre-Op
Marking Tool

Intended to act as an aid during the marking process.



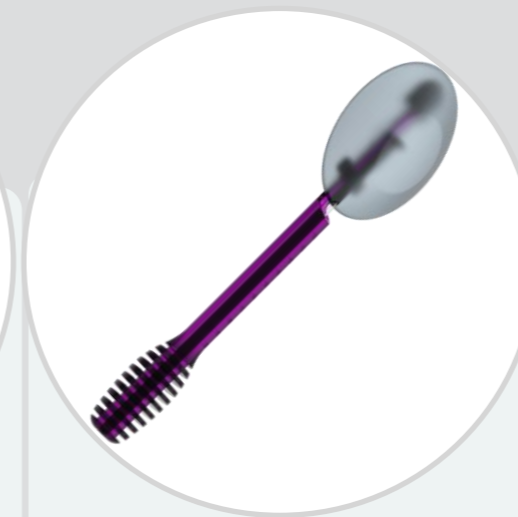
Motiva®
Channel Separator

Creates a tunnel to the opposite border of the breast pocket to allow for the insertion of the inflatable balloon.



Motiva®
Tissue Separator

It separates the tissue, creating a pocket to allow the inflatable balloon to be inserted.



Motiva®
Inflatable Balloon

Create a 3-dimensional breast pocket by an atraumatic controlled elongation of the breast tissue.



Motiva® Injector

Facilitate the injection of the Motiva® Implant during the minimally invasive procedure.



Motiva®
Insertion Sleeve

Efficient deployment of the Motiva® Ergonomix2® with a "no-touch technique".

Motiva Minimally Invasive Technology Platform

mia

The New Aesthetics
Consumer

Preservé

Breast Tissue Preservation
For the day-to-day



Post Op



Incision



Post Op



Breast Tissue Preservation

Traditional Breast Augmentation

Preservé™

- Up to 4 cups
- With or without general anesthesia
- Inframammary
- Simple to more complex cases

Less invasive Surgery with Breast Tissue Preservation

mia

- 1 to 2 cups up
- No general anesthesia
- No scars in the breast
- Quick procedure and recovery

Minimally Invasive Experience with Breast Tissue Preservation

Leveraging Minimally Invasive Technologies to expand market opportunities



Mia Femtech™ Study Clinical Outcomes

Mia FemTech™ Kaplan-Meier Risk Complications Through 3-years (w/MRI Cohort)

Primary Augmentation	1-year (N=100), 95% CI	2-year (N=100), 95% CI	3-year (N=100), 95% CI
Capsular contracture (Baker Grade III/IV)	0.0%	0.0%	0.0%
Rupture, suspected or confirmed*	0.0%	0.0%	0.0%
Infection	0.0%	0.0%	0.0%
Seroma	0.0%	0.0%	0.0%
Hematoma	0.0%	0.0%	0.0%
Rippling	0.0%	0.0%	0.0%
Inferior malposition	0.0%	0.0%	0.0%
Malposition/Displacement	1.0%	1.0%	1.0%
Changes in Nipple Sensation	0.0%	0.0%	0.0%
Changes in Breast Sensation	0.0%	0.0%	0.0%
Any reoperation	0.0%	0.0%	1.0%

*Includes overall and MRI cohort (33 subjects/ 66 implants) combined.





08.3

Motiva[®] Minimally Invasive Platform

GEM[®]

Roberto de Mezerville

GEM® Gluteal Ergonomic Modeling



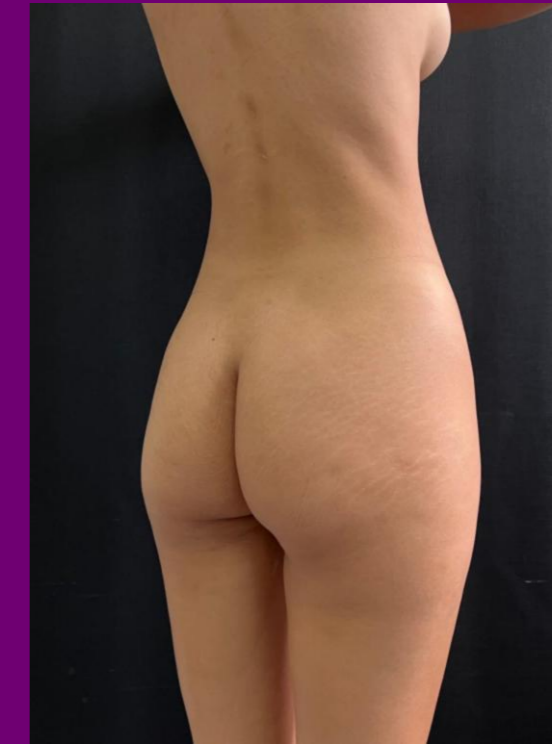
■ GEM® Tissue Separator

■ Balloon + Injector

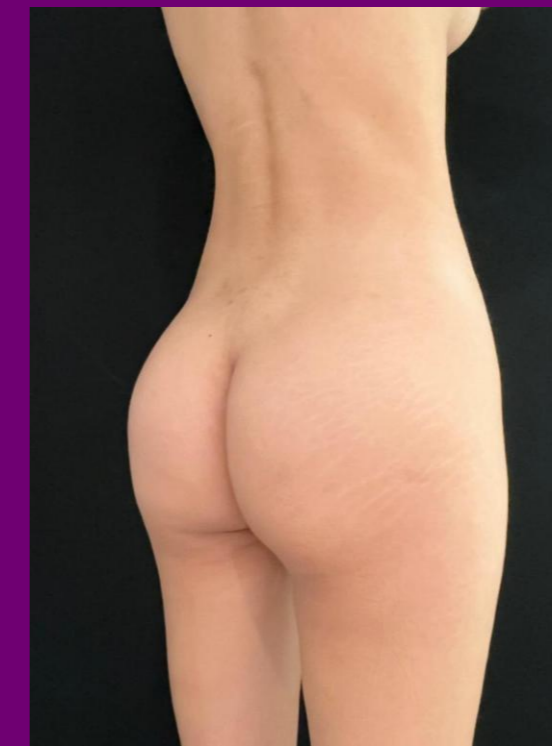
■ Post-Op

GEM® Six Months Post-O

Pre-Op



6 Months



Zen[®] Technology Platform

New Generation for the Radio-Frequency Platform:

- MR Conditional; no artifact effect outside of the implant
- The Electronic Serial Number traceability feature
- Passive device with no internal battery
- With temperature sensor





09

GLP-1s and Impacts on Plastic Surgery

Juan José Chacón-Quirós

Panelists

Sachin Sridharani, M.D.

Johnny Franco, M.D.



