

# President's Message



Bobby L. Limmer, MD  
San Antonio, Texas

What a wonderful meeting in Puerto Vallarta, Mexico, under trying global circumstances! I am writing this after returning from the 9<sup>th</sup> Annual Meeting of the ISHRS that took place October 18–22, 2001. A registration of nearly 275 attendees exceeded the most optimistic predictions. We missed all of you who were not able to make it due to other personal and professional commitments, but we look forward to seeing you in Chicago for the 10<sup>th</sup> Annual Meeting, October 9–13, 2002. John Cole has accepted the program chairmanship for the meeting and Cheryl Pomerantz has agreed to coordinate the surgical assistants program. Get your plans and abstracts into the preparation mode.

I want to take this opportunity personally, and on behalf of all of us, to thank Dr. Marcelo Gandelman, the Executive Committee, the Board of Governors, and all the committee members who worked so hard to make 2001 such a memorable and successful year for the ISHRS. The

members of the Executive Committee for 2001–2002 are:

**Bobby L. Limmer, *President***  
**Robert S. Haber, *Vice-President***  
**Mario Marzola, *Secretary***  
**E. Antonio Mangubat, *Treasurer***  
**Marcelo Gandelman, *Immediate Past-President***

Drs. Paul Cotterill and Paul Rose have been elected to complete the Board of Governors. I will be appointing committee members for the standing and ad hoc committees over the next month. Please communicate any personal willingness and wishes to serve, as well as any suggestions you may have, to me regarding the appointment process. The strength of our Society lies in participation and communication, and there is plenty of room for all of us to make a positive contribution.

The 2002 Live Surgery Workshop will be held March 6–9 under the program chairmanship of Dr. Matt Leavitt. The ISHRS looks forward to working with Dr. Leavitt in this ongoing educational program.

Credentialing within our field has been a controversial issue for some time. Formation of the American Board of Hair Restoration Surgery and issuance of board

certification has been a divisive issue culminating in the threat of legal action against the International Society of Hair Restoration Surgery and its officers recently. This issue must be resolved and I am committed firmly to a mutually satisfactory resolution. We all have common goals of what is best for our patients and what is best for the education and protection of our profession from unnecessary and intrusive bureaucratic regulation. These common grounds are much more important than individual agendas. An ad hoc committee will be appointed to address and to work toward resolution of these issues for the benefit of all members of the ISHRS. I would ask everyone to set aside their personal agendas and let us all work together for the common good and goals over the course of this coming year.

There must be as many issues and needs as there are members within the Society! I would like to hear from each of you individually. I pledge to do all within my power to keep the lines of communication open, and a friendly exchange of ideas throughout my term. Let me hear from you. ♦

*Bobby Limmer, MD*

## Hair Transplant Forum International ■ Volume 11, Number 6

*Hair Transplant Forum International* is published bi-monthly by the International Society of Hair Restoration Surgery, 930 North Meacham Road, Schaumburg, IL 60173-6016. First class postage paid at Schaumburg, IL and additional mailing offices. POSTMASTER: Send address changes to *Hair Transplant Forum International*, International Society of Hair Restoration Surgery, Box 4014, Schaumburg, IL 60168-4014. Telephone: 847/330-9830; Fax: 847/330-1135.

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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' Message

The Editors, and many other experienced surgeons, are frequently asked by "newcomers," or those wishing to enter the field—Where should I start?

It is obvious that ABHRS certification is not a starting point but should be perhaps a medium-term goal. How do you get there? As stated in the last *Forum* editorial, there are very few fellowships in hair restoration surgery available in the United States, let alone anywhere else in the world. So an alternative path is required. ISHRS is currently considering formal recognition of educational initiatives. As well, the Society is working toward ACCME accreditation, the goal being that the ISHRS will be able to award CME points *specifically* for hair restoration surgery. This will be most useful, particularly in the United States where current CME points for attendance at ISHRS meetings are awarded via the American Academy of Dermatology and therefore are only officially recognized for dermatologists.

So, where does the novice begin? The following suggestions are those of the Editors and do not represent ISHRS Board policy:

① A certain amount of didactic teaching of theory is required. This can be accomplished by attendance at an **ISHRS Beginners Workshop**. These workshops are offered before each annual ISHRS meeting and involve a half day of didactic lectures and a half day of practical coursework, including design of hairlines and use of microscopes and



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Hot Springs, Arkansas

instrumentation. A comprehensive manual is also provided that specifically covers the areas discussed during the workshop.

In our opinion, this workshop is invaluable, especially for "window shoppers" seeking to decide whether this is a field they might like to enter. Interestingly, many experienced surgeons also attend this workshop to "refresh" their understanding of basic sciences and organization of the office.

- ② The **ISHRS Annual Scientific Meeting** is a fabulous, but intense, meeting that covers the whole field. It is fast moving, comprehensive, and aimed at an advanced level and thus can be confusing to the novice as it presents many varying opinions on "hot" topics. This should be attended by a novice in *combination* with the Beginners Workshop.
- ③ Read an authoritative textbook on hair restoration surgery. *Hair Transplantation* by Walter P. Unger, MD, and *Hair Replacement-Medical and Surgical* by Dow Stough, MD,

and Robert S. Haber, MD, are the best known.

- ④ Attendance at an ISHRS-sponsored **Live Operating Workshop**. The most comprehensive live workshop is jointly sponsored by ISHRS and Dr. Matt Leavitt's MHR group. It occurs yearly in late February/early March and is outstanding. We regard this as *essential* for the novice because there is no other opportunity to observe, firsthand, a large number of differing procedures and techniques, performed by the elite surgeons of the world, in one setting over three days!

