HAIR TRANSPLANT FORUM INTERNATIONAL

forum

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Ergonomics in Follicular Unit Transplantation: A New Design for Stereoscopic Dissection Tables

Bernard P. Nusbaum, MD Miami, Florida

The labor-intensive nature of follicular unit transplantation (FUT) creates a setting for ergonomic intervention strategies. Fatigue, cramping, chronic back pain, and upper extremity disorders have been associated with factors such as: repetitive tasks, job specialization, awkward posture, finger movements with flexion or extension of the wrist, and "pinch" hand posture (Table 1).

Table 1. Ergonomic Measures in Follicular Unit Transplantation

FACTOR	POSSIBLE INTERVENTION
Repetitive Tasks	(?) Inherent to FUT
Job Specialization	Job Rotation
"Pinch" Hand Posture	The Hair Implanter Pen (In graft placement)
Awkward Posture	Ergonomic Chair (Arnold)
Finger Movements with Flexion or Extension of the Wrist	—Mantis Scope —New Dissection Table

Specifically, microscopic dissection has biomechanical similarities to a factory workstation and lends itself well to ergonomic interventions. Currently there are two choices of microscopes: the Mantis and the binocular stereoscope. The author has designed a dissection table that provides for the superior optical features of the binocular stereoscope while achieving the favorable upper extremity ergonomics of the Mantis (Table 2). Specifically, creating a flat working surface to avoid finger movements with flexion or extension of the wrist, an activity associated with cramping, tendinitis, and carpal tunnel syndrome.

Recessed "cut-outs" that match the shape and height of the microscope base are placed at 18¾ inch intervals (Figure 1). With stereoscopes placed into the "cut-outs," the microscope cutting surface is flush with the rest of the table (Figure 2). This allows the dissection process to take place with the wrist in a neutral position (Figure 3, A–D). If a backlighting device or loupe dissection is desired, the recessed area is filled with appropriately shaped inserts, restoring the table to a conventional design (Figure 4).

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In every issue...

In this issue...

President's Message

Marcelo Gandelman, MD
Sao Paolo, Brazil

Why do so many people dream of living on an idyllic desert island with their best friends? Because on an island you can establish your own rules and laws, abolish all villains, and appreciate each other's best qualities as they bloom. As there are few deserted islands, human beings create groups that agree to be on the same level—nobody superior or inferior: Boy Scouts, Freemasonry, and most of the clubs.

In the medical area, gathering in societies is a vital survival factor. The medical profession has rules and laws that differ from business organizations. A physician's identity depends on his education, his character, and on his capacity to produce ideas. A physician is not proud of what he possesses, he is proud of what he knows and what he is.

In our specialty, everything is a product of collective ideas. I acquire ideas from others and with them my mind produces new concrete techniques. ISHRS was clearly born from a basis of study, research, and information exchange—the *Forum*.

Instead of the implacable competition found in business organizations, a research and informational society such as the ISHRS is non-competitive because it is a network of fraternal, non-hierarchical relationships. Encounters with colleagues, especially with those who share our ideals, are essential, interrupting our boring routine.

Besides the technical aspect, our Society tries to maintain a high ethical standard because our profession is based on services and not products. In a relationship based on services, ethics has a singular role as warranty. We already have a Bylaws and Ethics Committee. However, where will we look for daily advice on decisions that appear in our Society: publicity in the *Forum*, banners on the Website, grants, awards, disloyal conduct of a colleague?

In the same way that the human being inherits not only genetic characteristics but also cultural knowledge, we develop professionally receiving feedback from the more experienced doctors. We can apply this principle to the issue of past-presidents. As unfamiliar situations are difficult to manage, we count on this admirable constellation of contributors for mature guidance. As Sheldon Kabaker said in his past *Forum* letter, "Their struggle for values and not for personal objectives, shows dedication to the ISHRS as a lifetime contribution to the field."

In conclusion, we have everything on our ideal island: rules and laws made and approved by all, interchange of information bringing us new ideas to improve our knowledge and professional performance, advice of experts, and above all a pleasant fraternal conviviality. If those rules and laws are not followed, the spell is broken and there goes our idyllic island.✧

Marcelo Gandelman

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President: Marcelo Gandelman, MD
Executive Director: Victoria Ceh
Editors: Dow Stough, MD, and Russell Knudsen, MBBS
Assistants' Editor: Cheryl Pomerantz, RN
Managing Editor & Graphic Design: Cheryl Duckler
Advertising Sales (Interim): Victoria Ceh, 847/330-9830; vceh@aad.org

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' Message

Russell Knudsen, MBBS
Sydney, Australia

Dow B. Stough, MD
Hot Springs, Arkansas

The article "Finasteride Revisited" (page 69) by Ed Epstein, MD, in this issue of the *Forum* should be mandatory reading for all hair transplant surgeons. Dr. Epstein makes a cogent case for encouraging us all to offer this therapy to our patients. We are rapidly reaching the point where significant fears as to medico-legal implications of future side effects cannot be justified. Side-effect levels are very low and have often more to do with psychological fear of sexual side effects than the actual development of the effects.

