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WE'LL MISS YOU!

**Farewell to a Colleague, a Friend
David Seager, MD 1945–2006**

Walter P. Unger, MD *Toronto, Ontario, Canada*



At 11:45 PM on December 7, 2006, Dr. David Seager passed away.

He was born in 1945 in London, England. Both his father and maternal grandfather were physicians. He knew from an early age that he was expected to follow in their footsteps, and in 1967, at the age of 22, he received his medical degree from King's College Hospital at London University. David immigrated to Canada in 1970 and started a private general practice as one of only two or three doctors in Markham, Ontario, then a small town with a single dirt road leading into it from nearby Toronto. For 20 years he practiced family medicine, sometimes counseling patients long into the night, often delivering babies, and for four years he was in charge of the Palliative Care service at a local hospital.

David had lost most of his hair by age 18 and, not surprisingly, it had always bothered him tremendously. Unfortunately, the hair transplant doctors he consulted advised him that he was not a reasonable candidate for the procedure. His interest in the field was stimulated, however, during his visits with them, and he decided to become a hair transplant surgeon himself. After studying the then-current techniques in Montreal, Oklahoma, and Melbourne, he opened The Seager Hair Transplant Centre in Toronto in 1989. Soon after, he became interested in follicular unit transplanting (FUT) and his role in perfecting and teaching the technique is widely considered to be second only to Dr. Bobby Limmer, FUT's originator. He was the perfect disciple for Bobby, who David—characteristically—always took care to credit as his own esteemed teacher, along

continued on page 6

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President's Message

Paul C. Cotterill, MD Toronto, Ontario, Canada

It is with very sad news that I write this column.

Many of you may know by now that David Seager passed away recently after a brief battle with pancreatic cancer. Much of this *Forum* issue will be paying tribute to a man who contributed so very much to the advancement of hair restoration surgery.

I first met David in San Salvador in 1994. Since that time he went on to develop, promote, and influence many of the techniques that are used today. When I first heard of David's illness just before the San Diego meeting, I immediately called him up. We chatted for over an hour about his illness, his practice, and the field of hair restoration in general. David, in his own shy way, wasn't sure if he wanted anyone to know about his failing health. I spoke to him about all his friends within the ISHRS who would want to know, and so he allowed me to pass on his status to close friends and the Board of Governors in San Diego. Upon relaying the news, I could instantly see tears well up in the eyes of some members and expressions of great concern on the faces of everyone. In San Diego, the Board of Governors unanimously voted to award David a plaque that designated him Honorary Emeritus Member for all of his valuable contributions to the field of hair restoration surgery. I presented this plaque to him on my return home from San Diego when I was accompanying David and his daughter, Sarah, on one of his many chemotherapy treatments. He was very honored by this token of appreciation from the ISHRS and was very thankful to all those who rallied around during his last few months, but also understood that due to the shortness of his illness, not everyone that would have liked to have visited was able to. As many friends as possible were in attendance at David's funeral, including a number of Canadian ISHRS members, which helped to show David's family how very well respected he was by our Society. David will be greatly missed.

Paul C. Cotterill, MD
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Paul C. Cotterill, MD

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ISHRS Regional Workshops Program



Physician Members! Consider hosting a live surgery workshop through the ISHRS's Regional Workshops Program. This is an excellent opportunity for members to "partner" with the ISHRS to offer a live surgery or didactic workshop in their region. All ISHRS Physician Members in good standing are eligible to submit an application.

The CME Committee oversees 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.

The complete guidelines and application are available by contacting the ISHRS headquarters office or online at <http://www.ishrs.org/members/member-workshop.php>.

