Surgeon of the Month: Vincenzo Gambino, MD

Vance W. Elliott, MD *Edmonton, Alberta, Canada*

Vincenzo Gambino, MD
Milano, Italy

Vincenzo (Enzo) Gambino was born in Licata, Italy, a small seaside town in Sicily where "everyone knew each other." He was the oldest of four children, which included two sisters and a brother. From an early age, Vincenzo knew his ambitions were too large for his town and he would be leaving Sicily.

Vincenzo attended the University of Pavia located outside of Milan where he studied medicine and completed an internship in ENT. After graduation in 1982, he fulfilled his military obligation and joined the Italian Navy in its medical corp. After completing his military service, Vincenzo returned to the hospital in Pavia, working as an "on call" doctor.

Not speaking English but restless and looking for more out of life, Vincenzo moved to New York City in 1984 to find his destiny. His "playboy" lifestyle ended abruptly when he met his wife, Irene, and started a family 14 months later.

1990 started the serious phase of Vincenzo's life. He responded to an advertisement in the New York Times looking for hair transplant doctors. He interviewed with the Elliott- Thomas Medical Group and his medical career changed forever. He was hired by Mike Elliott and was subsequently trained by both Mike and Bob True. "I will forever be grateful to Mike and Bob for their friendship and instruction in the skills and artistry of hair restoration surgery."

In 1994 with the blessings of both Mike and Bob, Vincenzo returned to Italy and started his hair transplant practice in Milan. At that time hair transplantation was a relatively new procedure in Italy, and his technique of micro- and minigraft surgery was a great advancement. He was the first surgeon in Italy to use bandageless procedures and pioneered female pubic hair restoration. Most recently he performed the first chest to scalp transplantation in Italy.

Vincenzo works in partnership with The Istituto Medico Quadronno and has a staff of one biologist (his sister) and five nurses. He performs exclusively follicular unit hair transplantation with microscopic dissection, and routinely incorporates trichophytic closures. Vincenzo offers Low Level Laser Therapy and is on the physician advisory board of Sunetics. He is also involved in stem cell research with the Niguarda Hospital in Milan.

Vincenzo is a past president of the Italian Society of Hair Restoration and hosted its annual meeting in Milan in 2007. He is on the European Board of the International Academy of Cosmetic Dermatology and in 1998 was nominated to form the organization's guidelines for hair restoration surgery. He was a founding member of S.I. Tri (Italian Society of Trichology), and has written the hair transplant chapter in the textbook: Medicina e Chirurgia Estetica del Viso e del Collo (Esthetic Medicine and Surgery of the Face and Neck) published by Elsevier Masson.

Vincenzo and Irene have two sons: Justin attends Emory University in Atlanta, and Michael is at the International School of Milan. Vincenzo's passion is "Julius Caesar" and he reads everything he can find on Caesar and Roman history. In his free time, Vincenzo jogs and enjoys soccer.

Looking back at his life, Vincenzo said: "I realize I've been very lucky—finding a profession I love in a field where I've made wonderful friendships. Meeting and marrying the right woman—raising great kids. And, like my favorite Frank Sinatra song says, I did it my way."✧

Review of the
Literature: Dermatology

Marc Avram, MD, and Nicole Rogers *New York, New York*

Incidence of Lichen Planopilaris (LPP)

Citations

1. Ochoa, B.E., King, L.E., Price, V.H. Research Letter: Lichen planopilaris: Annual incidence in four hair referral centers in the United States. *J Am Acad Dermatol* 2008;58:352-353.
2. Cevasco, N.C., et al. A case-series of 29 patients with lichen planopilaris: The Cleveland Clinic Foundation experience on evaluation, diagnosis, and treatment. *J Am Acad Dermatol* 2007; 57:47-53.

Researchers in four tertiary hair research centers in the United States conducted a retrospective survey of all new patients presenting with hair loss in order to assess the annual incidence of lichen planopilaris. They found that the annual incidence varied from 1.15% to 7.59%. Their findings are shown in Table 1. These differences may be explained by differences in the geographic distribution of these patients, differences in referral patterns, or differences in accessibility to tertiary hair centers. Physicians in the different centers may also have different thresholds for performing biopsies to identify the more subtle cases of LPP.

