HAIR TRANSPLANT FORUM INTERNATIONAL

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

forum

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A Proposal for Selective "Delayed Closure" of the Donor Area

Michael Beehner, MD *Saratoga Springs, New York USA*

During the past year I have adopted a policy of delaying the donor closure for 30-60 minutes, until after the recipient sites have been made, and placing a temporary, moist dressing in the wound. The initial impetus for this change in my order of procedures was that I was unhappy with the fact that, in a large percentage of my cases, I was undermining the inferior donor edge (and sometimes the superior one also) in order to facilitate closure. It finally dawned on me that the most likely reason for the two edges not abutting each other easily after donor harvesting was simply the fact that I had just tumesced the tissues on both sides and underneath with 60-100cc of saline solution, much of which was still present. The simple physical presence of this solution in the tissues, I believe, makes donor closure more difficult at that time in the procedure and clouds one's initial judgment as to how difficult the closure will be. Thus, the temptation to undermine is increased. My suspicions were confirmed after only a few cases, when I discovered the passage of this short period of time did in fact allow the saline to dissipate and the tissues to go back to their normal soft, supple state, and in 90% of my cases, the closure was remarkably easy. Figures 1, 2, and 3 show a patient's open donor wound (donor strips removed totaled 1cm in width) initially (Figure 1), with gentle pressure at that time (Figure 2), and 40 minutes later (Figure 3).

For those surgeons who do not tumesce the donor area, this change in routine may not be of much value, except for two small advantages: one, the opportunity to check the donor bed on two separate occasions for bleeders; and two, the possibility of simply enlarging the existing, open donor bed, should a small, additional amount of hair be needed to completely fill the recipient sites. Regarding bleeders, on initial inspection of the freshly made donor wound space, I usually find two or three bleeding sites (rarely an arterial one) that require cautery with the Infrared Coagulator. I now invariably find

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Figure 1

Figure 2

In every issue...

In this issue...

President's Message

Daniel E. Rousso, MD
Birmingham, Alabama

A Stronger Society Ahead

We are almost halfway into the year, and there are many exciting things happening in our Society. The officers, directors, and committees have been busy working on multiple projects. The committees have been expanded to help to facilitate more involvement by our enthusiastic membership and to bring more services to everyone. We have just recently completed a successful joint meeting with the World Hair Organization in Orlando and plans are well underway for the upcoming Annual Meeting in Hawaii. To help orchestrate all of these projects, our administrative staff in Chicago is hard at work on numerous fronts. I thought it would be appropriate to highlight some of these projects in this *Forum*'s Presidential Address.

The committees have become a vital backbone to the mechanism of our organization. This year's committees include: the 2000 Annual Meeting Committee, chaired by Dr. Paul Rose; the Bylaws and Ethics Committee, chaired by Dr. Paul Straub; the Fellowship Training Committee, chaired by Dr. Dow Stough; the International Advisory Committee, chaired by Dr. Russell Knudsen; the Membership Committee, chaired by Dr. Marc Pomerantz; the Past President's Committee, chaired by Dr. Robert Leonard; the Scientific and Education Committee, chaired by Dr. James Arnold; and the Web site Committee, chaired by Dr. Antonio Mangubat. In addition to these committees, we have added a new committee, The Live Workshop Committee, chaired by Dr. Matt Leavitt to help oversee the live surgery workshop that we plan to continue to hold each Spring. I encourage all of our members to become actively involved in our Society by participation in one of these various committees.

Regarding the Spring Live Surgery Workshop, I am pleased to report that this year's first joint meeting with the World Hair Organization in Orlando was a resounding success. The meeting was hosted by Dr. Matt Leavitt, with multidisciplinary faculty and attendees from around the world. Participants came from Australia, South America, North America, France, and Korea, to name but a few of the areas represented. The eighteen live surgeries received both local and national media coverage, and were featured on the New York broadcast of the CBS Bryant Gumbel Show. (Obviously, favorable media is beneficial to all of us performing hair replacement surgery.) The Research Symposium proved to be a highlight with the participants, covering such hot topics as follicular cloning and new medical remedies for the treatment of alopecia. I want to compliment Dr. Leavitt and his staff on a job well done and I look forward to many future Spring Workshops.