Co-Editors' Messages

Robert S. Haber, MD *Cleveland, Ohio*



Robert S. Haber, MD

I have written several times about how the maturation process of the Society is not unlike that of a person. The challenges of infancy are supplanted by the challenges of youth, followed by adulthood. One of the painful experiences that every child or young adult must eventually endure is the loss of a cherished family member. Thus it is not unexpected that we as a Society must periodically mourn one of our own, and yet it remains difficult to do so. This issue of the *Forum* is dedicated to the memory of Dr. David Seager, who died last month after a brief battle with pancreatic cancer. Not only was David one of the best surgeons our field has ever seen, he also gave back to the field by teaching and serving the Society as a member of the Board of Governors. David's death is the first for a sitting Board member, and in fact is the first death among anyone who has served in any elected capacity for the ISHRS. These are milestones we had no desire to reach, and leave us with a hole that will be difficult to fill.

David set the bar very high for all of us, but especially for himself. Although he shared his secrets freely, his results remained out of reach for many of us. I vividly recall his lecture in Puerto Vallarta, Mexico, on megasessions, when

he emphatically stated, "You'll start early in the morning, but no matter what your assistants say, and no matter how much they want to continue working, you have to take a break around 7 PM for dinner. Then you can get back to work." My assistant was sitting next to me, looked at me with an evil eye, and said, "Don't you even THINK of doing that!"

I have few regrets in life, but one will be not taking David up on his many offers for me to come visit him. In fact, David was to be the subject of my next Prospector column, and I had planned on discussing this with him in San Diego. I had the pleasure of editing his chapter in the recent textbook, and in my discussions with him was struck by his modesty and apparent lack of awareness of the significant role he played in our field. He didn't understand why Dow and I felt the textbook would be incomplete without his chapter.

This issue leads with an eloquent obituary of David written by Walter Unger, and illustrated with a lovely photo of David and his wife Isabella taken in Australia. Other thoughts and reminiscences are to be found in Paul Cotterill's President's Message, Russell Knudsen's Editor Emeritus column, and a compilation of thoughts by many of his friends. David will be missed.

Bob Haber, MD

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



Jerry E. Cooley, MD

Much of this issue is dedicated to David J. Seager, MD, who died in December from pancreatic cancer. Our colleagues share their thoughts about David, and I would like to take this opportunity to do the same. Most surgeons can cite two or three people who greatly influenced them, changing their career choices and influencing what they do on a daily basis. For me, David is one of those people.

I recall first hearing David speak in Nashville in 1996 at the 4th Annual ISHRS Meeting. This was followed by a lead story in the *Forum* about his practice, describing his use of all microscopes to achieve dense-packing, single-session results. My reaction at the time was part admiration and part annoyance that I might be pressured to meet this standard in my office.

It was during these early years while I was trying to develop my own technique that David had such an immense influence. While others influenced me as well, it was David's talks, writings, and patient demonstrations that had the greatest effect on getting me to commit to all microscopic dense packing/follicular unit grafting. Since I adopted the strict techniques advocated by David, my hair restoration practice has grown and flourished.

In the subsequent few years after the Nashville meeting,

I saw David's patients at conferences for the Live Patient Viewing segment. Anyone present for these demonstrations remembers in awe what David was achieving with his dense-packing techniques. I was especially impressed with his integrity at displaying single-session results on a "clean slate," a concept that very few of our colleagues appreciate even today.

Many different techniques can produce a nice result over 3 or 4 procedures. Our patients with a lot of existing hair who simultaneously have grafting and start finasteride treatment will usually show a significant change a year later. But the real litmus test of our abilities, the "Seager Test," is our ability to produce density and naturalness on a bald scalp in a single procedure.

David's obsessive attention to details and quest for perfection were obvious to all of us. It is no surprise that these personality traits carried over into his hobbies as well, with his passion for collecting antique clocks and his curiosity for the natural world, reflected in his interest in astronomy and tropical fish. Over the years, I considered David not only a mentor, but also a good friend. It was always nice to catch up with him at conferences, and chat not only about "shop talk," but also what was going on in our personal lives, with the ups and downs of life and relationships. These encounters were always enriching. I appreciate everything David did for the field of Hair Restoration. I will greatly miss him.

Jerry Cooley, MD

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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:

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Submission deadline:
 March/April, February 10

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Notes from the Editor Emeritus

Russel Knudsen, MBBS Sydney, Australia (Forum Editor 1999–2002)



Russel Knudsen, MBBS

The recent sad loss of Dr. David Seager has generated many fond memories and tributes, some of which grace the pages of this *Forum*. I would like to add my thoughts but do so in the context of how David was able to show us how to manage change in our practices.