Patient satisfaction is high if the proper explanation of likely outcomes has been discussed. Patients still frequently tell us that finasteride failed because they saw no increased hair growth in the first 3–4 months of therapy! It is useful to describe the first year of therapy as "stabilization therapy." This educates the patient by emphasizing that stabilization is the primary and expected goal in the short term. This is a successful outcome. Increased hair growth is a bonus. We find that patients do understand the benefit of allowing the surgeon to operate in a potentially "stable" environment as it lessens the possibility of multiple future surgeries (and expense). In addition, we emphasize that surgically adding hair to their current amount of remaining hair will, in most cases, provide a superior result than waiting or allowing further loss to occur by refusing medication. Patient acceptance of these arguments, and therefore compliance, is high in our experience. In contrast, the compliance rate noted of all physicians who prescribe finasteride showed less than 50% of patients complete the first 12 months.

The recently released 5-year results of the placebo-controlled trial of finasteride are both impressive and encouraging. Using hair counts, 65% of participants had stable or increased hair counts. Using photographic assessment, 90% of participants had stable or increased growth. Why the discrepancy? Presumably, the hair shaft diameter of the remaining hairs had increased providing greater coverage. While these figures are impressive, caution must be used in their interpretation as only 668 patients completed the 5-year trial (placebo) that finished last year. Over 1,500 patients commenced the 2nd–5th year extension trial with 60 placebo controls, so it is intriguing to note the high "drop-off" of patients during the trial.

It is reaching the point where the refusal to discuss or offer finasteride to men with hair loss could be interpreted as less than the standard of care for the community of hair transplant surgeons. All patients need to have the costs and benefits fully explained to them so they can make an educated choice.✧

Russell & Dow

"Very simple ideas lie within the reach only of complex minds."

—Remy De Gourmont

To Submit an Article or Letter to the Forum Editors

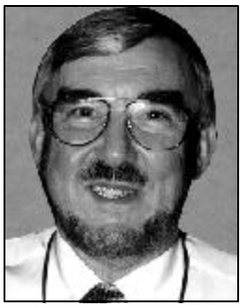
Please send submissions via a 3½" disk or e-mail, double space and use a 12 point type size. Remember to include all photos and figures referred to in your article. For e-mail submissions, be sure to ATTACH your file(s)—*do not* embed it in the e-mail itself. **We prefer e-mail submissions with the appropriate 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 is June 10; for September/October, August 10.

Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

Interim Report on the Korean 1st Traveling Workshop

As the May/June *Forum* was going to press, 16 members of the ISHRS winded their weary way homeward from Taegu in South Korea.

I was among the invited Faculty of this First Traveling Workshop, which also included Past Presidents Paul Straub, Russell Knudsen, and Sheldon Kabaker. The meeting was convened by Professor Jung Chul Kim and his capable staff at the Kyungpook National University Hospital, and jointly sponsored by the ISHRS and the WHS.

The workshop was well attended by over 250 physicians, mostly Korean, from a wide variety of medical disciplines. The meeting was organized by Dr. Kim's associate Dr. Sungjoo Hwang, and he did a first-rate job with most sessions running to time and a minimum of A.V. computer "glitches." This is a remarkable achievement considering it was their first attempt at this type of program.

The mornings were devoted to didactic lectures and the afternoons to live surgery with three procedures running simultaneously in spacious and well air-conditioned operating rooms. The pictures were carried by landline to the adjoining auditorium where the procedures could be viewed at leisure and questions asked of the surgeon.

It was not all work, however, and the social side of the meeting was well covered. There were daily tours for spouses of participants and excellent dining for all. After dinner each evening a number of "stayers and players" departed by bus to a Karaoke Bar where drinking and singing went on until the early hours of the morning. I can inform *Forum* readers that they can forget the story about Asians not being able to hold their liquor—it was the Caucasians who skipped breakfast and boarded the bus wearing dark glasses the next morning!! The Koreans remained "bright eyed and bushy tailed" through three nights of heavy socializing.

Dr. Kim and his associates are a truly remarkable group and I look forward to presenting more details of their work in the July/August issue of the *Forum.*✧

Richard Shiell

Congratulations to the Latest Recipients of the ISHRS Five-Year Meeting Pin

We launched a new initiative that began at the ISHRS Annual Meeting in Hawaii this past year. In an effort to honor those members who contribute and participate in ISHRS Annual Meetings, we recognized those individuals who have attended five ISHRS Annual Meetings with a special lapel pin.

In Hawaii, we distributed 115 pins to recipients that had earned their Five-Year Pin from attending at least five meetings during the years 1993–2000.

The following 19 members who attended the Annual Meeting in Hawaii have now earned their Five-Year Pin as a result of the 2000 meeting. The ISHRS wishes to congratulate these individuals for their dedication and participation in the ISHRS! Pins will be distributed at the next Annual Meeting, to be held October 18–22, 2001, in Puerto Vallarta, Mexico.

Alfonso Barrera, MD
Glenn Michael Charles, DO
Jerry E. Cooley, MD
Vance W. Elliott, MD
Richard P. Giannotto, MD
Virind D. Gupta, MD
Manuel O. Jaffe, MD
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