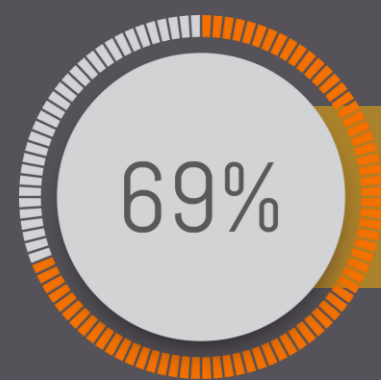
Johnny Franco, MD FACS

Weight Loss Revolution



Practice Integration

Weight Loss Revolution



Overweight In America

Roughly 2/3 Americans
Are Overweight Or Obese

- Current pace (prior to GLP - 1):
80% of Americans would be obese by 2030
- **235 Million Americans** are overweight or obese
- **45% of Americans** Are Interested in a Weight Loss Drug
- **12% of America** has or is taking GLP Medication

Weight Loss Spend

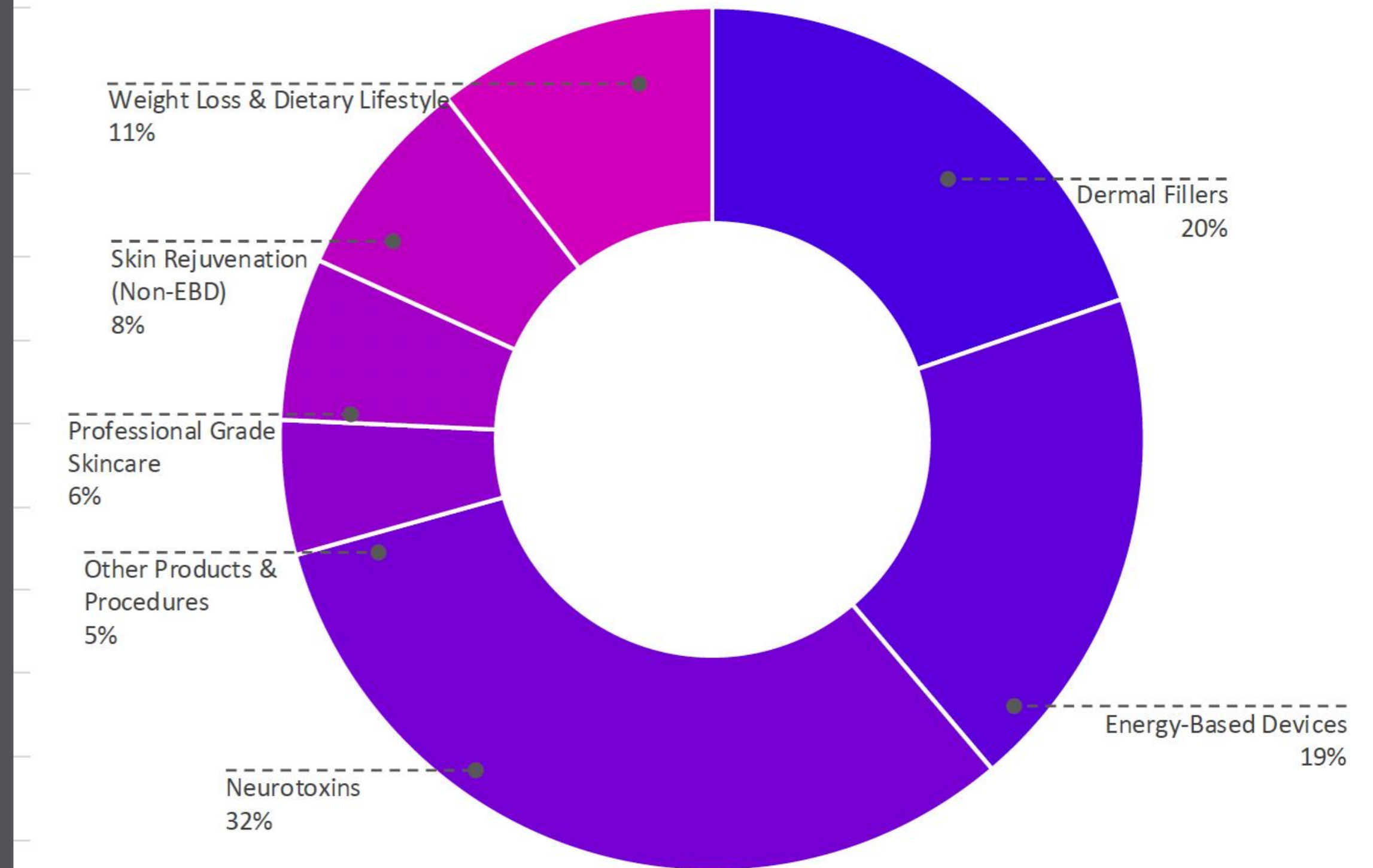
Patients in the office

Continued Journey

More than Skincare

Ripple Effect

Share of 2024 Non-Surgical Aesthetics Spend by Segment



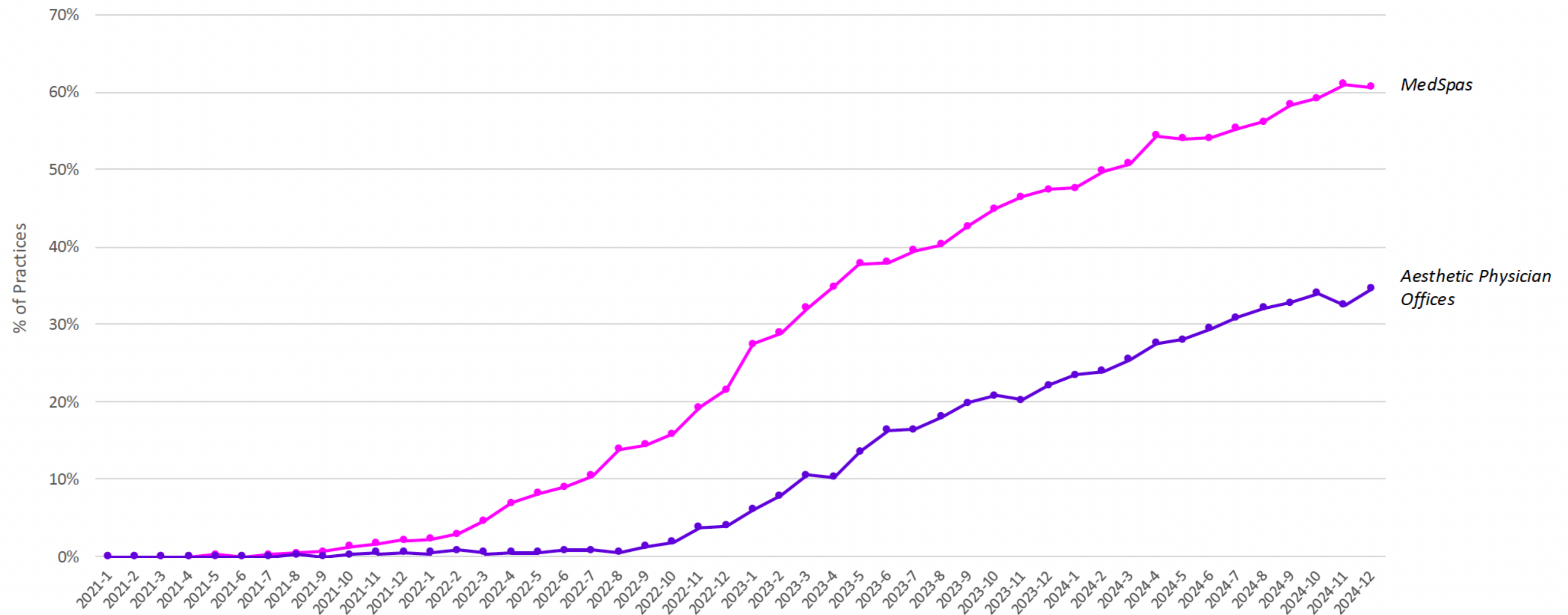
Weight Loss Journey

- GLP
- Skin Laxity
