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## Preview Long-Hair Follicular Unit Transplantation: An Immediate Temporary Vision of the Best Possible Final Result

Marcelo Pitchon, MD *Belo Horizonte, Brazil*

**P**review long-hair follicular unit transplantation is a concept and a technique in which the patients submitted to a hair transplant can see, at the end of the procedure, a temporary preview of the final definitive result. This preview causes such a positive emotional impact on patients that it strengthens their connection to the procedure with favorable repercussions for the whole treatment.

In order to perform long-hair follicular unit transplantation (LH-FUT), the donor hair is not shaved or shortly trimmed, but kept long, to generate grafts, dissected under microscope vision, that contain long hair.

We have found that the hair could be any size, but should preferably be left no less than 5cm long to provide a suitable visual result. These long hair grafts are transplanted to the recipient area, that, at the end, shows a preview of the future new look of the patient after the hair transplant. This preview is temporary, because just like in traditional shaved hair transplantation, the hair transplanted, long or short, will gradually fall out in one to four weeks after the procedure. The final definitive result will be the same as the preview result, in numbers of hairs, if the long-hair grafts transplanted regrow in their totality.



Figure 1. Long-hair follicular unit transplantation provides the patient an immediate preview of the final result.

Technical and artistic excellence in all the steps of a hair transplantation procedure, along with individual patient factors, will define the final percentage of definitive growth, just like it happens in every traditional shaved hair graft transplant. If the percentage of the definitive hair growth is close to 100% of the hair transplanted, the final result can look even slightly fuller than the preview temporary result. This may occur because there may be a very small percentage of shaved or shortly trimmed hair grafts and telogen hair among the long-hair grafts. These short hair grafts and the telogens are obviously also transplanted with the long-hair grafts, but they do not add visible density to the preview result.

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# President's Message

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

What's in a name—your name? Your name is your reputation, and if you are proud of it, you want it protected. You have worked diligently to provide patients with the best care available and develop your reputation amongst patients and colleagues.

Your name is something that you need to protect and defend. Companies spend millions of dollars "branding" their products and company names. They do this to build a presence in the marketplace and provide consumers with the confidence that if they purchase the product they can be assured of the quality. They defend it against any type of infringement and they are quick to take whatever legal means are available to defend against fraud, misrepresentation, slander, libel, or other abuse. If you care about your reputation, you must act in similar fashion.

How does this all make sense in the context of the President's message? Let me provide you the relevant facts.

I recently learned that an individual who hosts various websites purchased a domain with my name, Paul Rose, and created paulrose.com. This person had the audacity to use my name to attract to his website potential clients and other physicians that he represented. He did this without notifying me, and obviously without my permission.

This information should prompt you to ascertain whether someone has taken your name and wishes to misuse your name or perhaps attempt to extort or blackmail you to purchase your own name. If this has occurred, you may have recourse. Legally the use of your name may constitute unjust enrichment and common law copyright infringement. A resource for resolution of these types of cases can be the World Intellectual Property Organization (WIPO). This international agency oversees domain names and can revoke the name from someone who is utilizing your name illegally.

The situation that I am embroiled in must cause one to wonder how someone could be so unethical as to acquire a person's name. To me, it is an indication of the perverse entrepreneurial side of the web and the many who utilize the web to line their pockets at the expense of others.

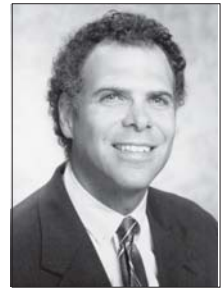
The Internet can be a marvelous resource, yet at the same time, it is a place where sleaze can flourish. Much of the information is educational and very helpful, but some of the information, especially in the chat rooms, lends itself to abuse.

Staying on message, it is important that you recognize the value of your name and that you initiate measures to protect it. I would suggest that you acquire if you can, your name and various permutations of your name.

