Hair Transplant Forum International

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

forum

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The Okuda Papers

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Yoshihiro Imagawa, MD

Dr. Yoshihiro Imagawa, at the request of his son Dr. Kenichiro Imagawa, translated the Okuda papers into English.

Kenichiro Imagawa, MD

I have known of the existence of these historic papers for many years. Due to the old kanji (Japanese pictographs) employed, the writing is unintelligible in parts to modern Japanese medical readers. In addition, the work is very long (50 pages of kanji), so for these reasons it is unlikely that any previous English translation exists. It is possible that there was a German translation in the 1940s, as Rolf Nordstrom was told of the existence of this work by a German surgeon Professor H.C. Friederich over 20 years ago. The technique employed by Okuda was virtually identical to that employed by Orentreich some 16 years later and Professor Friederich preferred to use the term Okuda/Orentreich technique when referring to modern punch grafts.

When visiting Japan in August 2003, I was shown the papers in the original Japanese by ISHRS colleague, Dr. Kenichiro Imagawa, who practices in Yokahama. We discussed what a pity it was that these pages, loaded with scientific detail, were not available to us. He explained that he personally found it very difficult to read the work, but that his father, Dr. Yoshihiro Imagawa, a retired Gynaecologist who had lived some years in the United States, may be able to help with the outdated Kanji. True to his word, the translation, in near-perfect English, was ready by the time of the New York ISHRS meeting two months later, written neatly in long-hand and covering 211 pages; an amazing achievement for anyone, and a miraculous labor for the love of science for a man of 82 years.

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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.

President's Message

Mario Marzola, MBBS
Adelaide, Australia

There is good news and bad news for the hair restoration surgeon of today. The good news is that if you read this journal, attend our annual meetings and live surgery workshops, and take your training seriously you will produce good results all of the time and outstanding results most of the time. All of your patients will be happy. But the bad news is that too many new hair restoration surgeons are still taking this field too lightly. They see it as an easy field to enter, an easy technique to learn, and an easy way to make a living. Well, please beware. There is an increasing scrutiny and an increasing impatience with poor results now that so much material and knowledge is freely available. There is no place for disasters anymore. In 12 years this Society and this journal have been responsible for the incredibly widespread dissemination of information in a very short time. We have speakers at our meetings and contributors to this journal from everywhere. All countries in all corners of the world have access to the latest thinking of our best brains and it shows.

The general standard of hair restoration surgery has lifted. The bar has been raised. This is great news for our patients. The general public's skepticism about our craft, fuelled by many poor results in the past, is gradually fading. The 3% of hair loss sufferers who seek our help will grow if we don't mess up now.

So put your feet up, read this and all other *Forums*, be a member of ISHRS, and come to our didactic meetings and live surgery workshops. We are inclusive and welcoming, the most friendly society you will ever know.

Lastly, I would like to say that our International Society of Hair Restoration Surgery is in good heart and in good shape. Thanks to the professional guidance at head office and some incredible dedication from our many committee members and office holders in the past. The new team has taken the baton and is running well, heading for Vancouver in August 2004.✧

Warmest regards,
Mario Marzola, MBBS

To Submit an Article or Letter to the *Forum* Editors

Please send submissions via a 3½" disk or e-mail, Remember to include all photos and figures referred to in your article as separate attachments (JPEG, Tiff, or Bitmap). 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. Any person submitting content to be published in the *Forum* agrees to the following: 1. The materials, including photographs, used in this submission do not identify, by name or otherwise, suggest the identity of, or present a recognizable likeness of any patient or others; or, if they do, I have obtained all necessary consents from patients and others for the further use, distribution, and publication of such materials. 2. The author indemnifies and holds harmless the ISHRS from any breach of the above. *Send to:*

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Submission deadlines: March/April, February 10 • May/June, April 10

Co-Editors' Messages

Michael L. Beehner, MD
Saratoga Springs, New York

Here we are in 2004, 45 years after Norman Orentreich introduced hair transplantation to the modern world, and yet we still struggle with the problem of work done very poorly, which reflects badly on all of us. I am not referring to work done 15–20 years ago, but rather transplants performed in the past few years. I still see 4–5 hair grafts at the front hairline, grafts that are nearly perpendicular to the scalp surface, dark pitting of grafts, and hairlines that look like they were drawn with a blindfold on. Why does this happen and what can be done about it? I have heard many of my colleagues suggest ways to improve the situation. The most ingenious suggestion was proposed (and actually practiced) by Dr. Tony Mangubat: He picks up the phone and calls the surgeon who produced the bad work and offers to let him visit his office, so he can improve his skills. I must confess I have never had the courage to do that, probably because deep down I feel my offer would be rudely rejected and the slamming of the phone on its receiver might hurt my ears.

