



Whatever Happened to Lasers?

After hearing a great deal about lasers a few years ago, there has been a great silence. Dr. Beehner made contact with several doctors who have extensive laser experience and asked them to comment on the current state of the laser in hair restoration. WMP



Dr. Albert J. Nemeth's Sapphire Erbium Laser handpiece with sapphire tip in place. See page 292 for Dr. Nemeth's comments.

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With regard to the enquiry about laser hair transplanting: I originally started experimenting with lasers in order to produce a slot-recipient site. My purposes specifically were *not* aimed at decreasing bleeding or decreasing postoperative pain, both of which I had ample means of controlling. I was looking for a graft that would look less "pluggy" than a round graft but would contain an equal amount of hair, thus maximizing the production of density per session. A narrow rectangular graft seemed to "fit the bill" but I needed a rectangular recipient site in which to put it. At the time, there was no such thing as slot punches. However, if I used a laser (which ablates tissue as it incises) I could make a "slot" instead of a "slit" and therefore have an appropriate recipient site for such a graft.

I spent nearly five years experimenting with various lasers in an effort to

find or develop one that was "user friendly" and that could produce these slot sites with a consistent depth and with minimal lateral thermal damage. I initially cooperated with Coherent Inc. but later branched out to study other types of lasers. The bottom line was that the laser companies were too slow in making the changes that I asked for. After five years, I was simply exhausted from trying the various machines that answered only half my requests at any given time. At about the same time, the slot punch was developed and I found I could produce the same type of site that I made with the laser but with cold steel. This could be done more rapidly and with the absence of any thermal damage. In my view, there simply is no need to use a laser to make recipient sites at this point. They can be made just as rapidly without any thermal damage using a needle in the case of a micrograft and a slot punch in the case of slot grafts. The laser companies also had been slow in producing a scanner that could create consistent patterns that would have been advantageous and that would have given an edge to the laser although I had worked with them for several years in doing this. I should also add that the lasers were not user friendly. It became quite a job for most people to learn how to use them properly. I did have rather remarkable

results in many of my patients. (Please see 3rd edition of *Hair Transplantation*).

continued on page 292

Regular Features

President's Message	286
Co-Editors' Messages	287
Notes from the Editor Emeritus	288
Pioneer of the Month	301
Cyberspace Chat	304
Once Upon a Time	306
Surgeon of the Month	307
Life Outside of Medicine	309
Letters to the Editors	311
Journal Review	315
Surgical Assistants Corner	319

Feature Articles

A Patient's Story	289
Coronal (CAG) versus Sagittal Angled Grafting (SAG)	295
Message from the Program Chair	297
Proposal for Photographic Standards	298
Scalp Pathology for the Hair Transplant Surgeon: Beware of the "Imitators"	299
Surgery in Arkansas	303
Motivating Your Team—What Worked for Us	320
Message from the Surgical Assistants Co-Chairs	320