INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

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COLUMNS

190 President's Message
191 Co-Editors' Messages
193 Notes from the Editor Emeritus
205 Pioneer of the Month
211 From the Literature
213 Cyberspace Chat
215 Message from the CME Chair
219 Scalp Dermatology for the Hair Restoration Surgeon
223 Message from the 2006 Program Chair
224 Message from the Surgical Assistants Program Chair
226 Classified Ads

FEATURE ARTICLES

196 Recipient Site Staining: A Powerful Tool in Follicular Unit Hair Transplantation
197 A Protocol to Prevent Shock Loss
200 Exit Angles in the Recipient Area
201 Genetic Markers of Male and Female Pattern Hair Loss
203 Point–Counterpoint: FUT vs MUG
206 Low-Concentration Local Anesthetic: Safer, Painless, and More Effective
207 Dilemmas in Hair Restoration
217 *In Vivo* Follicular Unit Multiplication: Is It Possible to Harvest an Unlimited Donor Supply?
226 ABHRS Sets Plans for 2006

Survey Reveals Hair-Raising Numbers

Mark S. DiStefano, MD *Worcester, Massachusetts,*
Alan J. Bauman, MD *Boca Raton, Florida*
Members, ISHRS Website Committee, Subcommittee on Media Center

The report of the first ever ISHRS Practice Census survey was a surprise in many ways. From the estimated 361,000 patients worldwide being treated for both medical and surgical hair and scalp conditions to the number of surgeries performed all over the world. Although many believed that Hair Restoration Surgery (HRS) was a "BIG" market, the 2005 Practice Census Report shows exactly how "BIG" it is. In the past year, there were an estimated 168,155 hair procedures performed. Of these, it is estimated that ISHRS physicians performed 70% of the procedures worldwide, with half of them being performed in the United States. Hair Restoration Surgery, specifically surgical procedures, represented an estimated worldwide market size of over $800 million!

HRS surgical procedures represented an estimated worldwide market of over $800 million (USD)!

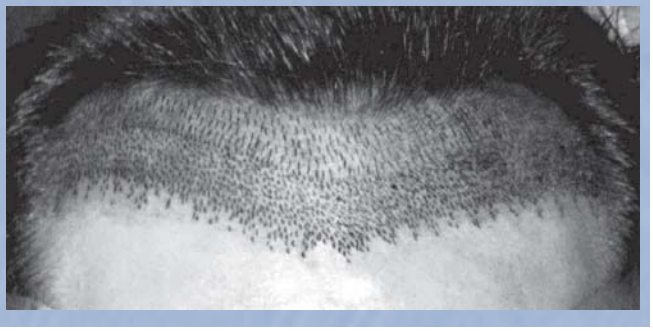
The study also showed that there were a total of 361,077 hair restoration patients in the past year worldwide; 149,307 surgical patients and 211,770 non-surgical patients. Of the total number of patients, the United States accounted for 172,563; Asia, 67,376; Europe, 45,639; Mexico/Central & South America, 39,013; Canada, 20,066; the Middle East, 12,126; and Australia, 4,294. The numbers are impressive and the distribution is very interesting.

The demographics of the ISHRS members highlight some of the things that we already believed, but could not prove until now. The higher volume of HRS procedures in a practice, the greater the chance that that practice is devoted only to HRS. Of the 555 physicians in the ISHRS, 44% devoted 90–100% of their practice to HRS, and 29% devoted less than 50% of their practice to HRS. Seventy-five percent (75%) categorized their current medical discipline as HRS; 34% as

continued on page 195

Site staining for easier graft placement!

See page 196.



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President's Message

Paul T. Rose, MD, JD *Tampa, Florida*


Paul T. Rose, MD, JD

Changes in healthcare reimbursement, government regulation, and insurance issues over the past decade have translated into changes in practice characteristics. More and more physicians are looking to leave traditional insurance-based medicine and enter areas where remuneration is better and less encumbered by governmental and insurance companies. As a result, more physicians are looking to enter into hair restoration, and the field is becoming increasingly competitive. Physicians face higher costs for such things as advertising and supplies. Some may be looking to expand patient services and sources of revenue to maintain economic stability and, in some instances, economic viability.

Along with these changes, patients are seeking what have been termed "minimally invasive" procedures to enhance one's appearance and hopefully forestall the signs of aging. Typically sought after procedures include Botox®, hyaluronic acid, and other fillers; intense pulsed light; laser hair removal; low-level lasers and LEDs; as well as facial rejuvenation devices that use Radio Frequency waves, IPL, Nitrogen plasma, lasers, or combinations of technologies.

To assist the members of the ISHRS, I am in favor of providing courses and workshops to our members covering the use of these technologies and procedures. These courses would, of course, follow ACCME guidelines with respect to avoiding conflicts of interest or appearance of impropriety. Several of these procedures, such as laser hair removal and low-level laser to promote hair growth, relate directly to our field. These procedures could add directly to increased revenues and attract a broader patient base. I believe that part of the role of the ISHRS is to enhance our members' practices. An extension of this may be to provide information on such additional topics as insurance, practice management, and financial services.

In addition to educating our members in new areas, the ISHRS may obtain the indirect benefit of corporate support and participation in our exhibits floor by manufacturers and vendors of products related to these topics. This would conceivably result in more revenue and help to further secure the finances of the ISHRS.

I realize that this is a "paradigm shift," and many who are not faced with some of the difficulties in today's practice atmosphere might suggest that there is no place for technology outside of hair restoration.

I would suggest that we attempt to find out how practice diversification fits into our Society's educational efforts and the practices of our membership. I look forward to your opinions on this initiative.