Table 1

Hair Research Center	All New Hair Loss Cases (annual)	New LPP Cases (annual)	LPP Annual Incidence (%)
University of California—San Francisco	580	44	7.59
University of Pennsylvania	160	3	1.88
Baylor Hair Research and Treatment Center	433	5	1.15
The Cleveland Clinic	55	3	4.72

Comment

Patients with hair loss due to LPP may frequently present for hair transplantation. It is the most common example of a lymphocytic scarring alopecia. Clinically, it presents with perifollicular erythema and scaling of the scalp. Patients may complain of pruritus, tenderness, or a burning sensation. Histologic evaluation of early-stage disease confirms the presence of inflammation involving the upper half of the outer root sheath and lower infundibular epithelium. Late stage lesions may simply have signs of scarring and fibrosis.

The key for hair transplant surgeons is to recognize the more subtle cases, and consider biopsy when patients are otherwise asymptomatic. Late stages may sometimes be transplanted, but patients transplanted in the early stage may suffer exacerbation of the disease process. It is vital not to transplant any patient with active inflammation. In our office, we like to wait at least 6 months off medical therapy to be sure they do not experience a flare. We often perform another scalp biopsy to be certain that there is no inflammation before a transplant is performed.✧

Hair Weaves May Be Linked to CCCA

Citation

1. McNamara, D. Use of hair weaves may be linked to alopecia. *Skin and Allergy News* January 2008; 30.

In a poster session presented at an international symposium sponsored by L'Oreal Institute for Ethnic Hair and Skin Research, dermatologists Raechele Gathers, MD, and Henry Lim, MD, of Henry Ford Medical Center, revealed the results of a 7-page, 20-question hair grooming assessment survey. They compared the responses from 51 women with biopsy-proven central centrifugal cicatricial alopecia (CCCA), with 50 controls, in order to identify habits that were most associated with such hair loss. They found that the use of extensions or artificial hair appeared to be associated with CCCA, as did a history of damage from cornrows or braids. They did not find a significant correlation with the use of hot combs, relaxers, curly perms, or history of burns or raw spots from chemical treatments. There also was no familial relation with mothers or grandmothers, but there was with sisters, suggesting that a common environmental insult, such as similar grooming practices, may play a role.

Comment

CCCA is a chronic, progressive scarring form of alopecia that primarily affects African-American women. It was previously known as "hot comb alopecia" because of anecdotal

evidence suggesting that the trauma to the hair follicle was from hot irons or other styling techniques used by this population. It is still unclear why this condition occurs mostly in the crown or vertex of the scalp. For now, we can warn our young patients who implement braids, cornrows, and weaves so that they may minimize damage to hair follicles.✧

Pubic Hair Transplantation

Citation

1. Toscani, M., et al. Hair transplantation to restore pubic area. *J Derm Surgery;* 2008;34:280-282.

Hair transplant surgeons in Italy reported on a 1-year follow-up of a 41-year-old woman who underwent transplantation for thinning pubic hair. She had experienced some psychological problems and her sexual life was affected as a result of this hair loss. Surgeons removed a 1.5cm × 5cm area from the occipital scalp and divided it into individual follicular units. A total of 310 follicular units were placed in the superior aspect of the pubic area. The follow-up image from 1 year later showed that the transplanted hair curled up somewhat and was still slightly different in caliber and color from the original pubic hair.

Comment

In this case, the size and shape of the donor ellipse is unusual. In our clinic, the ellipse would have been about half the width and twice as long in order to minimize the tension on the scalp. Also, a yield of 310 follicular units appears to be very low for the donor strip excised.

Patients must be aware of differences in texture when scalp hair is transplanted into areas where the "native" hair is different from scalp hair. When done for reconstructive purposes, the results can be more acceptable. However, when performed for cosmetic enhancement, patients must understand the reality of these differences and the low probability of achieving a complete match.✧

Review of the

Literature: Facial Plastic Surgery

Sheldon S. Kabaker, MD *Oakland, California*

Aesthetic Considerations in Scalp Reconstruction

Citation

1. Blackwell, K.E., Rawnsley, J.D. Aesthetic considerations in scalp reconstruction. *Facial Plastic Surgery* 2008; 24: 11-21.

