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Candidacy of females for hair transplantation

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Last year, in an issue of O, The Oprah Magazine, one of our esteemed colleagues was quoted as saying that “only about 20% of female patients with thinning hair are candidates” for hair transplantation. If I had been asked, I would have said that of the women that I see in consultation, only 20% are not candidates and, at the very least, a majority are.¹ More specifically, at most, only 20% of the women that I see do not have sufficient acceptable donor tissue for at least one small session of 800-1,200 FUs. Acceptable donor is hair that is judged to be permanent and that lies in the area of scalp considered to be the donor area for males. Although many of the women we see have more than one such session available in their donor area, if even one procedure is carried out in a well-chosen, cosmetically important area, they can achieve a very satisfying cosmetic result (Figure 1).

There is good reason to believe that this statement in O Magazine could be understood (directly and indirectly) by millions of women with female pattern hair loss (FPHL) as a consensus view of hair restoration surgeons (HRS). What is in fact the consensus of a sampling of expert hair restoration surgeons on this subject? I thought it was important to try to clarify the answer to that question by sending an email to a large group of some of our most experienced colleagues. Each was asked: What percentage of women you see with FPHL has at least enough good donor tissue for one small session of 800-1,000 FUs?



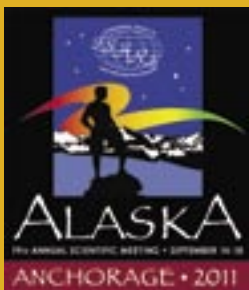
Figure 1. A: A 52-year-old female patient before hair transplanting in a frontal midline area with low hair density. B: 7 years after a hair transplant consisting of 843 FU and 113 DFU (a total of 1,069 FU). The patient was being seen for possible transplanting posterior to the first recipient area. C: Photo taken at the same time as B, with the hair combed back for critical evaluation. A little hair placed properly and with good hair survival goes a long way cosmetically. The fear of losing transplanted hair is also misplaced if the donor area has been appropriately chosen.

Out of the 28 physicians who responded to the question, the following was found: 6 thought that 20% to 25% (or fewer) women with FPHL they see are candidates; 2 thought approximately 35%; 7 thought 40 to 50%; 5 thought 60 to 65%; 8 thought 70 to 80% (or more). Included in the lowest percentage group were Drs. Bernstein, Rassman, Wolf, Epstein, Wong and Stough. The 8 members of the group that answered 70% or more included Drs. Limmer, Beehner, Perez-Meza, Leonard, Cooley, Mayer, Jerry Shapiro, and the presenter. Some of the reasoning of members of each of the groups is included below.

It was unanimously agreed that all patients (incidentally men as well as women) should be advised of the likelihood of loss of *some* transplanted hair over the years. It was, of course, universally agreed upon that none of the respondents would operate on somebody whose donor area might be satisfactory today but he/she thought would most likely be inadequate in the future. Because of this reality, the most cautious of us would pick the lowest percentages of acceptable candidates. Unfortunately, this group would probably never know whether their pessimistic prognosis was valid or not because they would almost certainly never again see a large majority of their rejected patients. On the other hand, surgeons at the optimistic prognostic end of the acceptable scale would be very likely to see their patients again—especially if they were dissatisfied—and would therefore be more appropriately informed as to whether or not they should change their practice philosophy.

The source of patients for different offices is different and this is likely to affect the percentage of “acceptable” patients seen. For example, those doctors whose practice referral source is primarily the Internet or other promotional venues are more likely to see a higher percentage of unacceptable individuals than those surgeons whose patients are primarily referred by knowledgeable prior patients, physicians and hairstylists. Moreover, the entire group agreed, for a variety of reasons, that not everyone who is a candidate should or would proceed because of

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