Many physicians feel that they are too busy to monitor their websites and be involved in monitoring sites they may belong to. Physicians may operate out of fear because they are unfamiliar with the workings of the Internet and may worry that their businesses can be sabotaged by the webmasters and even other doctors. These fears are real and you must either monitor the sites yourself or have people you trust in place to monitor and manage sites that you possess or participate in.

Spencer Kobren, who is well known to many of us through The Bald Truth.com as well as his radio show, spoke with me about my domain name experience. In discussing my predicament, Kobren was quick to point out that "whoever controls your domain and your website controls your business." He added that the person controlling the website can even do things such as "send e-mails that appear to be from you." The person in control can "collect the leads and download e-mails." He suggests that if a physician belongs to the various websites that garner patients, he or she should have the consult go directly to the physician rather than come through the website consultation.

These words are very true, and it is again evident that we must be secure with



Paul T. Rose, MD, JD

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# Co-Editors' Messages

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



Jerry E. Cooley, MD

One of the interesting quirks about golf is how great golfers, both past and present, differed greatly in their golf swing and yet achieved similar results. Usually these famous golfers have such a uniquely identifiable swing, almost like a fingerprint, that they can be identified by watching them hit a golf ball, even if you can't see their face. Different styles can produce the same great results.

Furthermore, if famous golfer A were to suddenly drop their swing, and take up that of famous golfer B, the results would probably be disastrous. Each has evolved a unique swing that best suits them. The corollary of this is that this same swing may not work well for someone else.

Even though great golfers often have very different swings, closer analysis shows that they usually look very similar the moment they make contact with the ball. And despite obvious differences in golf swings, there are certain swing fundamentals that always apply and no one can ignore and still play consistently well.

Hair surgeons, of course, have very different styles too. Whether it's a different approach to hairline design, or something more mundane, like a preference for harvesting while the patient is sitting (vs. prone), each of us has a unique approach, a unique "swing," that can identify us. Have you

ever known two surgeons who did everything exactly the same? Of course not.

Is the message here, "Do your own thing, and don't worry about anyone else"? Definitely not. The champion golfer attentively watches their competitor's swing, and works closely with one or more coaches and instructors, to further refine and improve their own swing. Likewise, we have to constantly be aware of what our colleagues are doing and ideally have a couple of trusted friends and mentors to turn to when needed for specific advice.

Reading journals, going to meetings, observing others perform surgery, and seeing live patients provide crucial feedback to us, and help us to further optimize our own unique style. Some of the new things we learn will work well for us, others will work well when we modify them, and others won't work well in our hands no matter how hard we try.

Despite the many ways we can differ and still achieve great results, there are certain "hair restoration fundamentals" that have to be respected by everyone. Whether it's the progressive nature of pattern hair loss, or the need for careful graft handling during transplants, these fundamentals apply to all of us, beginning or advanced. Identifying and optimizing our unique style, with constant input from others, is the surest way to succeed and perfect our own "swing." See you in San Diego!

*Jerry Cooley, MD*

**Robert S. Haber, MD** *Cleveland, Ohio*



Robert S. Haber, MD

Some physicians view the concept of continuing medical education as an annoyance. Something to be done simply to keep their medical license up to date or meet other criteria. Those are unfortunate souls indeed. There are "expert" hair surgeons in my region who have never attended a meeting of the ISHRS, and others who haven't been seen for over 8 years. I've spoken to surgeons to ask why

they are no longer attending ISHRS meetings, and have many times been told "there is nothing new to learn." Perhaps they are gifted surgically beyond my wildest dreams, but I cannot imagine that they are providing surgical results to their patients that meet the current standard of care. I have never attended a meeting, or even stood around chatting with colleagues, and not learned something new that I went home, tried, and tinkered with to make even better.