This article reviews common methods of reconstructive surgery in patients with wounds that involve the scalp, including primary wound repair, healing by secondary intention, and the use of skin grafts, local tissue flaps, regional myocutaneous flaps, and microvascular free flaps. Special attention is paid toward consideration of aspects of the reconstruction that affect the aesthetic outcome, including preservation of the hairline and hair follicle orientation, scar camouflage, avoidance of alopecia, and secondary restoration of alopecia. Regarding primary wound closure, an emphasis is made on galeal releasing incisions 1cm apart and perpendicular to the direction of scalp advancement. This may be a bit familiar to those of us who have done scalp reductions. When there is a wound defect, undermining in the subgaleal plane is recommended, and if there is tension, it should be on the galea and not on the skin. In areas of avulsion or loss from tumor, it is noted that defects heal faster and more reliably by secondary intention when the pericranium is intact. When pericranium is gone, the authors advocate drilling off the cortex of the calvarium to promote granulation tissue formation and thereby have healing by secondary intention. For larger scalp defects, the whole gamut of repairs is discussed including split-thickness or full-thickness skin grafts, local flaps, regional flaps, and microvascular free flaps. If hair-bearing flaps can be used, the authors emphasize trying to achieve proper hair direction.

There is emphasis on secondary restoration of alopecia after scalp reconstruction. The authors' favorite method for hair restoration after scalp reconstruction has been achieved is follicular unit grafts. They have had particularly good success with follicular unit grafting into non-hair-bearing microvascular free flaps as the thickness supports follicular unit grafting much better than a split-thickness graft or a full-thickness skin graft. For the secondary aesthetic reconstructive cases, they report outstanding aesthetic results in one to three sessions over the course of 6 to 18 months with minimal recovery and discomfort.

Comment

This paper shows some excellent examples of aesthetic reconstruction of some very difficult cases—one being an extensive basal cell carcinoma that involved removing almost the entire scalp with reconstruction with a large myocutaneous latissimus dorsi flap. Another case showed extensive alopecia of the left parietal scalp that existed after an anterolateral thigh free flap scalp reconstruction for an electrical burn injury. 4,000 follicular unit grafts (done in three sessions) were placed into the healed free flap with an undetectable looking aesthetic result.

This paper also included a brief discussion of scalp expansion, which in many instances is a viable reconstructive option in the opinion of this reviewer.✧

➪ page 110

Review of the
Literature: Plastic Surgery

Alfonso Barrera, MD *Houston, Texas*

Hair Transplantation in Cleft Lip Patients

Citation

1. Miyamoto, S., et al. Camouflaging a cleft lip scar with single-hair transplantation using a Choi hair transplanter. *Plast Reconstr Surg* 2007; 120:517–520.

The authors present three male cases in which the scars from cleft lip repairs were camouflaged. This was done under local anesthesia. They harvested a small ellipse from the temporo-occipital scalp, dissected it into slivers and subsequently into single-hair grafts. All of the epidermis was removed (they describe) as an attempt to minimize scar formation and enhance vascularization. Next, the grafts were loaded into a type S Choi hair implanter with a 22 gauge aperture and inserted into the recipient cleft lip scar. The grafts were then fixed with Dermabond®.

The authors feel that the end result is superior using the single-hair Choi implanter over other conventional techniques. They claim less scarring, better direction of hair growth, and greater survival of the grafts.

Comment

The main goal, in my opinion, in these cases is to use small grafts (1- to 2-hair grafts), handle them gently, and insert them at the right direction and inclination. I personally have treated similar cleft lip patients. For the implantation, my preference is to use either a 15 degree Sharpoint blade or an 18 gauge needle. I incline the blade according to the desired direction of hair growth. I use single- and double-hair grafts. I have had no problems with scarring, graft survival, or hair growth directional anomalies.✧

Hair Grafts in Lower Leg Reconstruction

Citation

1. Barrera, A., Phillips, L., and Barrera, F. Hair grafts in lower leg reconstruction. *Plast Reconstr Surg* 2007; 120:22e–25e.

A 28-year-old man with history of a Tib/Fib fracture had ORIF and a rectus muscle flap reconstruction plus a split thickness skin graft. He had a great result as far as contour but desired hair over the skin graft to match with the rest of his leg. For this reason, I did a hair transplant procedure, grafting 300 (1- to 2-hair) follicular units. The patient was very satisfied after a single session. Simply adding a little bit of hair achieved better camouflage of the muscle flap and skin graft.