Paul T. Rose, MD, JD

PLEASE NOTE:
Author Release Form Needed with ALL Submissions

Beginning with the November/December issue, all submissions to the *Forum* must include an **author consent form.** The electronic form is quick and simple to complete. The form may be obtained from the *Forum* editors or managing editor, Cheryl Duckler, at cduckler@comcast.net, or in the "Members Only" section online at www.ISHRS.org.

Co-Editors' Messages

Jerry E. Cooley, MD *Charlotte, North Carolina*


Jerry E. Cooley, MD

I recently had the honor of being the invited speaker for the 2005 meeting of the Japan Society of Clinical Hair Restoration, held in Tokyo, October 22–23. Several impressions from this experience stand out for me.

Japan is a beautiful, fascinating, and challenging country for Westerners to visit. I visited amazing temples and shrines, ate some incredible food, and made friendships with many wonderful people, including my host, Akio Sato, MD. Best of all, as someone renown for horrible singing, I was even led to believe I am good at karaoke. How can you not love a place like that?

Being active in the ISHRS and hair community has many benefits but providing the chance to visit other countries like Japan and make friends from around the world has to be near the top of the list. When first arriving in a new land, we are often overwhelmed by the differences we see compared to our homeland. But after getting past this, we see that below the surface, basically people are people. There may be many important nuances to understanding and performing surgery on people from different ethnic backgrounds, but basically all our patients want more hair and we've banded together to figure out the best way to help them. I remember socializing with my Japanese colleagues over sake, laughing together as we discovered that the stresses and challenges of running our practices and managing employees were the same, even half a world away. There are more commonalities amongst us than differences.

"ISHRS" often rolls off the tongue so quick, we might forget what the letters stand for, especially the "I". Through the ISHRS's Global Council, a concerted effort is being made to coordinate the activities and share experiences and obstacles among the various hair restoration societies around the world. We are making initial efforts to have the *Forum* translated into various languages for the benefit of our members. We are also translating into several languages the newly revised ISHRS patient brochure on hair loss and restoration. This will be useful for patients. We are exploring offering simultaneous translation at the ISHRS annual meetings. We are aiming to offer regional meetings and workshops that will allow more members the opportunity to get involved and have access to HRS education locally.

As I was sitting in the lectures during the Japanese meeting, it was apparent to me that there were many high-quality presentations, the meaning of which I was missing because I did not speak Japanese. I could empathize with our non-English speaking members who attend our ISHRS meetings. I also wondered if important information was being shared that would not make it into English, reminding me of Okuda's 1939 paper on hair transplantation that wasn't "discovered" for many years.

We need to continue to focus our efforts to make our Society truly international, by encouraging participation of international members and reducing language barriers. For North American members who have never ventured off the continent for hair restoration meetings, please consider attending one of the many meetings held around the world every year. Take it from me, you'll be glad you did.

Jerry Cooley, MD

Robert S. Haber, MD *Cleveland, Ohio*


Robert S. Haber, MD

Have you ever had a moment of panic during a procedure? You know, when you ask yourself, "What have I gotten myself into?" Maybe a flap isn't rotating well, or the strip yielded 1,000 more grafts than expected, or the bleeding is reminding you of a Sam Peckinpah movie? I had a moment like that a year ago, when after excising a 10mm strip, the wound edges simply would not move together. The patient had undergone three uneventful procedures elsewhere and came to me for some additional density. I apparently didn't note any unusual stiffness in the donor area, and had proceeded in my usual manner.

First, I tried gaining mobility with the Zeiring Tunnel technique, but that only gained me a millimeter or so on either side. I used tissue clamps as well, but to no avail, so I began undermining. I've been performing strip harvesting since 1994, and I thought I'd seen it all, but as I broke out in a cold sweat and extended my undermining deeper and deeper, it remained a challenge to pull the edges together. Each centimeter of undermining gained me a millimeter of mobility, and I had 10mm to close! Finally, after wide undermining that I'd only learned from assisting with alopecia reductions long ago, the edges just barely came together. I attempted to achieve some additional tissue creep with widely placed sutures, and at the conclusion of the case, returned to the donor site and removed all the sutures. I was willing to leave a gap if needed, but by now I was able to close without excessive tension. The patient was kept informed throughout this challenging episode, and he was seen daily for the following week, with the donor site remaining healthy. The sutures were left in place for three weeks.

Last week, one year later, the patient returned to my office. I examined the donor zone with some trepidation, and was pleased to see that my scar was not significantly wider than his prior scars. The patient is overall very pleased, and (unfortunately) wants another procedure! The donor scalp certainly has very limited mobility, and I am not inclined to go through that again. Unfortunately, the patient is not interested in my recommendation of FUE.

Why do I relay this story? To remind us all that no matter how experienced and well trained we are, we must

continued on page 192

Haber's Message

continued from page 191

always expect the unexpected. New surgeons, seeing our latest results and techniques, often draw the mistaken conclusion that hair restoration is a procedure without complications. They delegate too many aspects of the procedure before mastering them, and from lack of experience, may fail to recognize warning signs that only appear every few hundred cases. I let my guard down for a moment, and paid the price with my "moment of panic," but the patient did not suffer harm because my training and experience and years of ISHRS meetings provided me with a series of options and tools to help solve the problem. Without those options, a necrotic scalp was just a few hours away. Improving surgical outcomes is one of the goals of the ISHRS, and for me that goal is being met.

Bob Haber, MD

To Submit to the Forum

Please send all submissions electronically via e-mail. Remember to include all photos and figures referred to in your article as separate attachments (JPEG, Tiff, or Bitmap). Be sure to ATTACH your file(s)—*DO NOT* embed them in the e-mail itself.

An Author Release form must accompany all submissions.

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:*

Robert Haber, MD

E-mail: HaberForum@aol.com

Submission deadline:
March/April, February 10