Finally, Dr. Paul Rose and his committee are well underway on the planning of this year's Annual Meeting in Hawaii. Many exciting abstracts have been received and the program promises to be one of the most informative and enjoyable ever. Programs new to this year's meeting include plans to host an ACLS (Advanced Cardiac Life Support) Course and an ISHRS Review Course in Preparation for the ABHRS (American Board of Hair Restoration Surgery) Board Exam on the day prior to the ISHRS meeting. This should prove to be a significant convenience for many of our members. Also, Dr. Joe Greco is coordinating an outstanding Assistant's Program that will enhance the main program greatly.

Just as in the past, the ISHRS meeting will again be THE meeting for hair replacement surgeons to attend. The excellent program combined with the lush tropical setting of Hawaii should be a winning combination this coming November. Hopefully, the location of Hawaii will make it easier for many of our members from Japan, Korea, and the Far East to attend this year's meeting. Make your plans now to come to Hawaii!✧

Danny Rousso, MD

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President: Daniel E. Rousso, 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; Gordond1@aol.com

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

I am registered in both Australia and New Zealand. It has been, and continues to be, interesting to compare the regulatory approaches in these two countries. In New Zealand, for example, medical negligence can be tried as a criminal offense in certain circumstances. In this regard, there are currently two New Zealand anesthetists serving jail terms for involuntary manslaughter in cases involving anesthetic deaths. This hasn't (yet) happened in Australia.

I have recently been informed by the New Zealand Medical Council that, commencing next year (2001), it will be compulsory for certain doctors to participate in a "General Oversight" program. These doctors include those on the General Register and those who are vocationally registered but working in other branches for which they do not have vocational registration. The oversight must be performed by a New Zealand vocationally registered medical practitioner *working in the same branch as the doctor being overseen*. This will certainly affect cosmetic surgery in New Zealand as many practitioners are not vocationally registered.

The oversight is designed to help assure the New Zealand Medical Council and the public that a doctor is practicing competently. The role of the overseer is to help the doctor choose a program of education and audit and provide support. Oversight is not regarded as supervision, though in some circumstances a supervisory role may be required. The doctor and the overseer are expected to meet face to face for one hour, six times per year, at least initially. Once the relationship has been established (normally after a year) meetings are expected to be held as often as needed to maintain the relationship and ensure that the doctor's practice is sound.

It is suggested that to satisfy recertification/oversight requirements that a minimum 20 hours per year of participation in educational meetings, 10 hours per year participation in quality improvement activities and one audit per year (involving one of the following: a communication skills audit, record keeping audit or clinical care audit) be completed. A written record of meeting with the overseer is required and may need to be submitted to the Medical Council (on a random sample basis).

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Dow B. Stough, MD
Hot Springs, Arkansas

It has been a slow evolution. I am not referring to the use of follicular units, but e-mail as an educational tool. Fax, phone, and print fall short as other forms of communication. Nothing else can lend itself to the ease of e-mail. Large and small group exchanges via e-mail have already found a home among nuclear physicists, basic science researchers, and professors from various disciplines throughout the world. Now, there are e-mail groups representing every medical specialty. Physicians are finally catching up with technology. The value of e-mail lies in the ability to quickly send messages all over the world with no hassles, no waiting, no busy signals, etc. It is possible to send correspondence to 5, 10, or 500 colleagues at one time simply with a single click of the mouse. There are several informal e-mail groups functioning among hair transplant surgeons and those numbers continue to grow. Forming a small e-mail group between friends and colleagues can be a very rewarding experience with ideas and knowledge being exchanged daily. A good place to start corresponding with others is Dr. Bill Parsley's e-mail column, Cyberspace Chat at htforum@aol.com.

Dr. Patrick Frechet has spearheaded the formation of the European Society of Hair Restoration Surgery (ESHRS). I anticipate no conflict with the International Society of Hair Restoration Surgery. I encourage all of you to join this society and attend their upcoming meeting to be held June 22 through June 25, 2000, in Istanbul. This is a fabulous city, which should offer a great deal of excitement for everyone. Dr. Frechet has been highly supportive of all of the meetings in North America and he certainly deserves our support in his efforts to solidify the ESHRS.

