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Why Comparing Techniques in Hair Restoration Surgery Is an Intrinsically Difficult Task

Ron L. Shapiro, MD *Bloomington, Minnesota*

A number of factors make it intrinsically difficult to *objectively compare* different techniques in the field of hair restoration surgery. I believe an awareness of these factors is important and may help both physicians and patients be more open minded when attempting to evaluate and compare various techniques.

Long Learning Curve

It may take up to one year to see the final result of a single hair transplant procedure. When multiple procedures are needed, as is often the case, it may take even longer to see the true final result of a specific technique. This is unlike other cosmetic surgery procedures where results are seen in a matter of weeks. This leads to a longer learning curve because a greater length of time is needed to see a sufficient number of results and to make the required adjustments in technique.

Limited Patient Follow-Up

It is difficult to have every patient return for follow-up. We don't know how many of our patients with less than optimum results simply don't return. I send a one-year follow-up evaluation to all my patients asking for their opinion on the naturalness and density produced with the procedure. In addition, I encourage all patients to come back for a follow-up. However, even with this effort, a large number of patients simply don't return and are lost to follow-up. From my observation, many practices have the same problem. This limited follow-up adds to the difficulty in objectively evaluating our results, especially when added to the long learning curve.

When inquiring about patient satisfaction with results, we need to remember that the same exact results and look produced in two different patients may lead to totally different levels of satisfaction.

Wide Variety of Patients and Hair Characteristics

We see a wide variety of patients at different ages and with different patterns and degrees of baldness. In addition, patients possess different combinations of hair characteristics (color, curl, and caliber). All these variables impact results, and this creates a rich multi-factorial environment that is difficult to objectively evaluate. Two patients may undergo identical procedures with the exact same number of grafts but look totally different after the grafts grow due to differences in their hair characteristics. This variability in characteristics has to be factored in when evaluating the results of different procedures.

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President's Message

Paul C. Cotterill, MD Toronto, Ontario, Canada

As I write my last President's Message for the *Forum*, the Las Vegas meeting is less than 1 month away. At this time I would like to take this opportunity to recap some of the ISHRS highlights of the past year:

- 2007 saw the completion of another successful Orlando Live Surgery Workshop as well as the Asian Regional Workshop held in Japan. Next year, regional workshops in Rome, Italy, and Seoul, Korea, have been confirmed.
- The Board of Governors has chosen the sites for the 2009 and 2010 ISHRS annual meetings. We will be going off-shore to Amsterdam in 2009 and to Boston for 2010.
- The Media Relations Committee instituted the spokesperson database that identifies ISHRS members who want to be called on by the press for local input. As well, the Media Committee developed and sent out to ISHRS members press-release templates for use in obtaining public relations and marketing opportunities locally.
- The results of the 2007 ISHRS Practice Census Survey were obtained and have already been used by *Newsweek* and other media sources.
- Advanced Webinars, a new Continuing Medical Education activity, became available to members with the first offering held in July; a second one is scheduled for later this year.
- B-roll has been filmed for OPERATION RESTORE to be used by the media and possibly on shows such as *Oprah*.
- In conjunction with Merck, a celebrity spokesperson initiative has begun.
- The ISHRS has partnered with Amerinet, which is a group purchasing organization that will allow U.S. members access to reduced fees for surgical supplies.
- A joint research grant was developed with the International Hair Research Foundation.
- The 2008 Needs Assessment Survey was completed. Thank you to all who completed this invaluable survey because it is your responses, concerns, and requests that help the CME Committee and BOG to develop new paths to new educational activities for the membership.
- Preparation has begun for ACCME recertification later this year.
- A new program, the ISHRS CME Award Program, has been implemented.
- The Annual Giving fund is well under way. It is with the generous donations from our members that new initiatives can be sponsored, which helps to ensure the future success of the ISHRS.



Paul C. Cotterill, MD

I am delighted to report that Dr. Francisco Jimenez-Acosta and Dr. Bernie Nusbaum will be the new *Forum* editors beginning with the March/April 2008 issue. A huge thanks to Drs. Cooley and Haber who will be stepping down as *Forum* editors.

