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Different options in revision surgical hair restoration

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Introduction

For patients with less than desirable aesthetic hairlines from prior hair transplantation, the most common recommended method for repair is further grafting. The concept is that the additional grafts that are theoretically performed in a more refined approach will conceal the old grafts. This approach can be quite useful, especially when the transplanted hairline as it presents is sufficiently high enough to allow for at least 10–15mm of further advancing with new grafting, and there is sufficient donor hair grafts. I have utilized this grafting technique in the great majority of the more than 1,500 revision procedures I have performed over the past 15-plus years, with very good to rather impressive outcomes in the large majority. In approximately half of these grafting cases, a small number of the most unaesthetic grafts (anywhere from 20 to as many as 50 or so) also need to be removed to achieve a more natural appearance, especially for those along the frontal-most hairline that are very noticeable due to size (3 or more hairs), angulation (too perpendicular), pitting of the surrounding skin, or poor location (placed too far forward and/or surrounded by scarring such as pitting or hypopigmentation).

There are certain circumstances, however, when further grafting is not the simple solution to the problem. As effective as this technique can be in many patients, in others it simply is not going to improve hairline aesthetics sufficiently to allow the patient to regain the natural look he greatly wants. This is particularly true in those patients with several aesthetic problems that include:

- hairlines that are too low or too flat (rounded instead of receded frontotemporal recessions);
- a large number of unnatural appearing grafts that cannot be concealed with further grafting; whether because of poor angulation, large size, or other aesthetic issues; and
- scarring of the surrounding skin from the prior placed grafts or from well-intentioned but unsuccessful efforts to improve appearances by graft removal and/or further grafting.

It is in these patients that one of the following three alternative procedures can and should be offered:

1. Linear excision of the entire or portion of the hairline.
2. FUE punch removal of prior placed hairline grafts.
3. Fusiform-shaped scalp reduction performed just behind the hairline.

One particular motivation for writing this article is to demonstrate the proper method and applications of these techniques. I do not take credit for inventing these techniques, for I have learned the basics of them from some of my more respected colleagues (such as Drs. Dow Stough and Shelly Kabaker), but I have modified them to allow them to achieve the most impressive results. Performed properly, these techniques have made a huge difference in the lives of some of my patients, allowing them to no longer need to continually worry about their unnatural appearance.

Linear Excision of the Hairline—Partial and Complete

Almost 11 years ago, I was faced with a very challenging case of a male who 20 years earlier underwent a series of plug and minigraft transplanting to create a 2.5cm-wide hairline that unfortunately was too flat and too far forward—just 7cm above the nasion. Another surgeon had attempted to remove some of the larger of the 700 or so grafts that contained 3–7 hairs each, which resulted in unaesthetic hypopigmented scarring in place of the grafts. The patient was resigned to wearing a hairpiece, unless something heroic was performed for him.

Plan to Attend

