

forum

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The Follicular Eunuchs HAIR TRANSPLANT SURGEON BLUES

Woke up this morning, gotta hair transplant to do
Follicular Units, micro, mini, big plugs too
You listen to the experts, but you don't know what to do



Chorus: It's just another part of the Hair Transplant Surgeon Hair Transplanting Blues

Met my patient, man his expectation's high
Said, gimme density, gimme hair like that Bill Clinton guy
He said you better make thick if you know what's good for you

Chorus

Look at that donor hair, Lord I'm gonna take a strip
Single blade, multiblade, I'm gonna let it rip
Gonna cut me some grafts, maybe a thousand or two

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Chorus

How should we cut them, backlight, scope, or naked eye
All I know is don't let those follicles dry
There is so much disagreement about just what to do

Chorus

Put those grafts in, well, just as fast as you can
Don't you crush them, coordinate your eye and hand
You can try to do it faster with automation that's what's new

Chorus

He's lookin' good and all the bleeding has stopped
Better get him out of here before the grafts start to pop
You say your goodbyes, but then his credit card won't go through

Chorus

President's Message



Daniel E. Rouso, MD
Birmingham, Alabama

As I sit in the airplane on the runway in Birmingham, Alabama, I begin to sweat and curse. Once again I am being held on the ground by the air traffic controller in Atlanta due to overcongestion at that airport. I begin to imagine a fate that I have relived over and over ... that I would miss my connection in Atlanta, be forced to stay over in Atlanta, and miss the beginning of this year's ISHRS Annual Meeting in San Francisco. I also begin to imagine what else could go awry on this important trip, including lost luggage, hotel reservations, and random acts of nature, to name a few.

Being that I was to take over the reins of the presidency from Dr. Sheldon Kabaker at this meeting, these were not pleasant thoughts. Luckily, I narrowly made my connection in Atlanta, and got to the meeting on time. Again, lucky for me, because this year's ISHRS Annual Meeting in San Francisco was one of the best meetings we have ever had. With approximately 300 physicians and over 150 medical assistants, the attendance was higher than it has been in years. The success of this year's meeting was due to many factors.

First, the program, developed by Dr. Jim Arnold, was outstanding. From the Beginner's Session coordinated by Dr. Paul Rose to the "Virtual Chatroom" moderated by Dr. Dow Stough, there was always something for participants to learn. Carol Rosanelli should be congratulated for all of her hard work on the Medical Assistants' Program. The early morning workshops were extremely successful, and I cannot recall another meeting where the

general sessions were as well attended throughout the entire meeting. With as many luring attractions as San Francisco has, that's an incredible credit to Dr. Arnold and his program committee. The main lecture hall always seemed to be full ... all the way until the end on Sunday!

Aside from my comments about the meeting's program, I would feel remiss if I did not thank all of the committee members and chairmen, as well as the Board of Directors that spent many hours in planning meetings the day prior to the general meeting. These people constantly try to think of ways to improve our Society and deserve our recognition.

Many of our members received special recognition at this year's Gala Dinner/Dance. The 1999 Research Recipient Grants included Dr. Marco N. Barusco, Dr. John P. Cole, Dr. Jennifer Martinick, Dr. David Perez-Meza, and Dr. Jerry Shapiro. We hope that the seeds

planted by these grants will grow into great things to be presented at future meetings. The Golden Follicle Award won by Dr. Dow Stough and the Platinum Follicle Award won by Dr. Michael Beehner could not have been more well-deserved. Of course, the surprise presentation of the Manfred Lucas Award to Dr. Richard Shiell was really no surprise when you stop to think how incredibly much Dr. Shiell has contributed to all of us in the field of hair replacement surgery.

Last, I cannot overemphasize the importance and fulfillment that seems to describe the camaraderie associated with this meeting and this Society. It is almost tangible during the meeting, as we interact with friends and colleagues from all over the world. This year's meeting in San Francisco was exceptional, but it will only make the planners of next year's meeting in Hawaii that much more motivated.

Danny Rouso, MD

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President: Daniel E. Rouso, MD
Executive Director: Victoria Ceh
Editors: Dow Stough, MD, and Russell Knudsen, MB, BS
Assistants' Editor: Cheryl Pomerantz, RN
Graphic Design: Cheryl Duckler
Advertising Sales: Gordon L. Deal, 843/681-7825; Gordondl@aol.com

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.



