



forum

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May/June 2004

THE INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY PRESENTS THE
LIVE SURGERY WORKSHOP X 2004
ADVANCING THE INDUSTRY OF HAIR RESTORATION. MARCH 10-13, 2004 ORLANDO

Orlando Review

Wednesday, March 10, 2004

Melvin L. Mayer, MD, MBBS *San Diego, California*

The ISHRS now sponsors both the Annual Live Surgery Workshop and the Annual Scientific Assembly. The Live Surgery Workshop is ten years old and one is impressed with the growth, camaraderie, organization, and educational opportunity for all participants including the faculty. What an opportunity to “rub shoulders”

with some of the most well-known and experienced hair transplant surgeons from around the world. Friendships are made for life with many of the men and women we meet at the Live Workshop each year.

Wednesday's lectures and surgeries were loaded with pearls. Trying to summarize these in print does not do these presentations justice.

Two absolutely great presentations on Hair Loss and Scarring and Non-Scarring Alopecias were delivered by Drs. Ricardo Mejia and Donald Kudance, respectively. Dr. Mejia

summarized the anatomy of the hair follicle and then described in pictures both the gross and the microscopic appearance of the many causes of scarring and non-scarring alopecias. Dr. Kudance took up where Dr. Mejia left off and, as an internist, dermatologist, and dermatopathologist, gave a full discourse on this topic.



Tony Ruston, MD, Mario Marzola, MBBS (ISHRS President), Matt Leavitt, DO (Meeting Co-Chair), David Perez-Meza, MD (Meeting Co-Chair)

The importance of the “Patient Consultation” was eloquently summarized by Dr. Sharon Keene. Careful patient selection can help provide one with satisfied patients and a healthy practice.

Trust and confidence through realistic options and conservative recommendations serve as the foundation of a meaningful, long lasting patient-doctor relationship.

The humorous and articulate presentation of Dr. Ken Washenik regarding Medical Therapy emphasized the fact that, when Propecia® and Rogaine® are used in conjunction, optimal results can be maximized.

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**Registration now open
for the 12th Annual
Scientific Meeting,
Vancouver**

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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.



Mario Marzola, MBBS
Adelaide, Australia

Our house is gradually getting into order. Sometimes it's two steps forward and one step back, but progress abounds on many fronts. Our membership is steady at over 700 Physician & Surgical Assistant members. We continue to have successful Annual Scientific Meetings as well as Live Surgery Workshops all backed up with a hard-working committee structure and strong leadership from the head office. Financially we are making solid progress, prudently building our reserves to equal one and a half years' expenses, after which we can party! Seriously though, that's what is considered good management, that's where other successful societies are, so that's where we're headed.

It is at times like these that we should look to lift our sights and see if we can raise the service to our patients to a new level. I'm happy to say that in a small way this has already happened. "Operation Restore," the Pro Bono Founda-

tion of the ISHRS, is up and running. I encourage you to fill in the application to become a volunteer physician when you receive it. On a much larger scale there is an enormous amount of work still to be done. Our membership consists of USA, 336; Canada, 56; Korea, 24; Brazil, 21; Australia, Japan, and Mexico, 15 each; France and Italy, 14 each; UK, 12; and Germany, 10, plus many other countries with a few members only. We have no members in China, 5 in India, and only 1 in Russia, just to mention some big countries. Our penetration outside the Americas and Western Europe is superficial to nonexistent. So ladies and gentlemen, if we are true to our name, we must address this imbalance in the next 10 years. It's taken us this long to steady our home base, now let's really become INTERNATIONAL. Imagine 200 members each from China, India, Russia, etc.—it will be an enormous administrative workload for Victoria Ceh and her team, but I'm sure they will welcome the task. Please let us have your ideas for workshops in far away places so we can spread the good word. ♦

Cheers,

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: September/October, August 10 • November/December, October 10

Co-Editors' Messages



Michael L. Beehner, MD
Saratoga Springs, New York

Like many of you, I often pinch myself as I go off to work and reflect on my good fortune to be able to earn my living being a hair transplant surgeon. I am often asked by my patients or friends what part of my job I enjoy the most. And I always reply that, without a doubt, the best part is seeing the patients return whom I have operated on. When I see the smiles on their faces and hear them tell me what a difference it has made in their self-esteem and self-image, it is truly gratifying. Because most of my patients do come three or four times to complete their transplant, I get to see this effect build over time. I am always amazed that those around them, even family members sometimes, don't even know that a transplant has taken place.

