Hair Transplant Forum International

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

forum

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Reverse Follicular Extraction

Marcelo Gandelman, MD *Sao Paulo, Brazil*

In March 2003, at the Live Surgery Workshop in Orlando, Florida, Dr. Yves Crassas, watching me harvesting a follicular unit with an attached thread of long hair, said: "Marcelo, you are just doing a reverse follicular extraction." Starting from that remark, I began to figure a technique to extract follicular units without harming either the epidermis or the dermis. I have been performing this procedure during eyebrow transplantation and in sections of strips harvested during routine hair transplants. Due to the small number of surgeries already done by this approach, I don't have enough results to present. My objective with this note is to share the idea with my ISHRS friends for evaluation and experimentation so we can improve this technique together.

Surgical Technique

One horizontal incision is made, with two ascending 2cm incisions at the ends (Figure 1). This block is dissected using a scalpel blade at the subcutaneous fat layer, creating a trap door, and its 2 lateral borders are sutured to the scalp above with two Mononylon 5-0 stitches. (Figures 2 and 3)

Using magnifying glasses and, with the aid of Iris scissors with blunt tips or embracing the follicular units with a 1mm punch (Figure 4), the fat is

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Figure 1. Demarcating

Figure 2. Trap door

Figure 3. Suturing

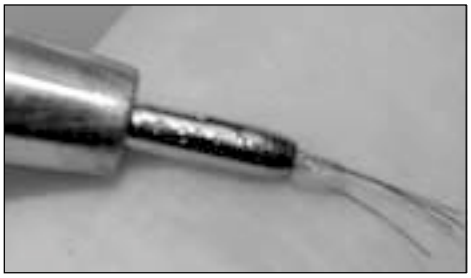

Figure 4. From punch

Regular Features

Feature Articles

More full-color highlights of Vancouver inside!

The BIG One, Down Under

ISHRS 13th Annual Meeting
Sydney, NSW, Australia
August 24–28, 2005

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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

E. Antonio Mangubat, MD
Tukwila, Washington

The major push during my year as president is to chart the course of our Society's future. I have always felt that forward thinking gives us the power to achieve our important goals. We should recognize but not dwell on the past; we should analyze our current status but, to be successful, we must invest the time and energy to visualize where we want to be in the future.

In my last message, I gave you an outline of my personal vision for restoring credibility to hair restoration surgery (HRS). This new message focuses on the ISHRS leadership's strategic planning meeting in October where we assembled to chart our future together.

The Board of Governors and invited past presidents are the architects of our future plans. They took significant time out of their professional practices and personal lives to make this meeting a reality, and every participant poured their hearts and souls into formulating our new strategic plan. The long process was guided by professional strategic plan facilitator Mark Thorsby of SmithBucklin, Inc. in Chicago. He helped build consensus and brought us through a rigid process that helped us to crystallize our vision for the ISHRS, to establish goals to achieve the vision, and to create specific initiatives to attain each goal. The result is the essential groundwork for a comprehensive plan for our future.

Vision: Establish the ISHRS as a leader in the treatment of hair loss. This is a broad brush stroke that encompasses many facets of what we are today and what we wish to achieve in the near future. In order to accomplish this broad vision, we broke the task down into specific initiatives and began making plans to realize them. The following is a summary of these initiatives:

1. We will demonstrate a measurable increase in the public and our peers' perception in the value of medical and surgical hair restoration.

The current perception of HRS amongst the general public and our non-HRS peers is unflattering and antiquated. The predominant means of improving their perception is public and peer education; that contemporary HRS results are virtually undetectable using modern techniques developed by ISHRS members. Getting the word out will require a PR effort to gain media exposure, managing www.ISHRS.org to enhance our presence on the Web, moving the ISHRS into the circles of mainstream medicine.

Operation Restore will also play a key role by demonstrating to the public that HRS is not just cosmetic surgery, it also plays an important role in reconstructing patients disfigured from burns, trauma, or cancer. HRS can repair their physical scars as well as their emotional scars. We can potentially erase the visible memories of the traumatic event when they look in the mirror.