When we begin our careers, full of enthusiasm, perhaps tempered by nervousness, we learn, as does our staff, a routine that suits our philosophy of practice. Sometimes this is dictated by the office space available, the caseload mix in

need consistent patient numbers to do this. His results, posted on the Internet, took care of that problem. He was rightly regarded as one of the elite leaders.

Ironically, in the face of a couple of clinics who can consistently perform 4,000–6,000 grafts per session, David's work, once considered extreme, is becoming regarded as routine! It was ever thus so, and it reminds us that you cannot both stand still and progress. Those who think that the logical endpoint of grafting has been reached will shake their heads in 5 years and wonder what happened to their practice.

Change is inevitable and needs to be cautiously embraced. David showed us that commitment to change, allied

Change is inevitable and needs to be cautiously embraced. David showed us that commitment to change, allied with meticulous preparation, can make the impossible not only possible, but inevitable.

our practice, availability of staff (trained or otherwise), as well as our decision regarding the upper limit of megasession numbers we eventually wish to provide. Obviously, most surgeons begin with smaller graft numbers and smaller staff numbers. Over time, when we see excellent results and happy patients, we sometimes lose our enthusiasm to turn our practice upside down by adopting a significantly different, and more difficult, paradigm of practice. In other words, we, and our staff, prefer incremental change to radical change.

In the early 1990s, Dr. Bill Rassman challenged us to adopt FUT (developed in the United States by Dr. Bob Limmer) as our standard, convinced the benefit was worth the cost. Many were skeptical and resisted for a while. Dr. Rassman's results with 1,500–2,000 grafts, continually shown at our meetings, whittled away the opposition to this style of practice. Next came Dr. Seager with 3,000+ grafts per case and astonishing results for a single pass. Higher, previously unimaginable densities, consistently achieved and willingly shown, taught and shared. In addition, he showed us how to organise our practices to do these technically demanding procedures. His surgeries were performed with almost military precision and meticulous attention to detail from slivering to full graft immersion in saline cups. Skepticism regarding graft survival was overcome with meticulous hair counts. In effect, this style of operating became irresistible to those wishing to practice at the highest level. Indeed, many of our colleagues went to Canada to observe and came back to "Seagerise" their practice. Other colleagues paid him the highest compliment by asking him to operate on them.

David's commitment to raising the bar in the face of significant hurdles (especially staffing) made many of us realise we had to get out of our "comfort zone" and get with the program. It is not easy. If you build the beast (David operated with 14 staff), you then need to feed the beast. You

with meticulous preparation, can make the impossible not only possible, but inevitable.

Vale David! The End did justify the Means. Gone but never forgotten. ✧

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Fond Farewell

continued from front page

with Dr. O'Tar Norwood, who was his most important early proponent.

David was not the type of man who, when he discovers better ways of doing things, keeps them to himself. He freely shared with the rest of us what he had learned. Not only did he lecture all over the world and write numerous articles and textbook chapters on his surgical philosophy and techniques, but as is common to the best amongst us, he welcomed everyone—once again from all over the world—into his office, to learn firsthand. He gave compassionate care to his patients, and he set high standards for himself and those he trained. The list of those who benefited from this generosity includes the past, present, and future leaders of our specialty, and all of the nameless patients who have enjoyed, and will enjoy, the consequences of his ethics and generosity.

David and I began to meet regularly for dinners or lunches approximately 10 years ago—at the height of a period during which many of our colleagues thought we were in a battle mode. In fact, we were thrashing out our professional differences, as well as talking about politics, finances, and the usual personal difficulties with family, friends, and colleagues. He was a keen and perceptive observer of life as well as our profession. He had many hobbies and interests he was passionate about, including art, astronomy, tropical fish, parrots, travel, tennis, and recently, antique clocks. David also loved electronic gadgets. His daughter Sara said he had a microwave oven and a cell phone long before most people knew what those were. His insightfulness as well as his wit and sense of humour were a part of him that too few saw, and that I will always be grateful to have been made privy to.