- Volume Loss
- Weight Loss Surgery
- Wellness
- Energy Devices



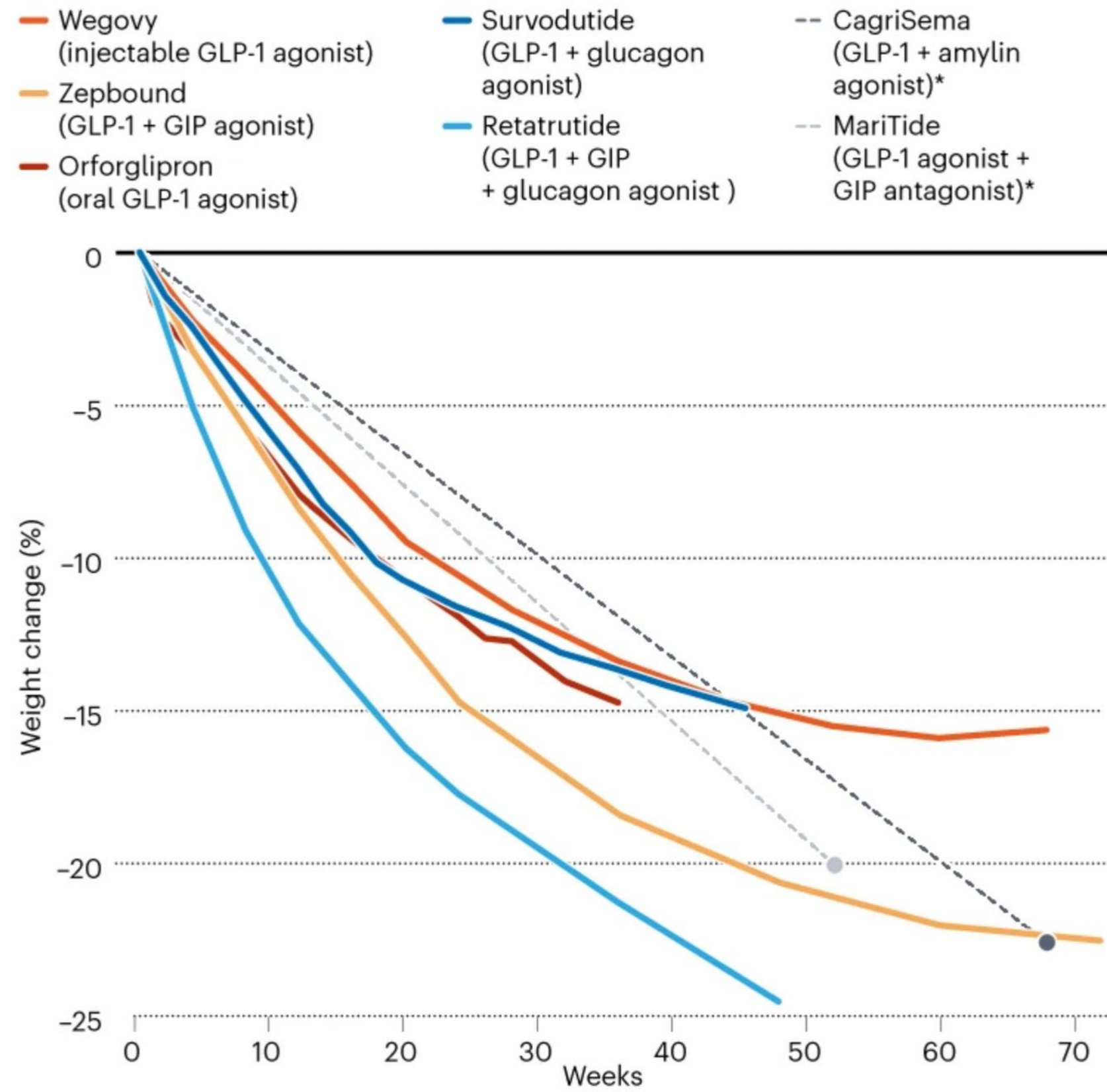
GLP-1 drugs are now offered at 60% of MedSpas and 35% of Aesthetic Physician Offices in the U.S.

GLP-1 practice adoption over time, MedSpas & Aesthetic Physician Offices



Source: Qsight Sales Measurement

M



Ozempification of Aesthetics

Unique Patient Population

- Young Patients
- Weight Loss
- New to Aesthetics
- Evolving Needs
- 20 - 30lbs Changes
- Men

Evolving Treatments

- Novel new technology
- Enhance Surgical Results
- Maintain Results
- Future Treatments
- Patient Journey

New Challenges

- Modern Trends
- Skin Laxity
- Volume Issues
- Combination Treatments
- Unique Solutions
- Pivotal Time