2. The ISHRS will create a formal process for the training of doctors and their assistants.

HRS education is currently limited and gaining experience is difficult. There is a clear need to provide significantly more opportunities for education, training, and experience—the necessary ingredients to produce competent HRS surgeons. We will develop a structured training program that will allow interested physicians to

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Co-Editors' Messages

William M. Parsley, MD
Louisville, Kentucky

Isn't it aggravating when people don't agree with you? Perhaps you have been involved with hair restoration for many years and have come to the conclusion that some things are crystal clear; yet some other experienced people have come to opposite conclusions. Maybe it concerns follicular units vs. minigrafts. Maybe it concerns PERPS vs. PARAS, slots vs. slits, FUE vs. FUG, needles vs. blades, stick-and-place vs. delayed place, transplanting 20-year-old males or not, Board Certification or not, scalp reduction vs. grafting, etc., etc. What is wrong with them? Can't they see the obvious? Isn't this slowing progress when you have to use valuable time to make them see the truth? Actually, this diversity is our strength. That equally intelligent and educated individuals can come to different conclusions demonstrates that the truth and the best approach are not often easy to find. Time, good studies, and experience, not emotions and high-handedness, are our best solutions and will in good time sort out these issues. If we have no comparisons, then how can we find our answers? We need to keep an open mind, have high-spirited and respectful exchanges, present solid studies, and be grateful that we have this diversity in our field. It is a sign of health and vigor, not divisiveness.

Believe it or not, it is already time to start making plans for the 13th Annual ISHRS Meeting in Sydney, Australia. The meeting date is August 24–28, 2005. Planning your flight, particularly if you want to use frequent flyer miles, should begin now. Those of us who have been involved in hair restoration are thrilled at the prospect of visiting Australia. The Australian contingent of the ISHRS has been active and supportive for years. They have traveled worldwide, often at short notice, and have never complained. Now it is time for the North Americans to show the Australians, the Europeans, the Asians, and the South Americans that we are also willing to travel. Dr. Jenny Martinick is already busy planning the best and most informative meeting ever, and I have no doubt she will succeed. Additionally, I've heard that Sydney rivals Vancouver for beauty; if so, it is a "must go" meeting.

As our techniques improve, many are starting to realize that our image to the public and to other medical specialties, not our results, is a sticking point in gaining the credibility we deserve. While the vast majority in our field are practicing with expertise, honesty, and dignity, there are a few who just don't seem to be moving in the same direction. There still seem to be a few "circus hucksters" driving down our gains and reinforcing older images still held in

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Michael L. Beehner, MD
Saratoga Springs, New York

Despite the fact that most of us are now creating the best hair transplant results in our subspecialty's 45-year history, I often sense among hair surgeons a slight sense of "uneasiness." The source of this angst comes from several directions as I see it.

First, the intensity of research efforts around the world remind all of us that someone may any day possibly come up with a non-surgical cure—or, rather, prevention—for the state of baldness. One acquaintance of mine, upon hearing about the recent stem cell experiment that put hair on a mouse, wondered if that study may not be the beginning of the end of hair transplant surgery as we now know it. For obvious reasons, the younger members of our Society are more likely to feel threatened by such revolutionary discoveries becoming reality.

We have all heard various authoritative persons state glibly that there are less transplant procedures being done in 2004 than in years past, and that very few new physicians are entering the field. While some of us would welcome more new faces joining the ranks, there remain others who say there are already too many of us fighting for a share of an ever shrinking pie and thus take heart in the fact that they don't see new people trying to break in.

I remain skeptical on the first point, regarding the overall numbers of procedures being done. I don't know how anybody could know, because obtaining accurate numbers is almost impossible to achieve. Usually such quotes are based either on a poll of the membership of some cosmetic surgical society, whose members often do many other procedures, or the opinion is given by an individual physician who is looking at the traffic coming through *his* door and then generalizes the trend in his city to the whole field. The answer is we just don't know. There is no common registry, and even an ISHRS survey would be misleading, as many non-members perform hair surgery.

On the second point, regarding the perception that there are few new people entering the field, this certainly *does* seem to be true. Why is this? There are a number of intimidating factors responsible in my opinion: Most importantly, there is the "Catch-22" of, on the one hand, having a large capable staff readily available to help a surgeon pull off the 1,000+ graft cases patients expect nowadays, and, on the other hand, there is the problem of getting to the point where there is a steady stream of patients coming through the door to keep all these people busy and offset the

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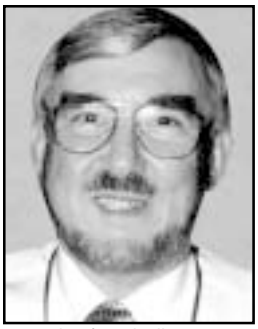
Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

I am excited at the prospects for the ISHRS in the year ahead. New President Tony Mangubat is a human dynamo and hit the track running well before the dust settled from the Vancouver meeting. The first innovation was the very comprehensive *Needs Assessment Survey*, hosted by CME Committee Chair, Paul Cotterill. I hope you all answer the important questions on those sheets so that your Board of Governors and CME Committee can know your thoughts on their past performance and can gauge your wishes for the future of our Organisation.