Workaholics and perfectionists, no matter how good and kind their natures otherwise are, rarely escape paying a heavy personal cost for those characteristics. In addition, he struggled to overcome his innate shyness all his life. His marriage to Janis Rapoport ended in divorce, but only after the arrivals of three children: Jeremy, Sara, and Julia; he loved them deeply and was proud of all of them. At his funeral, Sara and Julia referred to the price inherent in having a father who accepted nothing less than perfection and who was almost always working. But they also related that they came to know how, despite all the other pressures in his life, everything centered around obtaining and setting the time aside to have every weekend from Friday to Monday, and the entire sum-



David with Cristina and Dr. Arturo Sandoval-Camarena.



David and Isabella at the 13th Annual Scientific Meeting, Gala Dinner/Dance, Sydney, Australia. August 2005.

mer, with his three children—although he had been legally entitled to just Saturdays. I knew his father-in-law, Max Rapoport, who was one of the most prominent transportation lawyers in Canada and a friend of my wife's family. He was an astute man with unerring judgment, and remained a lifelong confidante, cheerleader, and friend to David, despite his daughter's divorce from him. Nothing could speak more eloquently about David's character and charm. David was particularly fortunate to have found love again with his wife, Isabella, who he adored and who adored him in return. Her strength and emotional support over the last months of his life was nothing short of remarkable.

It was wonderful seeing the letters and e-mails come in when the news of David's illness became known. Phone calls and e-mails from many who had learned from him followed. He was awarded the title of Honorary Emeritus Member by the International Society of Hair Restoration Surgery. Visitors came from thousands of miles away. The outpouring of good wishes and concern all buoyed his spirits.

When reminiscing about Isabella, his three wonderful children, and his career, David repeatedly said what a great life he had lived and that he had succeeded beyond his wildest dreams.

Towards the end he was sleeping most of the day and barely aware when he was awake. His last days were constant sleep, and then late in his last night, Isabella told me that he miraculously awoke. They talked about their relationship, his children, and all those whose friendships were far more numerous and deep than he had ever imagined. He passed knowing that his life had and will have meaning because of all of them, as well as for countless patients who have benefited and will benefit from his work and teachings.

Besides Isabella and his children, David is survived by his mother Gwendoline, his grandchildren Sarah, Max, Alex, and Ethan, as well as his sisters Jennifer Bower and Rosemary Shaw.

Albert Einstein said, *"I shall never believe that God plays dice with the world."* He believed that there is a reason for everything that happens, and we all hope he was right. Bill Parsley, however, put it best in an e-mail that he sent to a group of us: *"He was always there to help. To the ISHRS, he was an educator and I always looked forward to seeing his patients, using them as measurement of my own work...a few, very few, were as good but none surpassed him. Simply put, he made us all better. We should rejoice in a life well spent; but for now, many of us just miss our friend."* ♦

Remembering David Seager, MD

“I am ready to meet my Maker. Whether my Maker is prepared for the great ordeal of meeting me is another matter.”

—Winston Churchill

When David left his room and saw the snake just at his door, he hurried back inside. We had been friends for many years and he always wanted to know Brazil. By this time we had already spent some days in Sao Paulo, and David was amazed with the cosmopolitan looks of my city and delighted by the Brazilian food. We were in an ecological resort amid the Atlantic forest and at that moment I was remorseful for having invited David to stay at that hotel surrounded by woods with toads, lizards, sea turtles, and even snakes! But in seconds David returned, in his photographer's vest, camera in hand, and took so many pictures of the snake that it fled away frightened.

David always carried a big camera with lenses and accessories and another small one “just in case,” since he loved taking photos of animals and nature. He liked the sun and spent hours getting a tan without burning his paper white skin. A workaholic, even at the beach lying in the sand he had a cell phone in hand and directed his office several times every day.