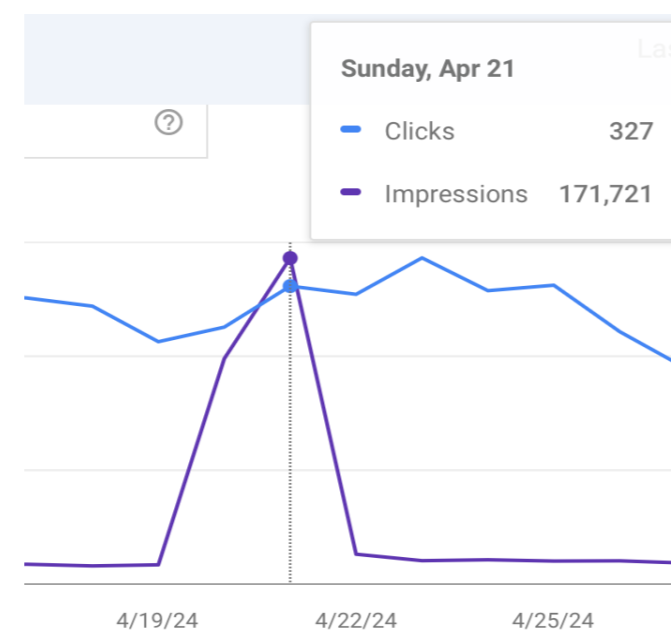


Ozempification of Aesthetics

Search Volume

- Website
- Social Media
- Pop Culture

Website



3 days

Here is how some of your top queries performed in the week of Apr 15, 2024 to Apr 21, 2024:

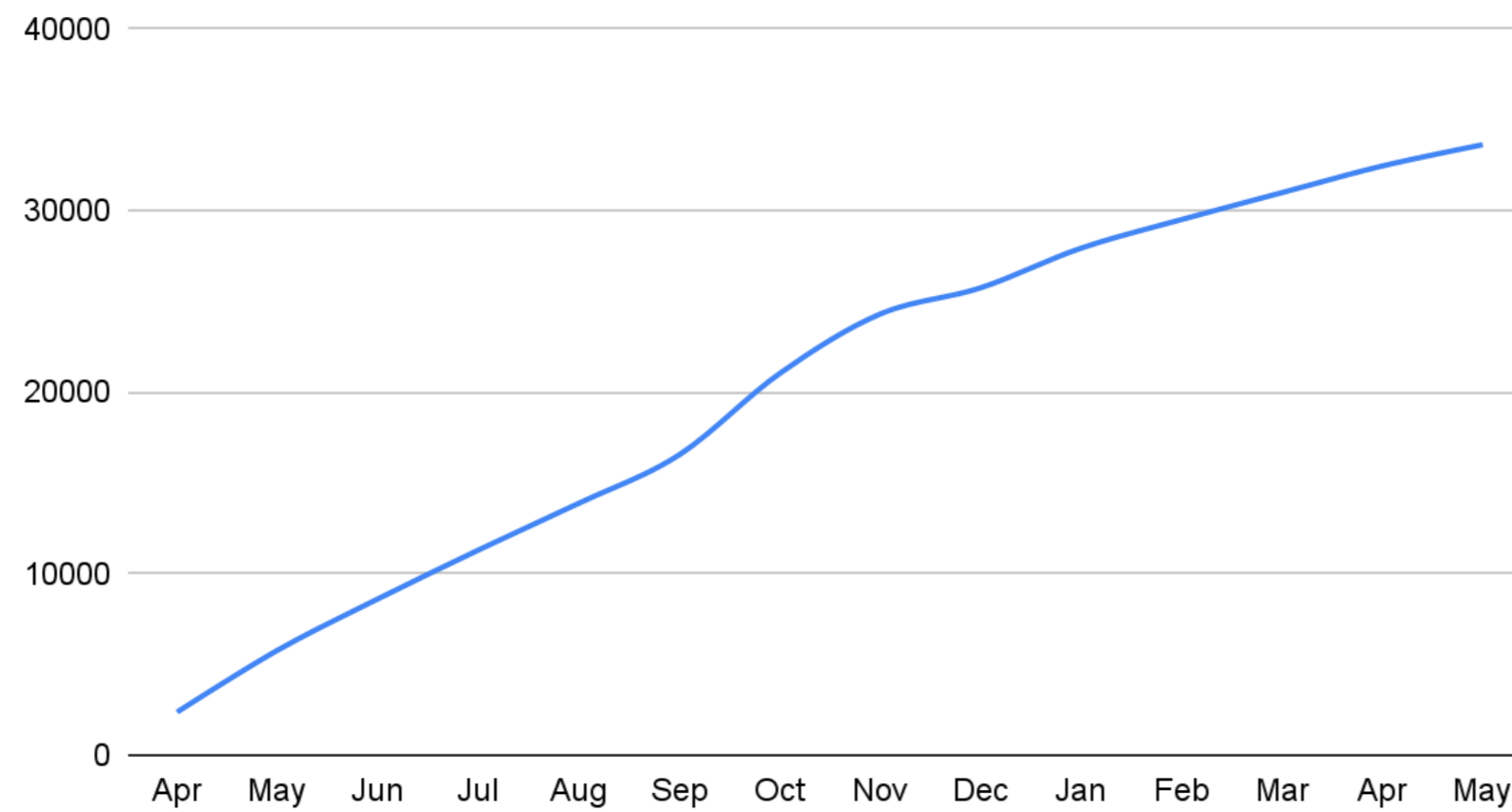
- Query: **plastic surgeons ozempic face**
 - #1 query on your site
 - 269,616 impressions
 - 79.29% of total site impressions, more than the 0% it got in the previous weeks.