Finally, we look forward to reviewing your abstracts for the ISHRS Hawaii Meeting. Remember to mark your calendar for November 30 through December 4.✧

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(s)—*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 July/August issue is June 10; for the September/October issue is August 10.

Notes from the Editor Emeritus

Richard Shiell, MB, BS
Melbourne, Australia

Since my last column I have attended meetings in Manila (Philippines), Orlando (USA), and Athens (Greece). All the meetings were most instructive as well as entertaining and brief reports are included below.

Cosmetic Surgery Congress Manila • February 25-27

Although hair restoration is still a rarity, Cosmetic surgery is a rapidly growing field in Asia. ISHRS Board member Dr. Tony Mangubat was asked to moderate the Hair Restoration segment at this meeting. He was supported by fellow ISHRS members Damkerng Pathomvanic of Thailand and myself from Australia. The 2-hour Hair session was well attended and Tony's Impulse Dissector generated a lot of interest in the 100 or more cosmetic surgeons from 16 countries in attendance. I gave a review of hair restoration procedures and emphasized the stage we have now reached. Dr. Pathomvanic spoke on "Follicular preservation by donor site dissection."

On the final day we moved to the Quezon City Medical centre where 28 operations were performed in 7 large operating rooms over a 9-hour period. The procedures ranged widely but included hair transplantation, facelifts, eyelid and nose reconstruction, breast augmentation, and liposculpture.

This is the first Cosmetic Surgery meeting I have attended and I was surprised to find that disputes and arguments about the merits of various techniques are just as prevalent in that field as in our own. Widely varying techniques exist for the cosmetic improvement of every area of the body and our own clashes over alopecia reductions and follicular units are insignificant by comparison.

I was impressed with the skill and enthusiasm of the Philippino surgeons. With a population of 70 million people and one of the highest literacy rates in Asia, this is a country that will achieve much in the years ahead if political stability can be maintained.

WHS Meeting, Orlando, Florida • March 1-4

Although previously sponsored by the WHS and now co-sponsored with the ISHRS, this meeting has always been affectionately known as "Matt's Meeting." The dynamic Matt Leavitt was the instigator six years ago and still remains the driving force behind this remarkable gathering of minds. With a Faculty that reads like a "Who's Who" of hair restoration surgery and the attraction of daily sessions of live surgery, it is no wonder that the meeting is always oversubscribed.

Patrick Frechet was the President of the WHS this year and together with ISHRS Past President Shelly Kabaker welcomed the 120 participants to Orlando. The schedule was hectic with lectures during breakfast and a chartered bus to take participants to the MHR Clinic for the afternoon operating sessions. Well-organized social functions were held every evening and hair transplant discussions continued far into the night.

The lectures were brief, informative, and well presented. The live operating sessions covered the spectrum of current hair restoration techniques. While the methodology and execution of some of the WHS research projects has attracted some criticism in the past, it is undeniable that they have acted as a catalyst to encourage others to attempt their own research to duplicate or improve on the projects attempted at the WHS meetings.

Many participants had attended all five meetings of the WHS and agreed that this was the best yet. Marcelo Gandelman is the new President of the WHS and under his fatherly guidance together with the dynamism of Matt Leavitt and his nine other MHR doctors, I feel confident that this high standard will continue far into the future.

Mark your diary and get your applications in early for next year's meeting!

Hair Restoration in Asian Patients

While most of us do hair restoration procedures in Asian patients, we are all aware that they are a widely varying group from the coarse haired Han Chinese and Japanese to the silky haired Sri Lankens and "fuzzy wuzzy" springs of the Papuans and Fijians. Hair loss is minimal in those from Vietnam and South China but massive type 7-8 bald areas are common in Indians and Pakastanis.

Most of the world's Asian population lives around the Pacific Rim with nearly 2 billion on the Western side (and a vast 3 billion if the countries of the Indian subcontinent are included). Many people forget that Native Americans throughout North, Central, and South America were originally from Asian stock some 10-30,000 years ago. There are substantial Asian minorities in all countries of the world, however, with particulary large communities in predominantly Caucasian cities of the Pacific Rim such as Vancouver, San Francisco, Los Angeles, San Diego, Auckland, Melbourne, Sydney, and Brisbane.