In spite of his healthy diet, when he came to Brazil to visit us and to Mexico by Arturo Sandoval's invitation, he tasted and enjoyed all of the regional foods, even the spicy ones. During another visit I took him to the south of Brazil, an area of European influence and he delighted himself with Brazilian fishes and German cuisine.

You will be surprised to know that David was an athlete. He trained daily on the treadmill and was always concerned about his health, maintaining his weight, his fitness, and taking an assortment of vitamins and supplements.

David also enjoyed jokes. For many years we maintained phone conversations in which we talked about hair transplantation and exchanged jokes. In the days that we didn't speak, he called Arturo and the subjects were the same ones: transplants and jokes. The trips that we enjoyed in Brazil and Mexico were always enriched by his British humor and enthusiasm to know new places and lifestyles.

Two years ago we scheduled our vacations at a beach in northeast Brazil with David, Isabella, and the Sandovals. However, some days before, David told us that they could not come. Unfortunately, we missed a good chance to get to know Isabella and spend some quality time with her.

Since then neither I nor Arturo had contact with David by telephone or by e-mail. As soon as I came back from San Diego, after Paul Cotterill and Walter Unger let me know about David's illness, I spoke with him or Isabella almost every other day. We had long conversations recalling our trips and ISHRS meetings, and I told him some new jokes. I relived the time in which we spent hours on the phone. I am happy in having shared with him those peaceful moments in the last days of his life.

Here we are, standing in the highway while David is leaving. We look while he walks farther and farther away until he finally looks like just a dot on the horizon. And we say—he left. To where? To a place where our view doesn't reach, only

that. He continues as lively and funny as always and, at that exact moment when we say that he left, there are other eyes beginning to see him, (maybe Gerard Seery), saying with joy—See, David is arriving!

Marcelo Gandelman, MD Sao Paulo, Brazil

David was a close personal friend of mine in so many ways. Over the years, I think either one of us would pick up the phone and run something by the other around once every couple of months. We talked about going to each other's offices to complete a study we had talked about but never got around to doing. He was a very sensitive person, very caring, and was a perfectionist and master at his craft. Not many of us could engineer a team to accomplish the incredible detailed work his office routinely produced. I recall a law student that had only one session of 3,000 FUs with David who came to my office for something David wanted me to check on. I was absolutely blown away with the density I saw on this man's head and became a believer in the “one pass” technique that David espoused. To this day it remains the best single result I ever saw in hair transplantation by anybody.

Mike Beehner, MD Saratoga Springs, New York

I think that what I found profoundly surprising about David was his vulnerability in spite of a presence that suggested a prominent ego. I remember when he declined to come to an upcoming ISHRS meeting because he was hurt by comments made about him and his work. I called David and let him know how many of us held him in high regard and that his viewpoint was welcomed. We spoke about how many, if not most, of the new ideas are met with suspicion and reluctance to accept change. Our conversation went on for some time and ultimately David agreed to participate in the meeting.

Paul Rose, MD, JD Tampa, Florida

David was one of the first people I met doing hair transplantation. I met him in Rio along with his good friends Arturo Sandoval and Marcelo Gandelman in 1992. We were all relatively new in the field at that time. We became friends and remained friends over the years. When slivering with the microscope became the way to create grafts, David was one of the leaders. He unselfishly let me and my techs come up and learn slivering from him. Obviously a very important step in my career. I owe David many other thanks for pearls he has shared with me over the years. He was just as gracious and humble when I visited him after I heard he had cancer. He was surprised when I told him how important he was to the field. But it was true. I will miss him.

Ron Shapiro, MD Bloomington, Minnesota

David raised the bar in HRS and challenged us to reproduce his results. He developed and refined Bobby Limmer's techniques to a point where the Seager trademark was a 3,000

continued on page 8

Remembering David

continued from page 7

FUT, one-pass, dense frontal hair growth that was absolutely natural and stunning.

He developed a large practice with five operating rooms and battalions of techs, busy day after day, morning till night for many years. He was generous with his teaching of colleagues and sharing the secrets of his success, but never arrogant. In fact humility and uncertainty were a big part of David, always wondering when it would all come crashing down.