Editors' Messages



Russell Knudsen, MB, BS
Sydney, Australia

The most recent issue of the Yellow Pages telephone directory for Sydney arrived last week. As usual, one of my first tasks was to inspect the "Hair Treatment and Replacement Services" section.

Imagine my surprise when I found that the two largest non-medical treatment clinics—the first the established market leader for the last 35 years, the second the largest franchised chain of hairpieces (sorry, "units") and "laser hair growth" treatment centers—had drastically reduced their advertising presence in this section. What gives? It turns out the first clinic is in receivership (at least in Sydney). The Yellow Pages "Hair Treatment..." section is now dominated

by hair replacement surgeons. Which made my day!

I believe this is due to the impact of finasteride (*Propecia*) because it is a prescription-only medication, and the advertising campaigns have emphasized the need to see a doctor about hair loss. I believe the non-medical clinics are beginning to struggle. Particularly, the clinics that refuse to either employ, or partner-with, a doctor. Some have tried this approach in Australia but doctors aren't usually all that compliant and like to retain significant control. Also, ethical doctors put the patients' needs in front of commercial interests. I can only hope that this phenomenon seen in Sydney takes hold elsewhere, because the downgrading of the significance of the "pseudo-treatment" clinics can only provide a much-needed boost to the credibility of the hair-loss industry in general.

Speaking of credibility, I was amused

(or disturbed) to have reported to me the comments of some members of the audience in San Francisco who questioned the wisdom of the various speakers who encouraged the use of finasteride. These physicians felt that finasteride threatened their survival. Let me once again suggest that effective medication for baldness is the greatest possible boost to our profession and should be offered to most balding men. Whether they will take it is another matter. In my experience, most will if it is properly explained to them. A final note: In San Francisco the audience was polled as to who was prescribing finasteride. Most raised their hands, but I noted a couple of well-known surgeons (with multiple clinics and significant advertising budgets) did not. What inference (if any) should I draw from that?

Russell Knudsen, MB, BS

May I Have the Envelope Please...



Dow B. Stough, MD
Hot Springs, Arkansas

It is often said that the actual scientific lectures presented at medical conferences are of less value than the hallway discussions and small informal group exchanges that surround the

meeting. I recall one prominent physician, who regularly attended the Aspen Winter Skin Seminar, commenting, "I love this meeting because I learn as much riding on the ski lift

with the attendees as I do in the lecture hall." This same analogy can be used when speaking of hair transplant conferences. Especially, when the audience has heard the same talk delivered on many previous occasions.

Enter San Francisco!! A meeting different in every way—e.g., new topics, techniques, speakers, and research. It was almost as if the slate was wiped clean and we (the Society) had become intensely dedicated to the advancement of this field. Gone were any self-grandizing promotional talks. Jim Arnold receives most of the credit as program director, but the winds of positive change are blowing through

our Society as a whole. Perhaps this was a natural evolution into a more scientific approach, but it is still exciting. I have come to cherish my front row seat in the audience. Where else can you go for four days and be spoon-fed the latest techniques, ideas, and years of hard earned experience? I was quite surprised and honored when I was presented the Golden Follicle Award. However, the award for the most unique educational "experience" in the field of medicine goes to our Society. We have arrived!!

Dow Stough, MD

To Submit an Article or Letter to the Forum Editors

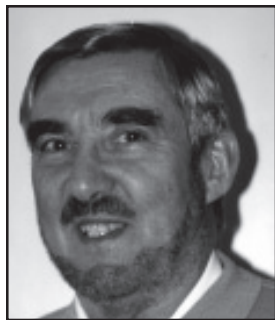
Please send submissions via a 3½" disk or e-mail, double space and use a 12 point type size. Remember to include all photos and figures referred to in your article. For e-mail submissions, be sure to ATTACH your file—do not embed it in the e-mail itself. We prefer e-mail submissions with the appropriate attachments.

Submit all North American entries (Canada, USA, Mexico) to:
Dow Stough, MD
One Mercy Lane, Suite 304
Hot Springs, Arkansas 71913
e-mail: sstough@cswnet.com

All other entries to:
Russell Knudsen, MB, BS
Level 3, 4-10 Bay Street
Double Bay
Sydney NSW 2028
AUSTRALIA
e-mail: russell@hair-surgeon.com

Submission deadline for the May/June Forum deadline is February 10; the July/August deadline is March 10.