A chief task of the Board of Governors is to set direction for the future of the ISHRS. We are always looking for ways to increase educational learning activities for the benefit of our members. However, initiatives require funds and resources. In 2004, the ISHRS held a pivotal Strategic Planning Meeting that set the course for a series of initiatives that have come, in large part, to fruition. In November of this year, the next Strategic Planning Meeting will be held where a future course for the ISHRS will be set to ensure a continuing, bright future.

I would like to finish by thanking the Board of Governors, past presidents, and the executive committee for all their support over the past year. Thanks as well to the members of the many committees that have given up their time to contribute to the success of the ISHRS. Lastly, a huge thanks is given to our Executive Director, Victoria Ceh. Victoria manages superbly to coordinate all the many facets of

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Co-Editors' Messages

Robert S. Haber, MD *Cleveland, Ohio*



Robert S. Haber, MD

Wisdom. It can be learned, but it cannot be taught. With it, training becomes virtuosity, facts become knowledge, fear becomes caution, motion becomes progress. Without it, our skills stagnate, our reputation tarnishes, our forward progress ceases. This issue of the *Forum*, I am pleased to report, contains much wisdom. From the opening article by Ron Shapiro, in which he discusses why seemingly simple comparisons are indeed not so simple, to Richard Shiell's gentle observations, to Jerry Cooley's heroic save of a man's cosmetic life, we see examples of wisdom.

Don't just read these articles. Ask yourself if you could have written them. It is crucial for beginning as well as experienced surgeons to truly understand the concepts that they embody. In future articles, Ron Shapiro plans to share more concepts that could only come from the mind of a surgeon who has planted millions of grafts. Thoughts and musings that we often idly pass between us was put to the crucible when Jerry faced a time-critical decision, and solved a problem that might have been handled with less success earlier in his career.

We don't set out to become wise. Wisdom is gained by learning from both success and failure, by watching those more skilled than ourselves, and by having enough humility to acknowledge our weaknesses. Many of our readers have had experiences in which they were pleasantly surprised at

their ability to handle a crisis of some sort. In those moments we realize the benefits of attending all those meetings and visiting with all those surgeons over all those years. Don't be bashful about sharing those experiences with the rest of us, as a colleague somewhere in a far corner of the globe might enjoy a better patient outcome by learning from your experience. I personally have found it cathartic to share my trials and tribulations on these pages.

In this issue we also continue to learn more innovative ideas from T.K. Shiao, see how the ISHRS Research Grant money is used through a report by David Perez-Mesa, hear from Michael Markou about a new use for a laser in the donor area, and learn some tattoo pearls from Mike Beehner.

When this issue reaches your hands, the Las Vegas meeting will be over, and you will be back in your offices hopefully putting into practice new ideas recently learned. And trying to earn back the money you so graciously donated to the casinos. You will also have learned that the successors to Jerry and myself have been chosen. After an exhaustive international search process, I am pleased to welcome Francisco (Paco) Jimenez, from Canary Islands, Spain, and Bernie Nusbaum, from Coral Gables, Florida, as the ninth and tenth editors of the *Forum*. They will take over beginning with the March/April 2008 issue, and Jerry and I will spend the time between now and then preparing them for this extraordinary task. I know they will bring enthusiasm, surgical experience, and literary skill to the task. And perhaps a bit of new wisdom as well.

Bob Haber, MD

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



Jerry E. Cooley, MD

Visiting my colleagues' offices to observe procedures has been one of the most important ways I've developed and refined my skills as a hair restoration surgeon. Of course, attending conferences and reading textbooks, journals, and the *Forum* are important. But actually watching an experienced surgeon at work is one of the most practical and efficient ways to get better. My recent visits to the offices of expert surgeons Bill Parsley and Jerry Wong reinforced this for me.