Typically, an attendee, will observe by both video, and live attendance in the operating room, over 17 surgeries. In addition, an intense didactic lecture program begins each morning before transfer to the operating room facility. The topics covered in the morning are then demonstrated in the afternoon during the live operating.

The amount of *observational training* thus provided represents an incredible resource that allows the novice to directly visualize the theoretical concepts provided during the didactic lectures. Historically, many surgeons have had the opportunity to have observational training with only 1-2 surgeons (if they can find one generous enough to spare the time). This workshop allows the novice to compress into 3 days what might otherwise take years to achieve.

*continued on page 174*

## 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:  
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*Submission deadline for the January/February issue is December 10; March/April, February 10.*

# Notes from the Editor Emeritus



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Melbourne, Australia

These notes are being typed in the week before the 9<sup>th</sup> Annual Meeting of the ISHRS in Puerto Vallarta, Mexico.

Each day I hear of more and more withdrawals and wonder how many will

finally gather at this lovely seaside resort next Thursday. Strange to say, those with one of the longest journeys, the Australian contingent, will ALL be there while more than 40% of the North Americans have failed to register or pulled out. I understand the reluctance of those with young families to travel at this time, but I am certain that those who assess the risk, yet still decide to make the journey, will have an extremely memorable meeting.

Since September 11, the world has changed forever. International terrorism is now a fact of life and is going to be with us for many years to come. Like the Israeli, Irish, and Balkan peoples, we must get on with our lives whilst taking reasonable precautions. The risk of driving to work each day or even walking the dog in the evening is probably far greater than the risk of death in an airplane hijacking or other terrorist attack.

## Increasing Litigation

I was recently asked to assess a case for the Medical Defence Union. While I have assessed many previous HT cases, this was the first involving true follicular units. The work was well performed by a careful and experienced surgeon and it was impossible to detect the grafts unless viewing very close to the scalp. *So what was the complaint?*

While acknowledging that the new hair growth appeared quite natural, the plaintiff expected a lot more coverage of his stage VII baldness from his two sessions of 1,000 tiny grafts, which cost him \$7,000 each session. He claimed that

he was balder now than when he started two years earlier.

The patient was a pleasant man in his early 30s, and he did not have any unreasonable demands or a Body Dysmorphic profile. He felt that he had been promised more for his money, but when he went back to the surgeon with this complaint he was given a can of hair thickener and told to wait a year. He resented this "dismissal" of his problem and after a further year without noticeable improvement, resorted to legal action.

It appeared to me that the problem was due to a breakdown in communication between surgeon and patient. The surgeon had wisely realized that with a large bald area (21cm × 26cm) and limited donor reserves, full coverage was impossible. The patient understood this and accepted that only the front 2/3 of the scalp could be planted. How could there be a problem?

First, we must be aware that a 21cm wide bald area is not your usual 10–12cm scalp. It may consume a huge number of small transplants without much improvement, particularly if there is a covering of residual vellus hair at the time that surgery commences.

Second, we all have to have a fine-tuned "antennae" when patients show up with some degree of post-operative disappointment. They will often not voice this unhappiness directly to the doctor, but may communicate more with the nurse or receptionist (or, as in this case, a lawyer).

It is to be hoped that some arrangement can be negotiated between surgeon and patient in this case without further involvement of the law, as both are reasonable people.

## New Editors of the *Forum*

I was delighted to hear that Bill Parsley and Mike Beehner have been appointed the new Editors of the *Forum* and will take over during the coming year. Bill Parsley, a Dermatologist from Kentucky, brings nearly 30 years of hair transplant experience to the post. (A more detailed

biographical note can be found on *Pioneer's Page* in the *Forum*, Vol. 9, No. 4, 1999; p. 117).

Mike, like Russell and myself, has a background of Family Practice. Mike has only been performing hair transplantation for 12 years, but since becoming fully committed to the field in 1999, has made phenomenal strides. An active contributor to the *Forum* for many years, he has been actively involved in numerous research projects and won the ISHRS Platinum Follicle Award in 1999. (More details of his active life can be found in his *Surgeon of the Month* citation in the *Forum*, Vol. 9, No. 4, 2000; p. 117, Vol. 9, No. 6, 1999; p. 169).

Russell Knudsen and Dow Stough have done an outstanding job over the past 3 years (I cannot believe it is that long since I retired from the job, but time certainly goes faster with the passage of the years). Dow and Russell have brought a youthful vigour to *Forum*, although each has nearly 20 years' experience in the field. Both are computer literate and Internet savvy, which enabled them to do away with the old cumbersome system of fax exchange between the Editor and *Forum* production staff.

For eight years, a "cut-and-paste" manoeuvre was performed literally with a scissors and glue and every word had to be retyped by a compositor in Chicago before two further proof corrections and finally being passed to the printer. In 1999, Dow and Russell introduced a system where copy came in by e-mail. It was viewed by both Editors, corrected and pasted electronically into the on-screen *Forum*, where it could be further adjusted prior to printing.

They also introduced the new column known as Cyberspace Chat, which launched the modest and previously publicity-shy Bill Parsley into the Hair Transplant world. Congratulations for a job well done men, and welcome to the growing ranks of "Editors Emeriti". ♦

Best wishes to all,

*Richard Shiell*