National Media

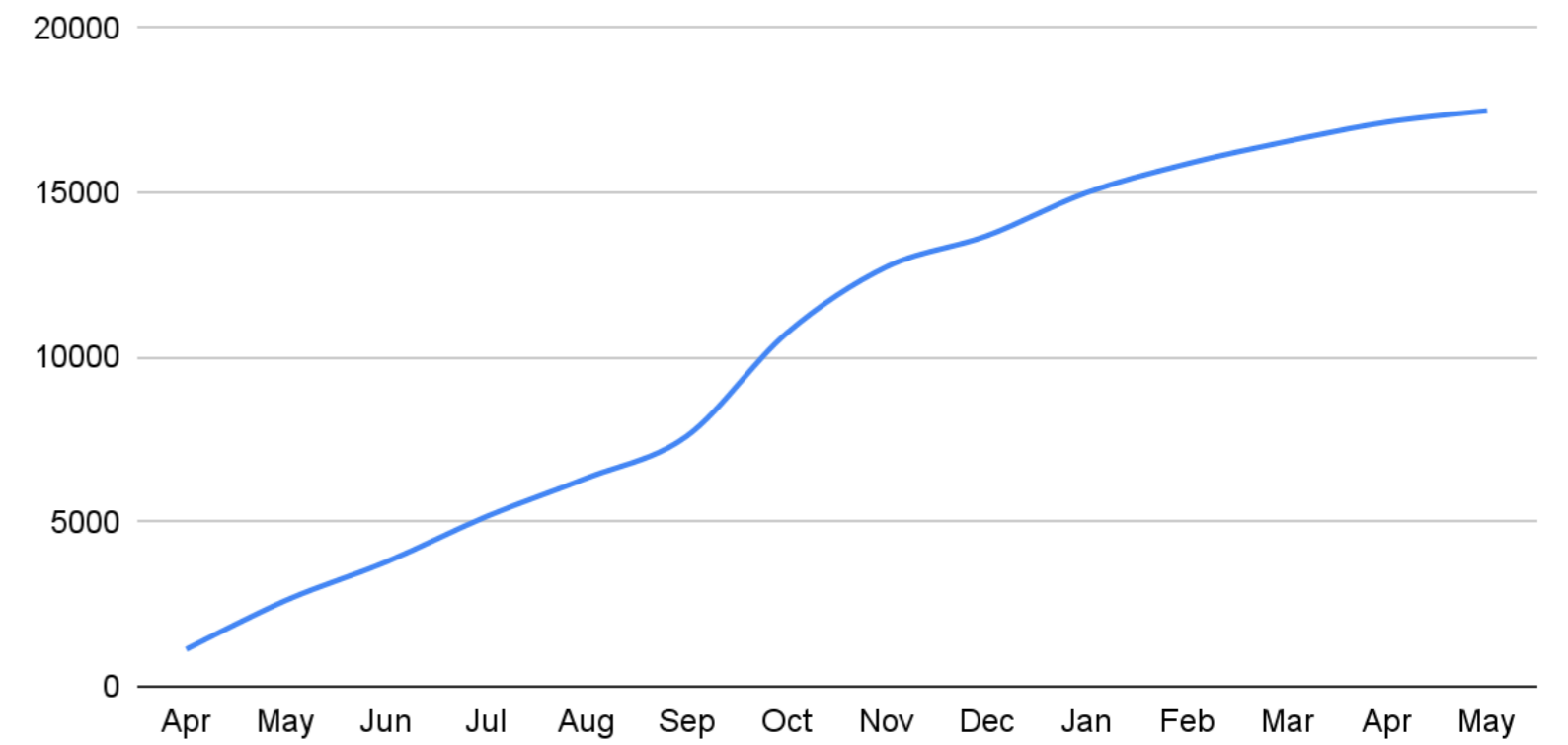
- Query: **ozempic butt**
 - #1 query on your site
 - 71,679 impressions
 - 27.87% of total site impressions, more than the 1.344% it got in the previous weeks.
- Query: **what is ozempic butt**
 - #2 query on your site
 - 22,970 impressions
 - 8.93% of total site impressions, more than the 0.304% it got in the previous weeks.

Search volume

TRAFFIC TO ALL OZEMPIC & WEIGHT LOSS PAGES



TRAFFIC TO ALL OZEMPIC PAGES - FACE, BREAST & BUTT



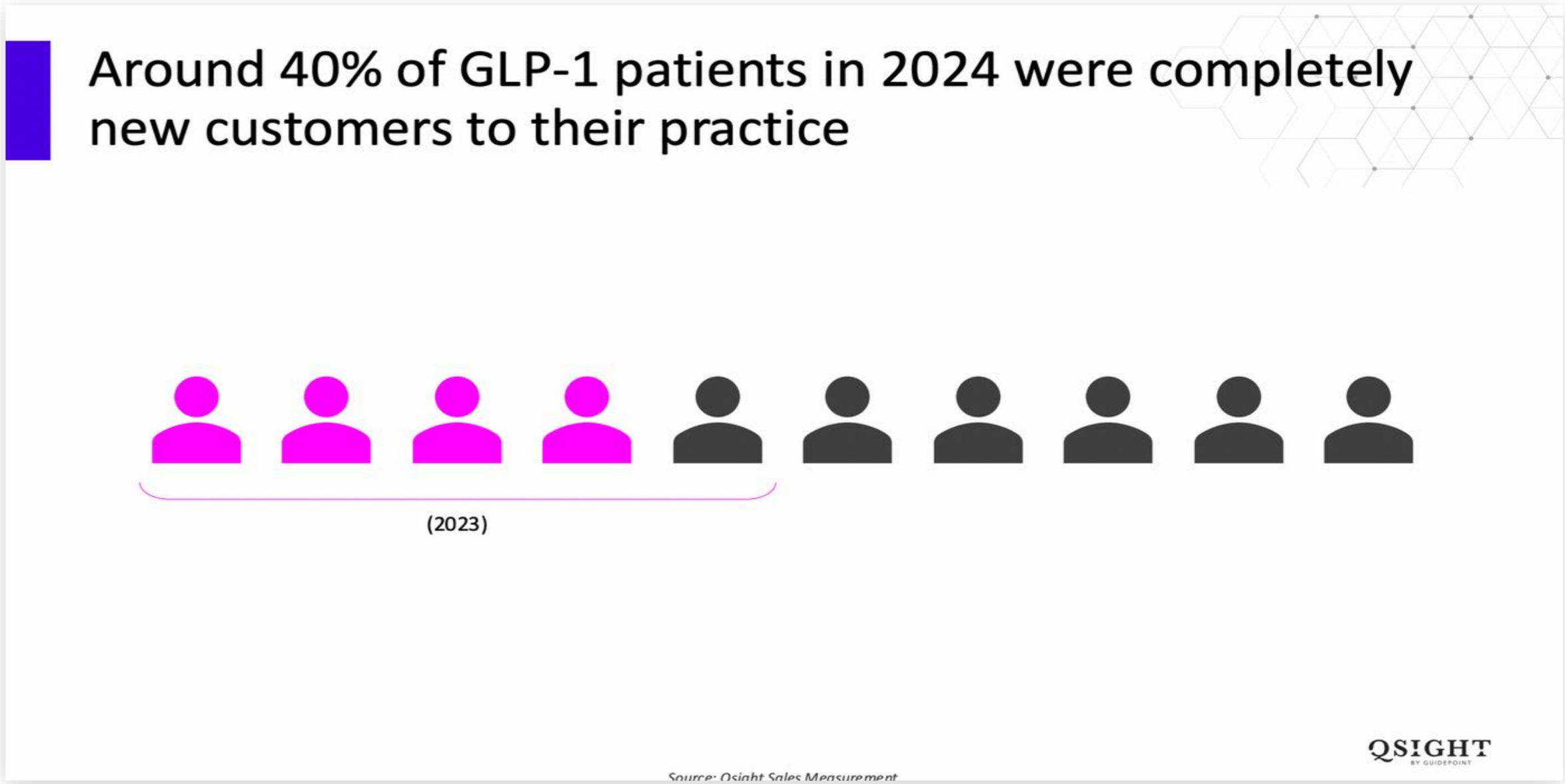
Quick example of an Ozempic global query:

When people search on Google for [ozempic cellulite], you are **#2** GLOBALLY!