The experience of attending a live surgery workshop is valuable, too, but it does not match the quality of education one receives when making a personal visit to another surgeon's office, where they are on their home turf. They are operating with their staff, their instruments, and in the comfort zone of their own operating room.

During the course of one of these visits, one may take note of countless pearls and new techniques. One may find one's own technique significantly changed afterwards. On the other hand, one may find that a respected colleague does things almost exactly as you do, giving you the reassurance that you are providing state-of-the-art care and haven't fallen behind the times.

If you have developed friendships within the relatively small world that is hair restoration surgery, then asking to visit a colleague's office is relatively straightforward. Likewise, if one has given talks or developed a good reputation, then the expert surgeon may have heard of you and be very willing to host you. But what if you are an unknown entity? For many reasons, you should not be offended if a surgeon is reluctant to take on a stranger.

Many surgeons have had bad experiences with visitors to their offices. Some doctors have visited a well-known surgeon for a day or two, then claim to have been "trained" by them and use this in their advertising. Others have been known to state they are establishing a clinic in a distant city only to later appear in a clinic across the street from the expert surgeon and compete for the same patients. And some visitors later go on to publicly criticize the techniques of their gracious hosts.

While I believe we have a duty to teach our techniques to less experienced colleagues, I also believe that doctors interested in visiting an expert surgeon have certain duties and must "earn" their invitation. As Dr. Parsley told me, he asks prospective visitors to first demonstrate the seriousness of their interest in the field by first attending an ISHRS meeting and purchasing one of the main hair transplantation textbooks to familiarize themselves with the general concepts of the field.

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President's Message

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our Society and has been key in putting into action all the proposals, initiatives, and requests that are shot at her on almost a weekly basis. I have been exceedingly fortunate to have Victoria as my expert guide over the past year.

When I see all that has been accomplished not only in

the past year, but since the Society's inception in 1993, I feel immensely proud to be a member and contributor to the ISHRS and encourage you all to participate in some way. Thank you for allowing me to serve this past year as President of the ISHRS. It has been a very memorable and enjoyable experience.

Paul C. Cotterill, MD

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Cooley's Message

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If you're lucky enough to have been accepted for a visit, conduct yourself in an appreciative and professional manner with your host and the patient being operated on. One

little pearl I would add is to order a gift basket for the surgical assistants, containing lots of goodies and chocolate, preferably in advance so it arrives on the day of your visit. Happy assistants make for a happy doctor and the visit will go all that much better!

Jerry Cooley, MD

Guidelines for Submitting an Article to the Forum

- ✓ Send submission *AND* Author Consent Release Form electronically via e-mail to Robert Haber, MD, at HaberForum@aol.com
- ✓ Include all photos and figures referred to in your article as separate attachments in JPEG, TIFF, or BMP format. Be sure to attach your files to your e-mail. Do *NOT* embed your files in the e-mail itself.
- ✓ An Author Consent Release Form must accompany your submission. The form can be obtained in the Members Only section of the website at www.ishrs.org.
- ✓ At the beginning of any article submitted for the Forum's consideration, authors must disclose any financial or other commercial interest they possess in an instrument, pharmaceutical, cosmeceutical, or similar device referenced in, or otherwise potentially impacted by, the article.
- ✓ Trademarked names should not be used to refer to devices or techniques, when possible.

Submission deadlines: October 10, November/December 2007; December 10, January/February 2007

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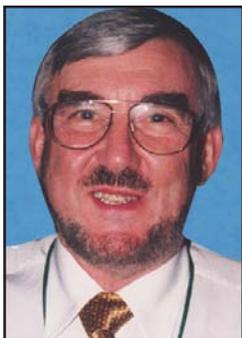
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Notes from the Editor Emeritus

Richard C. Shiell, MBBS *Melbourne, Australia (Forum Editor 1996–1998)*



Richard C. Shiell, MBBS

I am enjoying my first year of retirement after 40 years of full-time hair transplantation and never seem to get bored or be short of things to do. I have only been into my old office briefly on two occasions and try to keep “out of the hair” of Drs. Russell Knudsen and Paul Spano, who have taken over my practice and are doing a great job.

