Orlando Live Surgery Workshop XIII: Advancing the Industry of Hair Restoration

Summing Up Day 1: Wednesday, March 7, 2007

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This year, Drs. David Perez and Matt Leavitt brought together a faculty of skilled educators to present the Basics section of the annual Orlando Live Surgery Workshop. This planning combined with the exceptional administrative talent of Valerie Montalbano assured that the meeting will, once again, be one of the educational highlights of the ISHRS 2007 training season. The meeting was slightly smaller this year, making the faculty even more available for those personal interactions that create a strong educational experience for everyone.

After a brief welcome and orientation by Matt and David, the first two hours of the meeting reviewed the basic art and science of hair restoration surgery. Dr. Ricardo Mejia clearly summarized the etiology of hair loss and the anatomy of the hair follicle, nicely identifying to the group those aspects of anatomy and physiology that are most essential to the hair restoration surgeon.

Dr. Bob Leonard provided sound advice on structuring a responsible consultation, focusing on a thorough evaluation and setting appropriate expectations. Dr. Mike Beehner reviewed the design of an appropriate hairline, and offered very good advice to the novice hair restoration surgeon about how to keep the patient’s hairline age appropriate. Dr. John Gillespie presented an excellent paper on the importance of painless anesthesia. He offered a modification of the liposuction tumescent anesthesia technique as a method of providing safe and sufficiently long-acting anesthesia by using large volumes of very dilute 0.2% Lidocaine with 1:500,000 epinephrine.

Dr. Marcelo Pitchon beautifully demonstrated with macro video photography his Long Hair Follicular Unit Transplantation, a process of transplanting follicular units without shaving the hair short. His video clearly demonstrated the advantages of transferring grafts with long hair, in that it helps the surgeon evaluate relative density. The surgeon can also enlist the opinion of the patient about the priority of areas to be covered. The technique helps the patient understand what the intended result in one year could be. He did point out that the long hair is but a tool used by the surgeon and the patient to communicate, because it will gradually fall out as usual during the first few weeks after surgery as the follicles go into their telogen phase.

Dr. Jerzy Kolasinski presented an excellent paper on assessing the donor area, both for surgical risk and availability. He presented a method of measuring vertical elasticity in order to assess the risk of a wider donor excision. He pointed out that clinical experience does not let one conclude that more scalp elasticity guarantees better scars. Indeed, too much elasticity may result in wider scars as well, and he suggested that two layer closures should be considered in both tight and excessively lax scalps.

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