I recently had the opportunity, along with several colleagues, to visit the office of my co-editor, Jerry Cooley. At a small surgical meeting sponsored by the Hair Transplant Network, we observed Jerry's technique from start to finish, and were able to evaluate hairline design, donor preparation, donor harvesting, slivering, cutting, site preparation, graft storage solutions, graft planting, and post-operative care. I found the visit very informative, and confirmed firsthand my impression of Jerry as a world-class surgeon. I easily learned a half dozen things that I will adapt for use in my office in my

own never-ending quest for perfection. But what struck me was that although several dozen surgeons were invited to this gathering, only a small handful elected to attend. And among that handful were some of the best in the world. Why would world-class surgeons take time away from their offices and homes, while less-experienced physicians stayed away?

Is there really anything new that Bill Parsley can learn? Or Ron Shapiro? I suspect that many of our readers would think the answer is "no," but certainly these surgeons would disagree. The sight of Bill videotaping graft planting (as I was doing myself) suggested that even one of the best planters I've ever watched thinks he can become even better.

Dow Stough taught me by example over a decade ago that the best surgeons are constantly making changes and refinements, until sometimes there is little resemblance to the original procedure. Walter Unger periodically reminds us that we are always either growing or dying; we cannot stay the same. And so long as we take up a scalpel and press it to a trusting patient's flesh, we have a duty to be certain that we are the very best we can be. That demands that we expose ourselves to new ideas, and be willing to discard current techniques and beliefs.

What's my take-home message? If your goal is to be among the best, then try to attend every didactic or surgical meeting you can, even those not sponsored by the ISHRS. There's plenty of room at the top, but you can't get there by yourself.

*Bob Haber, MD*

## President's Message

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the control that we have of our respective sites and sites owned by others that we may belong to. It is crucial that if you have developed a website through someone else that you have control of the URL. You must be free to move the site to another web host without fear of reprisal. It would be ideal to have in writing that you can move the site at will, and have a limit on the time of any contractual relationship with the web host.

I hope that the account of my unfortunate experience will

prove constructive for you and help you protect your name and reputation.

On a more positive note, I would like to apprise you of the recent AMA meeting and the first ever participation of the ISHRS. Dr. Tony Mangubat and Ms. Victoria Ceh represented the ISHRS and were welcomed into the fold. This is a significant achievement for the ISHRS membership and gives us a voice in an important organization. It also lends further credence to our efforts to become an ABMS recognized specialty. Please see the article on page 120 of this issue of the *Forum*.

Paul T. Rose, MD, JD

## ISHRS Regional Workshops Program

### Consider hosting a local Live Surgery Workshop in 2007!

There are various opportunities to work with the ISHRS to provide valuable educational workshops for members. The purpose of this program is to allow for the host facility of a small workshop with a limited enrollment to share in the meeting profits with the ISHRS and for the ISHRS to aid in content development. This is an excellent opportunity for members to "partner" with the ISHRS to offer a Live Surgery Workshop in their region. All ISHRS Physician members in good standing are eligible to submit an application.

The CME Committee and Live Surgery Workshop Committee oversee the process and the Board of Governors approves applications. The annual application submission deadline is June 1, for a workshop to take place the following year. Go to [www.ISHRS.org](http://www.ISHRS.org), Members Only section, to review the guidelines and obtain an application.



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### To Submit to the Forum

Please send all submissions and author consent release forms 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 Consent Release Form must accompany ALL submissions.

The form can be obtained in the Members Only section of the ISHRS website, under the section "Forum Newsletter;" at <http://www.ishrs.org/members/member-index.php>.

Send article AND release form to:

**Robert Haber, MD**

**E-mail: [HaberForum@aol.com](mailto:HaberForum@aol.com)**

Submission deadline:  
 September/October, August 10



# Notes from the Editor Emeritus

William M. Parsley, MD *Louisville, Kentucky (Forum Editor 2002–2004)*



William M. Parsley, MD

For those attending this year's meeting in San Diego, be prepared for a big surprise. This meeting will be like no other. The ISHRS has contracted for at least 14 cadaver scalps for the Wednesday courses and for several hands-on workshops. For the first time, we will be working with human scalp. A cadaver scalp was tested at the Live Surgery Workshop in Orlando this March and it was found to be nearly identical to the live tissue in our day-to-day hair transplants. After years of trying to find a useful model, it appears to have been found. The doors are now open for the ISHRS to train both doctors and assistants in an intensive manner without having patients be involved in the early part of the learning curve. ISHRS meeting attendees can now practice donor harvesting and repair, graft preparation, site creation, and graft placement with human tissue. With Dr. Bernie Nusbaum as the Program Chair, much thought has gone into how to use the cadaver scalps for maximum advantage. Dr. Carlos Puig will be using these scalps extensively in the Basics Course and my wife, Mary Ann Parsley, RN, will use some in the Surgical Assistants Cutting/Placing Workshop. Those bringing their assistants will be rewarded with a very valuable program and hands-on activities that are geared to benefit both beginners and those with experience. The Workshop Co-Chairs, Drs. Francisco Jiménez-Acosta and Sharon Keene, then plan to use the scalps in several of the morning and afternoon workshops. All this will be followed by an excellent live surgery workshop chaired by Drs. Mel Mayer and Matt Leavitt, this year adding a video feed to the meeting. For years, many attendees have requested more hands-on activities and live surgery. This is the year it begins.

The ISHRS has been blessed with enthusiastic and innovative leaders since its beginning 14 years ago. Those who have been involved throughout these years could not possibly have envisioned the progress that has been made in our knowledge and techniques. This year will represent another major step forward. In addition to fueling technique improvements, the ISHRS has an excellent website, ACCME approval, and a seat on the AMA Specialty and Service Society. These activities have taken us from a loose, unorganized group of hair restoration surgeons to a growing influence in medicine. We have worked diligently and should be proud of our stewardship and accomplishments in the area of medicine over which we preside.

**For the first time, we will be working with human scalp....ISHRS meeting attendees can now practice donor harvesting and repair, graft preparation, site creation, and graft placement with human tissue.**

While our passion and innovation appear to be unlimited, unfortunately, our funds are not. In an effort to keep our progress moving at the present speed, the ISHRS is exploring the concept of a Giving Fund for committed members who are willing to donate extra funds in order to maintain existing programs and help develop and implement new programs. The ISHRS prefers to keep the annual dues and meeting registration fees as low as possible. A successful Giving Fund and Estate Planning Program will certainly help us in this regard. There are a number of programs that a Giving Fund will enhance. Live surgery at the annual meeting has limited tickets, but is in great demand. This year we plan to have video feeds to the meeting with audience interaction. Donated funds will help the ISHRS expand these feeds and create even more interaction. Translators are still desired for those whose language discourages them from coming to the meeting or from fully receiving the maximum our meeting has to offer, but they are quite expensive. Coordinated research and its funding are critical if we are to continue as a progressive scientific field. Plans for offshore meetings could be carried out without much concern of a slight

loss. Funds can also help defend ISHRS members who encounter regional political situations where their right to practice hair restoration is being

jeopardized. Turkey is such an example. Additionally, a campaign to increase public education about hair loss and awareness of the ISHRS would certainly help stimulate our field. ISHRS-owned equipment, such as instruments, microscopes, and anatomic models will help promote teaching and save us rental fees.

Some of our members are early in their careers and sacrifice just to pay the dues and registration fees. The ISHRS certainly wants to make it easier for them to stay involved. Many have benefited greatly from the educational programs at the ISHRS and have gone on to successful careers. Hopefully, some funds will be available for supporting the field that helped with their success and for supporting the younger members.

This year there will be a silent auction on Saturday evening immediately before the Gala Dinner. They are a lot of fun and some great values will be available. Even if your bids are not successful, Dr. Russell Knudsen will be entertaining as the auctioneer for several of the bigger-ticket items. It will be for a good cause, as the purpose is to raise money for OPERATION RESTORE.

On a final note, if you haven't yet made plans to come to San Diego, start making them now. It is one of the most beautiful cities in the United States, and this will certainly be a landmark meeting. ♦