As we all know, our best results walk silently down the street, with no one noticing, while the bad results almost "scream out" to everyone within 100 feet that another bad hair transplant has been performed. To my chagrin, the best result I ever achieved is on the head of a prominent lawyer who, prior to the transplant work, had one of the world's biggest "comb-overs," so there was no dramatic transition seen by those around him when he cut this hair and let his transplanted hair take over; and to this day only he, his wife, and our office know he was transplanted. At the other extreme, there is former Knicks coach (now the coach of the Houston Rockets) Jeff Van Gundy, who is nearly a Norwood VII and has fairly large, widely spaced minigrafts (or poorly growing 4mm standard grafts) scattered all over his bald head. In the late 90s, every time the TV camera would zoom in on the Knicks huddle with their coach bent down talking to his players, I cringed, realizing that millions of people would be watching and assume that having a hair transplant meant ending up like Coach Van Gundy. Joe Torre, the manager of the New York Yankees, is another example of a New York City coach with a detectable transplant result, but at least baseball managers keep their cap on most of the time. In defense of whomever their surgeons were, they may have been transplanted during the "plug

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William M. Parsley, MD
Louisville, Kentucky

In this issue we are privileged to have an English translation of the Okuda papers. Dr. Kenichiro Imagawa, with a lot of effort, was able to locate the original journal. Apparently the journal was written in an older form of kanji, not easily translated using present-day Japanese. His retired father, Dr. Yoshihiro Imagawa, is fluent in English and agreed to take on this large task. The result is that Dr. Shoji Okuda, a man ahead of his time, will now be reintroduced to the world. The *Forum* and the ISHRS owes a debt of gratitude to Drs. Yoshihiro and Kenichiro Imagawa for all their effort.

With the start of a new year, it is enjoyable to make out a wish list for future developments in hair restoration. It has now been 10 years since Dr. Bobby Limmer had his paper on microscopic follicular unit grafting published in *Dermatologic Surgery.* Nearly all dedicated hair restoration surgeons have adopted this technique, either exclusively or partially, into their practice. As with all developments, this is a step and not a conclusion. The following is a wish list for progress in the near future:

Development of Automation. A device that would allow atraumatic placement of grafts would be a major development that would allow the procedure to be faster and results to be more consistent. To be truly effective, it would need to place the grafts at the proper depth and hopefully in the correct orientation. The original Carousel and HIP were noteworthy attempts but fell short when adapted to a large market. The Choi and KNU implanter pens have a strong following but are not necessarily time savers. One has to feel that it is only a matter of time before a major breakthrough occurs. It appears to be a field where only a few have the energy, enthusiasm, and resources to pursue such a goal. Dr. Bill Rassman has a new device that he will showcase this year, as hopefully will some others. Will he be successful this year? Stay tuned.

Improvement in Follicular Unit Extraction. This technique combines partially punching out follicular units with teasing out the lower portion where the shafts flare out. That there is no linear excision and no stitches has created a lot of interest due to better healing of the donor area. Additionally, it allows one to harvest body hair in patients with limited donor reserves. The Internet promotion of this technique is extremely active, with many in the public believing that this is the best, most advanced procedure available. However, transection and speed remain as problems that need to be overcome. Dr. Jerry Cooley, the 2003 ISHRS Annual Meeting Program Director, worked hard to clear out space in the meeting for highlighting this technique.