Comment

Simple current techniques of follicular unit grafting often can be applied to enhance esthetics to challenging reconstructive cases not only of the scalp but also the trunk and extremities.✧

Cyberspace Chat

Sharon A. Keene, MD *Tucson, Arizona*

Approach to the Patient on Both Aspirin and Plavix®

The following Q & A session regarding the use of anti-platelet therapy was discussed regarding the approach to the patient on Plavix and ASA:

Q: (Marc Avram, MD)

"Has anyone done a HT on a patient on both aspirin and Plavix® (clopidogrel)? How did it go?"

A: (Bob Leonard, MD)

"I have only once knowingly done a patient who was using aspirin alone and it was a terrible mess for my staff, myself, and especially for the patient during and after surgery. I personally would NOT do it. God forbid you really had a problem with hemostasis—you wouldn't have a leg to stand on if things went bad...why would you consider to do it?"

A: (Carlos Puig, DO)

"I have done many patients on ASA. No problem with my anesthesia and tumescent routine. The same is true for patients on Coumadin, as long as their PTs and INAs are in the therapeutic range.

Plavix is another story. I have two patients I have done who were on Plavix, both were problems in that the surgeries went ok with the super-juice, but in both cases I had to come back that night to chase bleeders in oozing donor incisions. I won't do them any more. I get their internist to move them to an alternate therapy for about 10 days or two weeks before the surgery."

Response (Marc Avram, MD):

"I am not considering it. The patient is an excellent candidate on physical exam. I told him it was not safe. He asked me to research it to be 100 percent sure. I would have no problem doing an excision with these meds if needed but a HT is another matter. Thanks for sharing your experience. It will be valuable for him to hear this."

Comments by Dr. Keene

This discussion underscores the need for a comprehensive medical history to ensure patients have shared all of their medical problems and medications. Inadvertently operating on an anticoagulated patient can be disastrous. I require patients to sign a medical history form confirming they are responsible for the accuracy of the information; most are helpful and want us to have all the information necessary to ensure their safety. I had one patient who took Plavix, and I told him he would need to be off medication with the consent of his cardiologist prior to surgery and, furthermore, that his cardiologist would need to clear him for local anesthetic. The cardiologist did clear him, and he was off medication for a week (which is how long it takes for the platelets to regain function). His surgery went well. It is important to remember that a single aspirin can deactivate all of the platelets in the body. Platelets live for 7–10 days, and are then replaced, so patients who have taken Plavix or aspirin will not have normal clotting ability until 7 days off medication. By the way, vitamin K only works on hepatic clotting factors—not on platelet function. Unless the patient is on coumadin, or has liver disease, vitamin K is unlikely to be necessary or helpful!✧

Call for Nominations

ATTENTION DOCTORS AND ASSISTANTS: 2008 Distinguished Assistant Award

Presented to a surgical assistant for exemplary service and outstanding accomplishments in the field of hair restoration surgery.

Examples of exemplary service may include, but are not limited to, extending superior patient care, developing new protocols (related to clinical care or office management), active participation in ISHRS events and projects, assisting in research or contributing to the advancement of the science of hair restoration surgery, implementing new tools or techniques, maintaining the highest standards, and dedication to the field of hair restoration surgery.

Members in good standing (assistants or doctors) may mail, fax, or e-mail nominations with an explanation of why the person is deserving of the award by June 15, 2008. Eligible candidates must be members of the ISHRS Surgical Assistants Auxiliary, however, non-members whose service has been significant may be considered.

Nominees will be reviewed and voted upon by the Surgical Assistants Awards Committee. The winner will be announced during the Gala Dinner/Dance & Awards Ceremony on Saturday/September 6, 2008, at the 16th Annual Scientific Meeting in Montréal. Send submissions* to:

ISHRS Surgical Assistants Awards Committee

Fax: 630-262-1520

E-mail: info@ishrs.org

Deadline for nominations:

June 15, 2008

Distinguished Assistant Awardees

Betsy Shea, LPN	2007
MaryAnn Parsley, RN	2005
Helen Marzola, RGN	2004
Carol Rosanelli, RN, JD	2004
Marilynne Gillespie, RN	2003
Cheryl J. Pomerantz, RN	2003

Remember to include your name, the person you are nominating, AND the reason they are deserving of the award.