Good surgeon, good businessman, good friend. Goodbye.
Mario Marzola, MBBS Adelaide, Australia

I first met David when he came all the way to Australia in 1991 for instruction in alopecia reduction and hair transplant from Mario Marzola and myself. That summed up my experience with this fine man over the next 15 years. He was always looking for better ways to perform hair restoration and was not afraid to travel to gain this knowledge.

Over the years I met up with him again in Rio, Barcelona, Athens, Puerto Vallarta, and Sydney as well as many venues on the North American continent. He was always seeking knowledge and, furthermore, was willing to share what he had learned with others. He wrote several influential papers on his techniques and his contribution towards the art and science of Hair Restoration eventually earned him the Golden Follicle Award in 2001.

He was rather shy and serious minded and although we

shared tables at many dinners and parties at the conferences we attended, this was not his natural habitat. I have no recollections of his table-top dancing or telling risqué jokes. He enjoyed good food and wine, however, and when David was making the selection, you could, as with his work, rely on the quality.

David was afflicted with type VI male baldness from an early age and I recall encouraging him to undergo hair transplantation when we were together in Rio in 1992. Others had advised him against it but I brought along photos of a University professor I had worked on in Australia who had a successful result and similar baldness and donor hair. The next time I saw him he had been to visit Dr. Arturo Sandoval in Guadalajara, Mexico, and had undergone the first of several procedures. These were very successful, transforming his appearance and giving him new-found confidence.

David took teaching very seriously and although he was a very nervous speaker in public, one could rely on the quality of his text and pictures and his talks were highly regarded. He was also early to demonstrate his patients and his operative technique, and I have mental pictures of David waiting for taxis to the airport with suitcases and boxed teaching microscopes by his side. This was in the days when microscopes were regarded as an unnecessary luxury by most of us in the profession.

We in the ISHRS were fortunate to have David with us for the past 15 year. It is only a brief time in the history of our profession but his contribution was immense and he will leave a lasting legacy. We will all miss him very much.

Richard Shiell, MBBS Melbourne, Australia

Medical Device for Aesthetic, Plastic, Reconstructive and General Surgery

THE NORDSTROM SUTURE

The Nordstrom Suture is a medical grade suture that can be left in the tissues permanently if wanted (class II B device). The suture is very elastic and can be elongated to four times its resting length and the tension in the suture increases about linearly in this interval. The strand is available in different diameters for different purposes.

The Nordstrom Suture has many indications, but is mainly used to:

- 1. Diminish scar widening where proper plastic surgery technique does not end up with satisfactory narrow scar.*
- 2. Enhance serial reductions of e.g. large scars, naevi and other non-inflammatory skin areas that need to be removed.*
- 3. Many other indications where a superelastic suture is needed such as mastopexies, face lifts, velopharyngeal insufficiency, etc.*

The Nordstrom Suture is CE-marked and can be purchased at www.nordstromsuture.com

Publications: • "The Nordstrom Suture to Enhance Scalp Reductions" *Plastic and Reconstructive Surgery* 107:577-582, 2001 by Nordström REA, Greco M, Raposio E. • "The Silicone Suture for Tissue Expansion without an Expander: A New Device for Repair of Soft-Tissue Defects after Burns" *Plastic and Reconstructive Surgery*, 2:484-488, 2004 by Jincal Fan, M.D., Ph.D., and Jiping Wang, M.D., Comments to the previous by Nordström REA in *Plastic and Reconstructive Surgery*, 2:489-490, 2004 • "Therapie der Alopezie und Haartransplantation" chapter by Nordström REA in book *Plastische Chirurgie: Band II, Kopf und Hals* by Berger, Springer-Verlag – 2005 • Nordström REA, invited by Alfonso Barrera to write "The Nordstrom Suture to enhance serial scalp reductions and other serial excisions as well as to treat and prevent scar widening" for the journal *Seminars in Plastic Surgery*, issue *Hair Restoration/State of the Art*. Vol 19, 2005 • And many others

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