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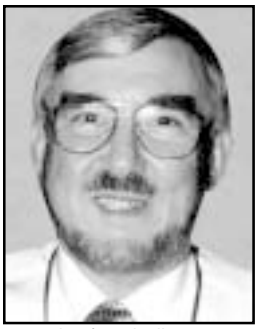
Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

I hope you all had a break over the Festive Season and are now refreshed and ready for the start of another year. It will be a "heavy" schedule for many of us, as there are at least four meetings before the "Big One" in Vancouver in August, and Abstracts and Nominations for Grants and Awards all have to be in two months earlier than usual. On the subject of Grants, please don't be bashful; if you have an idea for a research project, send it in and apply for an ISHRS Research Grant. All applications will be carefully considered by the Grants Committee.

Forums 5 and 6, 2003

As usual there were a great many interesting articles in these past two issues, but I wish to comment especially on the important article by Dr. Bill Rassman entitled *The Future of Hair Transplantation.* Like all of Dr. Rassman's articles this is very well written, packed with facts and wisdom, and is extremely persuasive. To refresh your memory, I shall summarize his main points:

- Today's patients are more educated and discerning than in the past (largely due to the Internet).
- Current penetration of the balding-male market is under 1%.
- Small grafts are here to stay, and the "pluggy" look is out.
- Quality will continue to rise, and prices will continue to fall.
- Standards between competing surgeons will become more equal.
- Costs have fallen from $10-28 per graft in the early 1990s to $3-10 today.
- New patient numbers per year have declined and the number of doctors entering the profession has increased in recent years (thus, a smaller market share per surgeon).
- Larger groups will have a harder time than smaller practices because of higher cost structure and staff "leakage" of doctors and assistants to smaller groups.
- With costs related to staff and advertising being higher, it is now difficult to keep operation costs under $3,000 per procedure.
- Costs can generally be held to $10,000 for moderate baldness.
- Automation will, in the future, cause a paradigm shift downwards in costs and surgical fees.
- The emergence of new drugs and the publicity associated with these drugs will increase the public interest in hair restoration surgery in the future.
- For those surgeons who have already built quality reputations and good physician/patient relationships, the future will always be bright.
- The industry will expand faster in the future than it has in the past

I agree wholeheartedly with the first 13 of these 14 points, but have considerable reservations about Dr. Rassman's prediction of a faster expanding profession.

We know from talking with our colleagues that, for most established practitioners, business is growing slowly or not at all. Most serious transplanters are already in the ISHRS, and membership is now growing very slowly. So, unless there is a lot of transplanting going on outside the "umbrella" of the ISHRS members, there must be an error in his logic somewhere.

Dr. Rassman based his arguments on some media articles and two AACS surveys and then proceeded to dissect and combine these "fuzzy" figures. In my opinion, the sources may not be as sound as one would hope, and this would lead to an error in any final conclusion.

Fuzzy premise No 1: *The information from the AACS that 57,000 HTs were done in the USA in 1990 and 210,000 in 1996 to give a growth rate of 38% per year.* This was presumably obtained by a survey of AACS members (most of whom do not primarily do hair transplants). It is my opinion that these figures are wildly inaccurate, possibly because too few members replied. The average of those who did reply may have then been treated as representative of all those who did not reply. Dr. Rassman concedes in his article that the projected growth rate of 38% never eventuated or else the figure for 2000 would have been a phenomenal 1,500,000 hair transplant operations in the USA from AACS members alone.

Fuzzy premise number 2: *That the average number of operations per person in the pre-megasession days was eight.* I am not sure where this figure came from, but it is seriously inaccurate. I have some personal statistics taken over the first 25 years of my own practice, and, from my observations of American practice, I think these are representative of world practice in the plug-graft days. These figures showed that, although the number of procedures varied from 1–20, many patients dropped out before final completion. In my practice the average number of procedures per person commencing HT never exceeded three, even after two decades of follow-up. I suspect that the average now, with FUs and megasessions, may be well under two procedures per person, as there is still a considerable "drop-out" rate.

Fuzzy Premise number 3: *The HT market exceeded $1 billion per year in the USA (Men's Journal and the Washington Post).* What is their source for this information? It must be just a wild guess as, to my knowledge, no official records are kept of numbers of such operations. To be true, this would require almost 1,000 American doctors to be each making more than a million dollars a year out of hair transplants. This is unlikely as very few practitioners

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