Asian skin varies considerably and this variability extends far beyond hair types and shape of eyes. These differences are critical when contemplating laser resurfacing or chemical face peels as well as hair restoration procedures. A new Asian-Pacific Academy of Cosmetic Surgery was formed in Manila in February to study these differences. While it is anticipated that most of the doctor members will

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Salute to John P. Cole, MD
Surgeon of the Month

Jerry E. Cooley, MD *Charlotte, North Carolina USA*

John P. Cole, MD
Atlanta, Georgia

Dr. John P. Cole attended Mercer University on an academic scholarship from the United States Army and graduated, summa cum laude, with a degree in biology in 1981. He continued on to the Medical College of Georgia, where he received his medical degree in 1985. Dr. Cole completed his post-graduate medical training at the University of Missouri in the field of internal medicine.

Dr. Cole has dedicated his practice strictly to the field of hair transplant surgery since 1990. He is a member of the International Society of Hair Restoration Surgery, the American Society of Hair Restoration Surgery, and the American Academy of Cosmetic Surgery. Dr. Cole was among the first thirty physicians to become a diplomate of the American Board of Hair Restoration Surgery, and now serves as an examiner for the board, preparing questions for both the oral and written examinations.

In the interest of sharing his knowledge to improve the field of hair transplantation, Dr. Cole has written and presented many papers, both to hair transplantation societies and at educational seminars. He has presented papers covering the topics of the mathematics of follicular transplantation, harvesting and preparation of grafts for beginners, moustache hair transplantation, and a comparative study of graft preparation with microscopes vs loops. Dr. Cole has presented training workshops on the anatomy of hair and donor harvesting and graft preparation. He maintains a keen interest in development of instruments to refine hair transplantation procedures, and has developed mathematical formulas to accurately measure human performance in hair restoration surgery.✧

be of Asian genetic stock themselves, membership is not restricted and the first Vice President is Australian Cosmetic Surgeon Colin Moore, and I am also on the Board of Governors. The new President is Dr. Corazon Collantes-Jose, an extremely talented lady cosmetic surgeon from the Philippines and President Elect is plastic surgeon Tetsu Shu of Japan.

Surgeons wishing to join this new society should contact me for details. The cost is US $150 per year, which will include a regular newsletter.

Comments on the April *Forum*

Possible Problems with Propecia

Dr. James Harris is to be thanked for drawing our attention to a 1998 paper by Cote, Skinner et al. in the *British Journal of Cancer*, which showed a significantly increased rate of neoplastic change in the prostate cells of men taking 5 mgm of finasteride daily for one year. While the trial was small, only 58 patients, and conducted on men who already had slightly elevated PSA levels, it does give cause for concern. Perhaps these findings have something to do with the recent shock withdrawal of dutasteride from Phase III testing by manufacturer Glaxo. As major prescribers of finasteride, hair transplant surgeons urgently need more information about this important matter.

Lenihan Writes Again

That perennial pricker of surgeon's pride, Mr. Bill Lenihan of Los Angeles has written again and once again I find myself agreeing with much of what he has to say. We surgeons have certainly NOT made great strides in the matter of improved patient selection in recent years.

On the other hand, he oversimplifies the difficulties faced by the consulting hair surgeon. In spite of the large but select group of unhappy young men who contact Mr. Lenihan on his e-mail site, patient discontent is not common. I have estimated a figure of around 2%, but even if I am out by a factor of 10 this would still mean that 80% of patients are NOT unhappy with the outcome of their surgery.

In an interesting study on 20,000 eye-surgery patients at the Johns-Hopkins University in Baltimore recently it was found that 95% of patients were satisfied with the outcome. It was those with the least preoperative problems who were most likely to be dissatisfied. This is entirely analagous with hair restoration surgery where dissatisfaction is frequently only poorly correlated with the objective results.

As has been said many times before:

"Beware the young man with minimal hair loss."✧

Richard Shiell, MB, BS