Tony is brimming with ideas and I feel that this will be a memorable and eventful year. I am full of admiration for his goals as stated in the September/October 2004 issue of the *Forum* (Vol. 14, No. 5). In summary these are:

1. To improve the credibility of the ISHRS with the public and medical profession.
2. To continue to work with the ABHRS and get some official acknowledgment of Hair Transplantation as a specialty or sub-specialty.
3. To continue the progress already made with Operation Restore.

Future of the ABHRS

Although the Board has been around for some 7 years, it has been plagued with controversy throughout most of its existence. The objections range from "exclusivity" of membership to the "*grandfathering*" of the original 15 instigators. (These men, myself included, donated the money to set up the organisation and wrote the questions for the first examination.) More valid objections relate to the use of the term "*Board*" as the organisation has no likelihood of being accepted as an ABMS certified Board in the U.S. or achieving similar status abroad.

In spite of these objections, the ABHRS continues to fulfill a very useful role in education and now has just over 100 members, 85% of whom have taken the examination. The original "*grandfathered*" members are obliged to sit the examination within the next 3 years if they wish to maintain membership status.

I think that it is high time that a compromise was reached. The ABHRS should scrap the divisive term "*Board*," but the basic organisation with its professional administration and skills at grooming candidates and conducting examinations must be retained. These steps would be for the good of the profession and of the public in general.

Is Hair Restoration a Specialty?

While there is no doubt in my mind that hair restoration has become a specialty in its own right, there are still many who think it should fall under the umbrella of Plastic Surgery or Dermatology. This is in spite of the fact that in most counties, hair transplantation is considered to be beneath the dignity of such practitioners, and few make any attempt to learn the specific skills required to produce optimal results. In some countries it is even *forbidden* for anyone apart from Plastic Surgeons to perform HT surgery and certain other cosmetic procedures.

Opponents claim it should be regarded as a *specialty procedure* like face-lifting, liposculpture, or cleft-lip repair. They are probably right, but wouldn't results for the patient be much better if surgeons *did* specialise completely in one or two procedures rather than spreading their skills over the full gamut of cosmetic surgery?

September/October 2004 *Forum*

Looking through the articles in the last *Forum* (Vol. 14, No. 5), I particularly admired the contribution from our latest Manfred Lucas Awardee, Jim Arnold. Many of us see hair loss in young Sikh men from time to time and know that it is due to traction alopecia and is in some mysterious way related to turban wearing. This is the first time, to my knowledge, that the precise mechanism of the loss has been observed and explained. Dr. Arnold writes that it is NOT caused by wearing turbans but from the very tight rotation and fixation of the hair "top-not" prior to the application of the turban. Full marks to Jim for a wonderful paper. I hope he does not take his retirement too seriously and continues to write for the *Forum* from time to time for many years to come.

Sydney 2005

Finally, I urge you all to look carefully at your calenders for 2005 and put a line through most of the month of August. Bring your partner and family to beautiful Sydney, Australia, for a week and do some additional sight-seeing elsewhere either before or after the meeting. Sure, it is a bit further away than Dallas, London, or Paris for most of you, but plane travel is pretty good these days and you can do the L.A. to Sydney leg in a single 13-hour "hop." Watch 3 movies in between drinks and meals and you are there!! Alternatively you can always stop-over in Honolulu for a day or two (or Singapore if you are coming from Europe). I have crossed the Pacific over 40 times so you can do it!!

Sydney is the largest of Australia's state capital cities with a beautiful harbour and beaches and some 4 million people. Melbourne has about 3 million and Brisbane, Adelaide, and Perth just over a million each. Hobart and Darwin are much smaller with 200,000 and 20,000, respectively. The weather should be fine and sunny as it was in Vancouver this year. There are lots of unique things to do and see in Australia so don't spend all your time on the beach watching the girls in their skimpy bikinis.

Merry Christmas and a happy holiday season to you all.✧

Richard Shiell, MBBS