Another benefit to having your patients return to see you, whether it is for a last—perhaps even unnecessary—"touch up" transplant session or their last scheduled session, is that it gives me a great opportunity to take some good "after" photos to go with my pre-operative ones. I usually am so busy that I forget to later contact many of these men and women I have completed, and miss out on the opportunity for obtaining their final photos and also for getting feedback on how they viewed the whole transplant process. This is fairly easy with patients living nearby, but is more difficult with those patients who live far away, as approximately half of my patients do. One approach I have used with regard to these distant patients, is to ask them if they would be willing to go to a nearby professional photo studio for such photos. I make this more attractive by treating them to a family photo at the same time. I obtain the name and number of the studio and then call the photographer, letting him know what

special views I want and arranging for the payment of the photos. Obviously, if you know that a particular patient or one of his family members is particularly adept at photography, you could always ask them to take the photos themselves and send them to you, but, by and large, I find that "homemade" photos are usually almost worthless. If you do have them take their own photos, be sure and insist that a *macrolens* camera be used.

The role of photography in a hair transplant practice cannot be overemphasized, in my opinion. When someone starting out visits my office and asks me what is most important in getting started in hair transplantation, I always answer two things: Do good work, and take good pictures! You could be the best hair surgeon in your state, but if your photos are of poor quality—with glare, shadows, poor lighting, or "red eye"—then no one will ever know you do great work, except perhaps the patient who received the

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William M. Parsley, MD
Louisville, Kentucky

Orlando Highlights

The 10th Annual Live Surgery Workshop was held in Orlando, March 10–13. Dr. David Perez-Meza has been taking a gradually more prominent role in orchestrating the meeting, and this year's meeting was one of the best, in spite of a policy change that did not allow surgeons without a Florida medical license to operate. While we are assured that visiting doctors will again be allowed to operate next year, the problem was only a minor one this year. Kudos to Dr. Perez-Meza, Dr. Matt Leavitt, Valerie Montalbano, and the rest of the staff who worked so hard to make this meeting meaningful.

It was interesting to watch Dr. Alan

Bauman performing follicular unit extraction (FUE). Of the 7 consecutive grafts that I checked microscopically, he had only 3 transections out of the 19 hairs present. In those 3, the shafts were transected at mid-hair, so I expect that the remaining hair shafts would regrow. Dr. Bauman states that he goes by "feel," not millimeters, in determining the depth, and his technique was quite impressive. Rock-hard tumescence was necessary to obtain good results, and an electrical tumescence infusion machine seemed to work nicely. It appears that with proper technique the transection rate with FUE can be very acceptable in the proper candidates. Additionally, Dr. Bauman has solved the problem of buzz-cutting large amounts of the donor area by punching right thru the hair shafts, thus requiring no trimming at all. This still leaves some major obstacles to overcome—length of the procedure and expense of the procedure. Also, thus far, the final results of FUE seem to be less

impressive than with strip procedures, but this may change. Perhaps the ideal situations for the procedure will be for body hair transplants, small procedures, patients with a history of poor healing, or patients with nearly depleted donor hair. It will be interesting to follow its development. Without question, progress is being made.

A special section on handling a young (roughly 22 years old) patient was presented in Orlando. Experienced, caring doctors are very divided on how to approach such young patients, and opinions in this meeting mirrored that diversity. A NW 6 patient in his late 40s was also presented and was found to talk comfortably and openly to the attendees. Following this patient, a 20-year-old was presented. He was wearing a cap and was very reluctant to remove it. His head was down and his emotional devastation was obvious. When his cap was finally removed, surprisingly

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Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

Comments on ISHRS Directory

The annual ISHRS *Membership Directory* is a source of great interest to me, and I have been collecting and tabulating the statistics for

a number of years. The membership now remains pretty steady at 702 (598 Physicians and 104 Assistants). Although the total ISHRS membership reached a high of 830 in the year 2000, it fell to 712 by 2002 and has only varied by 3% over the past 2 years. This is perturbing, as each year we vote in many new members at our Annual Meeting, so the Society should be growing steadily. These new members are obviously being balanced by resignations—probably from doctors who thought that HT would be “*a great little earner*” and who later found that there was more to it than they originally thought.