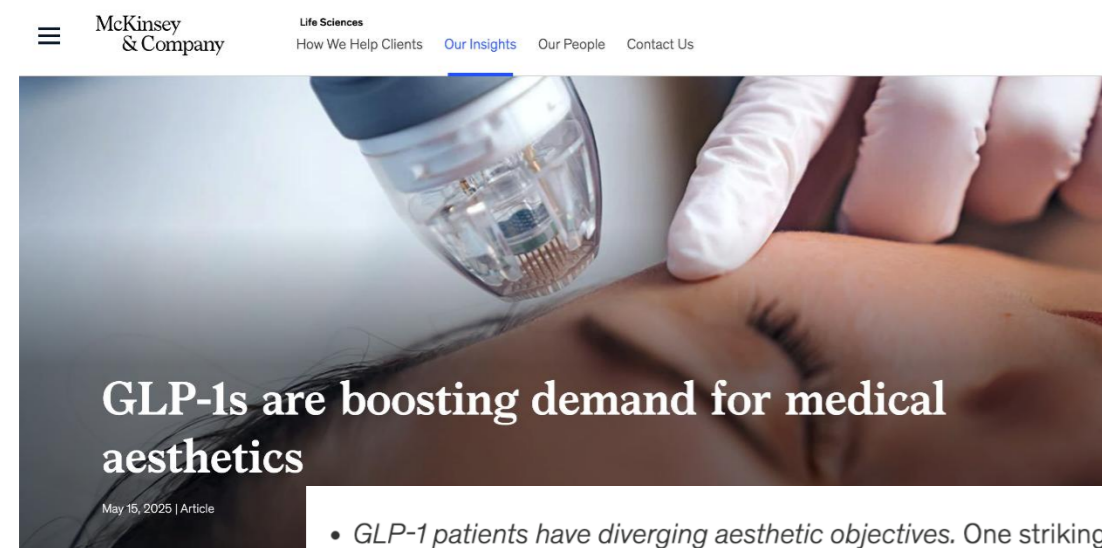
<<https://www.google.com/search?q=ozempic+cellulite>>



Aesthetic Naive Patients



Aesthetic Naive Patients

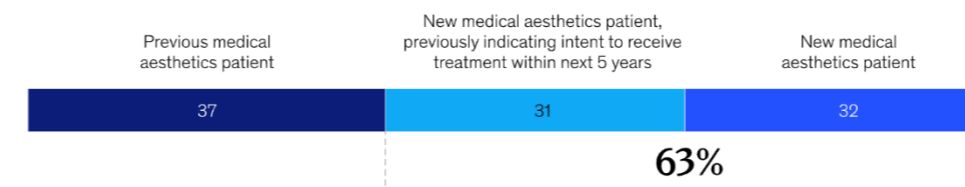


- *GLP-1 patients have diverging aesthetic objectives.* One striking characteristic of this new cohort is that they are almost evenly split on the type of aesthetic they want to achieve. Roughly 56 percent of them say they are seeking a more “natural look”—a look that is closer to their pre-weight-loss baseline and that conceals any indications of aesthetic treatments—while 44 percent of them are exploring new looks and techniques.

Exhibit 1

Most GLP-1 patients seeking aesthetic services are new to the market.

Patients receiving medical aesthetics treatment after losing weight using glucagon-like peptide-1 (GLP-1) agonists, by medical aesthetics use, US,¹ % of respondents



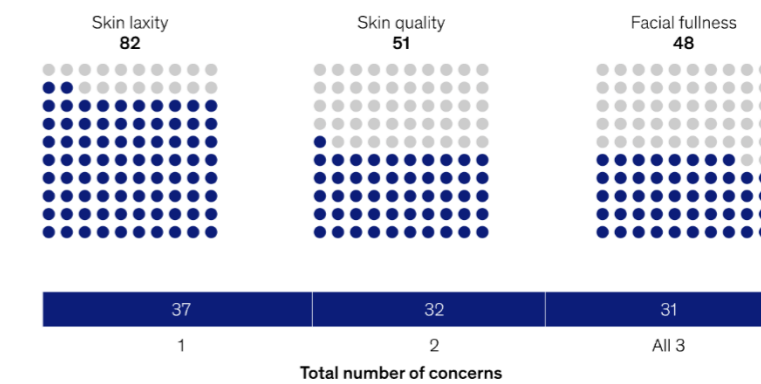
¹Question: For patients coming in for facial medical aesthetics after losing weight using GLP-1 agonists, to what extent is this a new group of patients/consumers? Please estimate the distribution of patients/consumers across the following categories. Source: McKinsey US Medical Aesthetics Providers Survey, Dec 2024 (n = 174)

McKinsey & Company

Exhibit 2

Skin laxity is the primary aesthetic concern for many GLP-1 patients.

Primary concerns of patients seeking medical aesthetics treatment after losing weight using glucagon-like peptide-1 (GLP-1) agonists, US,¹ % of respondents



¹Question: For patients/consumers who are coming in for medical aesthetics for the face after having lost weight using GLP-1 agonists, what are the main areas to be addressed? Please select all that apply. Source: McKinsey US Medical Aesthetics Providers Survey, Dec 2024 (n = 174)

McKinsey & Company

<https://www.mckinsey.com/industries/life-sciences/our-insights/glp-1s-are-boosting-demand-for-medical-aesthetics>



Thank you

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Austin Texas



Sachin M. Shridharani, MD FACS

Glp-1S & Impacts On Plastic Surgery



Board-Certified Plastic Surgeon

Sachin M. Shridharani, MD FACS

Disclosure

Founder – LUXURGERY

Associate Clinical Professor - Washington Univ. – St. Louis
Division of Plastic and Reconstructive Surgery

Chief Medical Officer - SkinSpirit

Holds advisory and consultancy roles with multiple aesthetic medicine companies including Allergan, Establishment Labs, Evolus, Galderma, Merz, Prolenium, Revance, and Tiger



LUXURGERY[®]

SKIN SPIRIT



Patient vs. Customer vs. Client

What's the difference?

