



A New Hair Graft Implanter: The Hair Implanter Pen

by Pascal Boudjema, MD, Paris, France

Usually, the insertion of micrografts into slits or holes using small curved forceps is a long and painstaking operation and sometimes traumatizing for the often-crushed hair follicles. Some already described instruments have been developed in order to speed up the implantation time, but unfortunately these are not easy to use or often necessitate complex handling or implementation.

A new hair graft implanter, the Hair Implanter Pen, invented and patented by the author, allows, by means of a retractable needle, in a single movement, the picking up by suction and insertion of the graft into its recipient site at a good depth and at great speed as well as being totally nontraumatic to hair follicles.

Description

The instrument consists of a hand-piece taking the form of a pen connected by a flexible tubing to a surgical suction device. The instrument is extended in front by a small sheath, which serves as guide and as a cutaneous stop. When the instrument is being used, a very fine hollow implantation needle extends approximately 5 mm from the sheath. The tip of the implantation needle is provided with a suction hole for the purpose of attachment to the base of a graft. When the instrument is not in use, the needle is retracted within the sheath in its initial position. Operative and at-rest positions are controlled by the index finger of the hand, which opens or closes a small air intake hole situated in the front part of the instrument (Fig. 1.)

Implantation

The instrument is used after having carried out the usual procedure of cutting the grafts using a strip of scalp, and the preparation of the recipient area with slit incisions of approximately 1.5 mm in width.

Micrografts of approximately less than 1 mm in diameter are placed on the back of the hand, on a moist compress, or on the skin of the forehead.

The instrument is connected by means of a flexible tubing to a surgical suction device, which is continuously working. The instrument is then held like a pen.

In the resting position, the index finger of the hand is raised, thus

opening the air intake hole with the implantation needle being retracted within the sheath.

Blocking up the air intake hole by means of the index finger leads to the automatic and instantaneous ejection of the implantation needle to a distance of about 5 mm beyond its sheath.

The extremity of the implantation needle thus becomes a suction. It is carefully brought just into contact with the fatty layer located at the base of a graft, which results in it being

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Figure 1

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