I enjoy reading each edition of the *Forum* and keeping up with discussions with various ISHRS members on the Internet. It never fails to amaze me how the techniques of hair transplantation continue to improve year by year. We have eliminated the relative “stagnation” that was evident in the first 15 years from 1960 to 1975. The change has come about due to more frequent meetings, a greater number of surgeons performing HT surgery, and the faster communication of ideas via our meetings and workshops, the *Forum* newsletter, and the Internet. We also have a much more scientific approach to our craft. Research and development is actively encouraged and rewarded by ISHRS Grants and Awards, and new books on our field appear quite regularly.

The past year has had its sad moments for me with the death of friends Dr. Noel Digby in May 2006, David Seager in December 2006, and now with news of the death of the New York Dermatologist and pioneer Dermatological Surgeon, Dr. Robert Berger.

I met Bob during my first visit to the USA in 1969. He had been one of Norman Orentreich’s early assistants for 8 years and was, when I met him, in private dermatology practice. He did a lot of hair transplantation, sometimes four in a day, yet he was most friendly and hospitable toward me, a total stranger from far off Australia. Bob did not mention that he played polo but perhaps he had not taken it up at that time, some 38 years ago.

He gave me a lot of tips back in 1969, such as how to minimize frontal swelling. He used 5mg prednisolone tablets and administered 35mg on day 1, decreasing to 5mg on day 7. It is interesting that we are still debating the subject three decades later.

Bob took me out to dinner and his wife seemed amazed that my wife would stay at home with the children while allowing me to travel alone around the world. I gained the impression from her that American doctors were not to be trusted away from home alone. Every doctor I had met up to that point had been divorced at least once, so I thought that perhaps she might have a good point.

Dr. Berger spoke to me of the “moral decay” that he said was evident in American life at that time, and said that it was a symptom of a stagnating culture. He recommended that I read the book titled *Decline of the West* by Oswald Spengler (published in Germany in 1919), but re-

grettably, I never got around to it. Perhaps I will do so now that I am finally retired from medical practice. I had better be quick, judging by the increasing rate of decline in personal and political morality now becoming more evident around us.

It is extremely gratifying to read that the ISHRS and ABHRS seem to have come to an amicable arrangement after 10 years of squabbling and occasional bitterness. Although many of the senior ISHRS officials have been members of the ABHRS from an early date, there were a few who disapproved of the concept of the ABHRS and arguments about its role have raged, both on and off the pages of the *Forum*, for a decade.

It has never been denied that the ABHRS was a good concept and that it runs an excellent Advanced Course and a fine Examination. It was the use of the term “Board” that engendered most controversy. Like a lot of other modern “specialties,” such as Casualty Surgery and Sports Medicine, the ABHRS does not have ABMS recognition, but I am sure that it is only a matter of time. Those of you with an historical bent might be interested to know of the fuss that raged a century ago when Eye Surgeons wanted to set up their own specialty. In the meanwhile, there is no viable alternative to the ABHRS (and its offshoot, the IBHRS), for those wishing some form of recognition of their advanced knowledge and skills in Hair Replacement. I applaud the many fine doctors who have worked tirelessly for a decade to get the ABHRS firmly established within our midst.

While I am on the subject of tireless workers, I should point out to newer readers of the *Forum* that the senior members of our ISHRS did not get to their positions of trust and responsibility by accident or by lobbying for votes. Every one of these individuals has been active on committees since the formation of our Society 14 years ago and has thoroughly earned their nomination to the ISHRS Board when a position became available. Those of you with ambitions to reach leadership positions within our Society in the future should volunteer now for service on the numerous committees. Your talents and enthusiasm will soon become evident to the Chair, and you may be asked to serve on other committees as well. It is a long apprenticeship but you will enjoy every minute of it as you will be working with some of the finest hair restoration surgeons of the world, and you will become lifelong friends with many of these individuals. If you intend to stay in this field of hair restoration, I commend this extra step to you.

Richard Shiell, MBBS