Patient

Customer

Client



The Treatment Phase

Patient experience in the treatment room



- Patient vulnerability
- Milestone to create bond or lose patient
 - In-room photography
 - Luxury robes and hotel slippers
 - Music reflective of LUXURGERY
 - Cleanliness and clutter-free
 - Familiar and trusted faces/staff members

The Emerging Role of Injectable Weight Loss Medications in Plastic Surgery:

A Systematic Review

Global Concern

- > 650 mn adults obese; 1.9 bn overweight (WHO, 2016)
- Obesity → multifactorial ds w/ serious health implications

Study Overview

- 16 RCTs included
- Total:10,492 patients



Body Contouring

Review Article

The Emerging Role of Injectable Weight Loss Medications in Plastic Surgery: A Systematic Review

Sachin M. Shridharani, MD, FACS; and Joshua Kohan, BA

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The Emerging Role of Injectable Weight Loss Medications in Plastic Surgery:

A Systematic Review

Key Findings

- Consistent weight loss observed (1.5 to 5 kg)
- Most common AE: mild to mod GI symptoms

Conclusion & Future Directions

- GLP-1s show promise for non-surgical weight loss
- Further RCTs needed to assess combination therapies and identify optimal agents



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British Association of Aesthetic Plastic Surgeons
Canadian Society for Aesthetic Plastic Surgery
The Rhinoplasty Society

Premier International Partners:
Dutch Society for Aesthetic Plastic Surgery
Norwegian Society for Aesthetic Plastic Surgery
Spanish Association of Aesthetic Plastic Surgery

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NEW! Abstract translated into 8 languages:
details inside.