The physician membership is distributed widely and unevenly throughout the world with North America at 392; Mexico and Central America combined at 28; South America, 30; Western Europe, 84; Poland, Russia, and Eastern Europe, 8; Middle East, 17; North Africa and Saudi Arabia, 9; India/Pakistan, 11; China and S.E. Asia, 13; and Australia 16.

Nationally, the physician membership rankings remain much the same as last year with the United States in first place with 336 members, Canada 2nd (56); Korea 3rd (24); Brazil 4th (21); Australia, Japan, and Mexico sharing 5th spot with 15 members each; France and Italy share 6th place (14 each); the UK is 7th with 12 members; and Germany 8th with 10.

One may be sure that there are many more doctors performing hair transplants in Russia, China, Africa, India, and Pakistan than indicated by our

ISHRS membership. Together, these countries hold ¾ of the world's population, yet doctors from these countries make up only 1% of our membership. Lack of familiarity with the English language obviously inhibits many physicians from joining the ISHRS, and the huge differences in monetary exchange rates inhibit many others, with very adequate English, from coming to our meetings.

Forthcoming Meetings

By the time you read this, the Orlando meeting will be over, but details of its outstanding program will hopefully be filling some of the pages of this current edition of the *Forum*. The ESHRS meeting has been cancelled and the DHI meeting postponed until October, but the Italian Society meeting will be held as scheduled in Turin. Please consult the back page of this edition for details.

If you would prefer to go somewhere more exotic, then perhaps Brazil will suit you more than Europe. The Brazilian Hair Transplant Society, led by ex ISHRS President, Marcelo Gandelman, will be holding a meeting in Recife, Northern Brazil, on June 16–19. I can vouch for the hospitality of the Brazilians, having been to a wonderful HT meeting there in 1992.

Research Grants

It is coming up to that time of the year when applications for Research Grants should be submitted to the ISHRS head office. Do not be bashful; if you have a good idea and would like to test it, you may like to apply for some financial support from the Grants Committee. Apart from the cash and considerable prestige attached to these Grants, there is a certificate that you can frame for your wall. Even better, you get to shake the ISHRS President's hand on Presentation Night.

Awards

It is also time to start submitting names for the **Gold** and **Platinum**

Awards and for the newly initiated **Surgical Assistant's Award**. Remember to carefully list your reasons why you think that your candidate is deserving of consideration by the Committee. It is not sufficient that he or she be a great hunting and fishing partner or drinking buddy!!

Comments on the March Forum

Forum 2, 2004, was one of the best yet; I know I have said this before, but congratulations to our Editors, production staff, and to you the contributors for continuing to make our newsletter such an interesting and instructive read.

I particularly enjoyed the articles on ISHRS members Drs. Shelly Friedman and Joerg Hugeneck. I have known both gentlemen for over fifteen years and it is good to be reminded of the all-round abilities of some of our quieter members. Both have made major contributions to our craft in their own way.

The article by Bernie Nusbaum on *Diffuse Alopecia Areata* should be photocopied and kept in an office drawer for quick reference. In 38 years I have never personally diagnosed a case, so I must have missed many in my thousands of consultations. It is only when one becomes aware of these conditions that we can make a diagnosis. I remember presenting a lecture on Triangular Alopecia several years back and predicting that it would be seen more frequently as ISHRS members became aware of its existence. This certainly happened, and several times each year I now receive e-mail photos of cases sent to me by those who heard my talk.

Bill Parsley's editorial contained a splendid segment on the *10 Myths of Hair Transplant Surgery*. It should be compulsory reading for all hair transplanters.

This brings me to the sad realization that Bill and Mike will complete their 3-year term as joint editors early next year (January/February 2005 will be their last issue) and are now considering candidates for their replacement. If you have a

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