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Co-editors' Message

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Next Generation FUE

I am very happy to present two articles in this issue of the *Forum* that are part of what I refer to as the "Next Generation of FUE." We are currently at the beginning of a new era of creativity with approaches to FUE that promise to significantly improve the procedure. This inventiveness and creativity is coming from many quarters. In the last issue, we featured the new 3D motor being developed by Dr. T.K. Shiao. This is a highly sophisticated motor that has many features not previously available in other motors.

In this issue, two significant innovations come from South America: Dr. Mauro Speranzini from São Paulo, Brazil, and Dr. Roberto Trivellini from Asunción, Paraguay. Dr. Speranzini presents a well-developed system of using dull implanters to place FUE grafts into premade sites. This has a big advantage in that assistants can still do the graft placement while reducing the risk of graft placement with forceps. I think this could very well become the preferred method for placing FUE grafts. Be sure to take a look at his video (link provided) accompanying the article. Dr. Trivellini presents his new Mega FUE motor. As with Dr. Shiao's motor, this device has many innovative features and controls that aid in the accuracy and efficiency of extraction. These new approaches promise a level of sophistication in FUE that truly does herald a new era.

FUE Graft Placement with Dull Needle Implanters into Premade Sites

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Grafts are different in FUE and FUT. In FUT, the grafts have tissue surrounding the entire length of the follicles. In FUE, the portion of the grafts near the bulbs often is stripped of tissue, which leaves them more vulnerable to both desiccation and trauma during removal, processing, and, most of all, insertion. Skilled hands can place grafts properly with forceps without damaging the follicles by grasping the tissue below and adjacent to them rather than the follicles themselves. In FUE, however, there is a greater chance of trauma and consequent poor growth with forceps because the follicles themselves are touched.¹ Implanters promise to be the answer for this problem.

Implanters are not new. Choi published an article in 1992 presenting a new implanter device, designed to simultaneously make recipient incisions and place grafts without touching the follicle bulbs.² Since then, implanters have become very popular in Asia, but are used by only a minority of surgeons elsewhere.^{3,4} Perhaps this has been true because patients of other ethnicities have finer hair of higher density or very curly hair. Another possible explanation for the lack of acceptance is that in many practices graft placement into premade sites is delegated to assistants, and sharp needle implantation requires the surgeon to place the grafts.

Because in FUE the surgeon harvests all the grafts, placing all of them with sharp implanters using stick-and-place can be exhausting and can limit the amount that can be accomplished in a single procedure. Another problem with implanters is the cost. Each implanter's needle costs US\$15.00 and 6-8 of them (three to four for single-hair grafts and the same number for 2- and 3-hair grafts) are usually required for each surgery. In case needles get dull, they must be changed during the procedure. In addition, implanters must be replaced regularly as they don't last long when autoclaved.

Using dull needle implanters solves these problems (Figure 1). Recently, Dr. T.K. Shiao developed implanters to place grafts into premade sites.⁵ We have developed a similar system using regular implanters with dull steel needles. We will compare the advantages

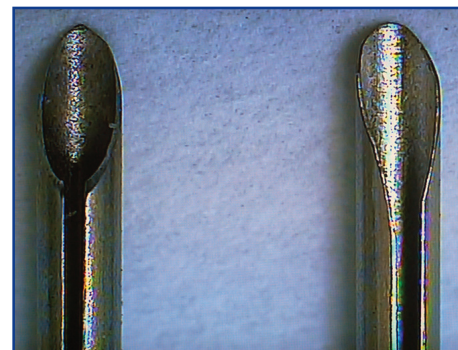


Figure 1. A sharp and modified dull KNU implanter needle

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IMPORTANT NOTICE

**ISHRS 2016
World Congress
Relocated from
Panama.
See page 83.**



**SEE PAGE 58 FOR
EXCITING UPDATES
ON FUE!**