B&A PICTURES

- Age: 38
- Procedure: Aug/Pexy
- Motiva® rnd 285cc HP
- Approx: 6 months



Before



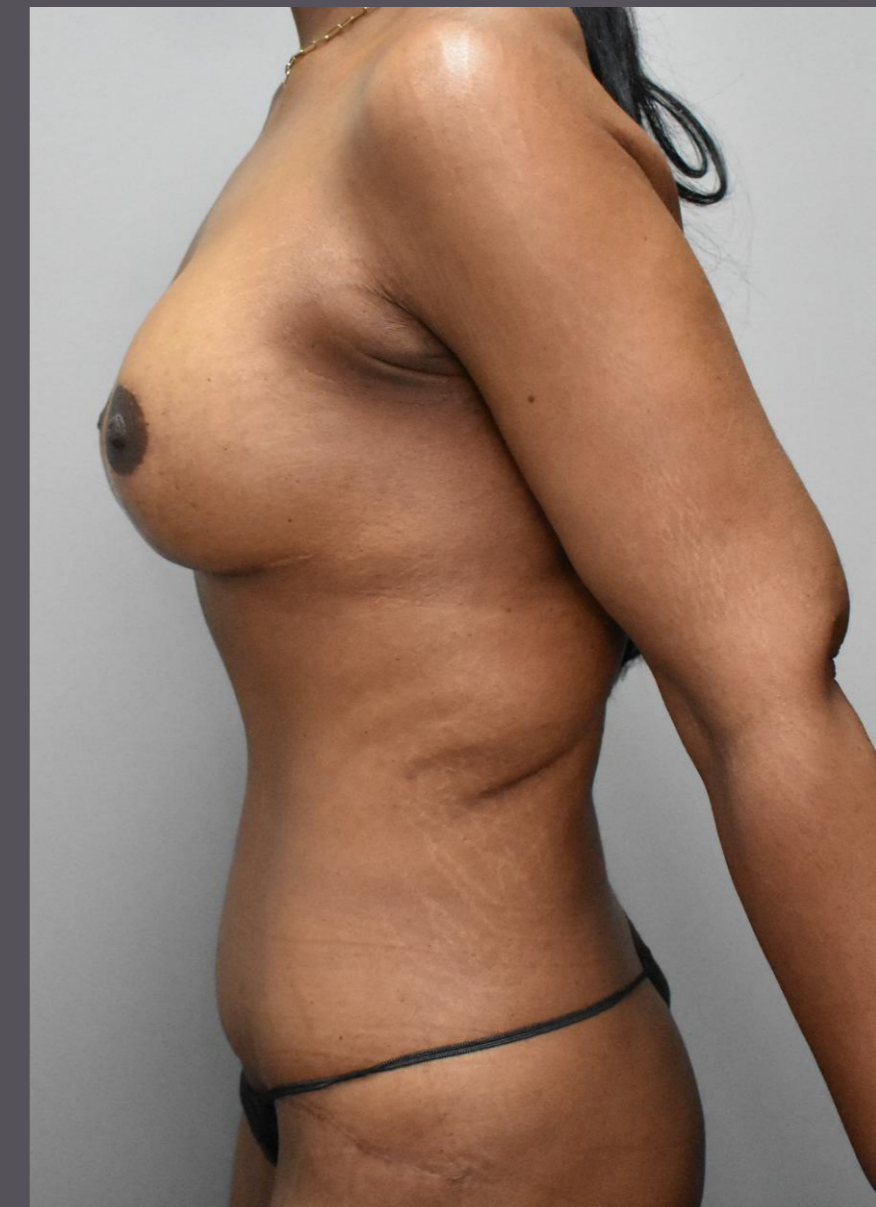
After

B&A PICTURES

- Age: 38
- Procedure: Aug/Pexy
- Motiva[®] rnd 285cc HP
- Approx: 6 months



Before



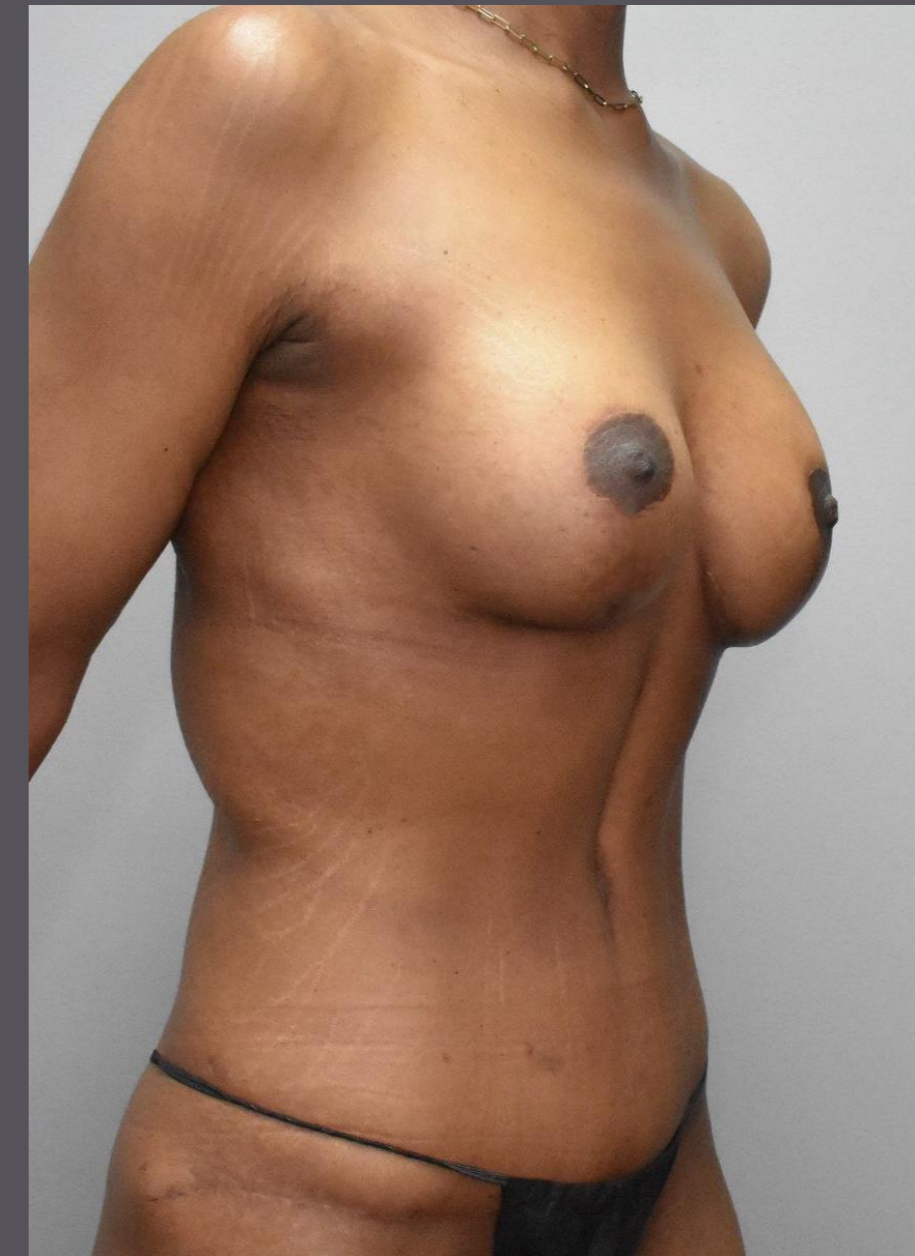
After

B&A PICTURES

- Age: 38
- Procedure: Aug/Pexy
- Motiva[®] rnd 285cc HP
- Approx: 6 months



Before



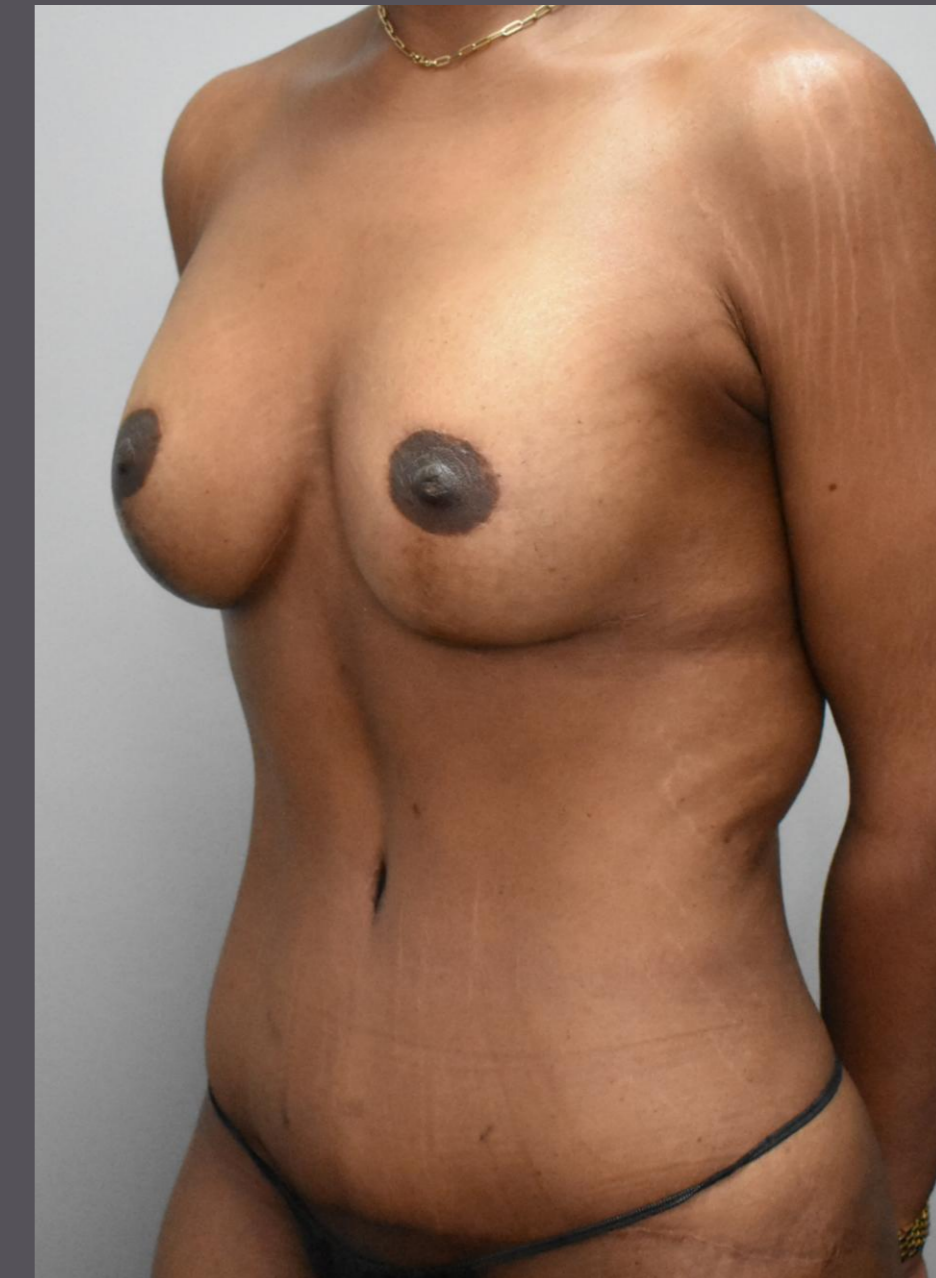
After

B&A PICTURES

- Age: 38
- Procedure: Aug/Pexy
- Motiva® rnd 285cc HP
- Approx: 6 months



Before



After

Summary

- GLP-1s → weight loss results
- Non-surgical approach to weight mgmt & improve outcomes
- AE's generally mild to moderate, mainly GI, & often resolve w/ dosage adjustment
- Future research → identify ideal GLP-1 agents and assess combo therapies for enhanced efficacy

- LUXURGERY client-focused aesthetic practice
- Priority: experience and trust



Thank you

Sachin M. Shridharani, MD FACS

New York, New York





10

Unlocking New Markets

Juan José Chacón-Quirós

Panelists

Mark Epstein, M.D.

Anna Steve, M.D.

Troy Pittman, M.D.

Sachin Shridharani, M.D.

Johnny Franco, M.D.



11

Management Q&A

Peter Caldini

Juan José Chacón-Quirós

Raj Denhoy

Jeff Ehrhardt