Notes from the Editor Emeritus



Richard Shiell, MB, BS
Melbourne, Australia

I commented on the excellent San Francisco meeting in my last editorial, so on this occasion I shall confine my comments to the most recent edition

of *Forum* (Vol. 9, No 6).

Prophylactic antibiotics

I was delighted to read the review of the article by Turkish surgeons Baran and Sensor (the original was published in *Plast. Reconstr. Surg* in May this year). It has been stated for years that there is little place for prophylactic antibiotics in elective skin surgery and this 6-year trial on 1,400 patients confirms this. I would like to add that my own experiences on over 25,000 cases spread over 32 years was already proof enough for me that antibiotics are quite unnecessary pre- or post-operatively for most surgical hair restoration procedures.

Dr. Chambers

The death of Dr. C.P. Chambers and so many of his staff in a plane crash in September came as a great shock to us all. C.P. was indeed a legend within the hair transplant profession, and like many legends his status grew in his absence. It is certainly true that he did an enormous number of operations in many venues, but he seldom attended meetings and I am not aware of any of his publications. Although I have attended over 20 meetings in the USA, I recall meeting C.P. only once (and he is not a man you could easily forget). I would like to see a fuller account of his life and contributions to our profession in *Forum* in the months ahead.

Diffuse alopecia in males and females

I saw another case of severe diffuse alopecia in a 29-year-old female today and was reminded of Eric Eisenberg's excellent e-mail on the subject published in the last *Forum* (Vol. 9, No. 6, page 183). It is indeed a frustrating condition with the patient almost inevitably in tears after one explains how so little can be done for her. These individuals have usually "run the gauntlet" from one clinic to another, and if they are lucky may end up with an ethical practitioner who will explain that he or she cannot make their hair grow either! The disappointment must be immense.

I remind readers that this condition also occurs in males, with or without concurrent male pattern baldness. The genetics appears to be different, but it is still a very poorly understood condition, which responds little, if at all, to minoxidil or finasteride. It is remarkably common in a hair restoration practice and a worthy subject for continuing intensive research.

Meetings for 2000

There are a number of hair meetings planned for 2000 and now that I am free of most of my *Forum* responsibilities, I plan to attend several of these during the year.

Manilla, in the Philippines, is host city for a Cosmetic Surgery meeting in late February (25-27) and ISHRS Board member Tony Mangubat is chairing the Hair section of this. I will continue on immediately afterwards to Matt Leavitt's celebrated meeting in Orlando, Florida (March 1-5). I have been trying to get to this for several years and am greatly looking forward to the intellectual stimulus that this high-powered gathering of minds always seems to generate.

I have been asked to chair a different type of meeting May 12-15. This is taking place on board an Aegean cruise liner with sightseeing at

Mykonos, Santorini, and Rhodes. It is sponsored by DHI, Europe's largest hair clinic, which has headquarters in Athens. After a day of scientific discussion and viewing operative procedures in Athens, the meeting will take to the water. On board we will concentrate on the commercial aspects of hair transplant surgery—a much-neglected topic at medical meetings where operative costs and clinic overheads are rarely mentioned. Lectures will be given by experts in marketing and management, and ample time will be allowed for questions and discussion. I feel that this will be a very worthwhile meeting.

November will see me heading off again, but this time only a 10-hour flight to Hawaii in the Pacific Ocean, a mere 7,000 miles from Melbourne, Australia. The ISHRS meeting is always a priority on my calendar. With its rapidly improving scientific content and tight organization, it is a very intense four days, which leaves me feeling completely exhausted at its close.

Dutasteride trials put on hold

It came as a shock to most of us to hear that the phase III trials on Glaxo's new "double-bunger" 5-alpha-reductase inhibitor "dutasteride" have been suspended. Thousands of patients worldwide have been looking forward to the imminent release of this product and the announcement will be a bitter disappointment. No doubt it will also be a disappointment to the dozens of dermatologists who were gearing up to conduct these phase III trials. No official explanation for the withdrawal has been given to date, but it is believed to be a decision based on financial considerations. Other products nearer to commercial release have been given release-priority by the Glaxo Board. One has to wonder whether large pharmaceutical corporations accustomed to the

continued on page 25