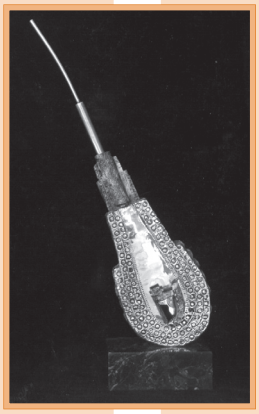
Call for Nominations

2008 Golden & Platinum Follicle Awards

Golden Follicle Award Criteria

"Outstanding and significant clinical contributions related to hair restoration surgery."

1. The recipient must have been the principal person involved in clinical research or in developing innovations or made a significant contribution furthering the advancement of hair restoration.
2. The work of the recipient must have resulted in demonstrated improved patient outcomes.
3. The recipient may not have been awarded the Golden or Platinum Follicle Awards within the previous 5 years. (Exceptions may be made in the event of extraordinary circumstances regarding new work conducted by the nominee.)
4. The recipient will preferably be a member of the ISHRS, however, non-members whose work has been significant may be considered.



Platinum Follicle Award Criteria

"Outstanding achievement in basic scientific or clinically-related research in hair pathophysiology or anatomy as it relates to hair restoration."

1. The recipient must have been the principal investigator involved in basic scientific or clinically-related research related to hair restoration.
2. The results of the research must represent significant advancement the science of hair restoration.
3. The recipient may not have been awarded the Golden or Platinum Follicle Awards within the previous 5 years. (Exceptions may be made in the event of extraordinary circumstances regarding new work conducted by the nominee.)
4. The recipient will preferably be a member of the ISHRS, however, non-members whose work has been significant may be considered.

This is your chance to nominate a deserving peer for one of these prestigious awards. Members in good standing may fax or e-mail nominations with an explanation of why the person is deserving of the award by **June 15, 2008,** to:

ISHRS Scientific Research, Grants, & Awards Committee

Fax: 630-262-1520

E-mail: info@ishrs.org

Specific information and accomplishments should be included on the nomination. All nominees will be reviewed and voted upon by the Scientific Research, Grants, & Awards Committee. The Golden Follicle and Platinum Follicle Awards will be presented during the Gala Dinner at the ISHRS 16th Annual Scientific Meeting, September 3–7, 2008, in Montréal.

Deadline for nominations:

June 15, 2008

Please make sure to include your name, the person you are nominating AND the reason they are deserving of the award.

Golden Follicle Awardees

E. Antonio Mangubat, MD	2007
Mario Marzola, MBBS	2006
Ronald L. Shapiro, MD	2005
William R. Rassman, MD	2004
William M. Parsley, MD	2003
Matt L. Leavitt, DO	2002
David J. Seager, MD	2001
Russell Knudsen, MBBS	2000
Dow B. Stough, MD	1999
O 'Tar T. Norwood, MD	1998
Richard C. Shiell, MBBS	1997
James Arnold, MD	1996
Walter P. Unger, MD	1995
Patrick Frechet, MD	1994

Platinum Follicle Awardees

David Perez-Meza, MD	2007
Sungjoo "Tommy" Hwang, MD, PhD	2006
Walter Krugluger, MD, PhD	2005
Melvin L. Mayer, MD	2004
Jennifer H. Martinick, MBBS	2003
Gerard Seery, MD	2002
Robert M. Bernstein, MD	2001
Carlos O. Uebel, MD	2000
Michael L. Beehner, MD	1999
Marcelo Gandelman, MD	1998
Rolf Nordstrom, MD	1997
Bobby L. Limmer, MD	1996
Masumi Inaba, MD	1995
Jung Chul Kim, MD	1994

Arthur Tykocinski, MD
Sao Paulo, Brazil

Message from the Program Chair of the 2008 Annual Scientific Meeting

Dear Colleagues,

Please, I advise you to stay until the end of the meeting on Sunday at Noon, because this year the program will be a little different: more spare time and a lot of discussion panels. Therefore, we will have fewer lectures/abstract presentations, and Sunday will be a special day with many great lectures covering such topics as "Medical Treatments," "Surgical Techniques," and "Hard Cases" along with discussions. So, plan your trip to leave after Sunday afternoon. Don't miss anything!

If you have suggestions, please send them to arthur@cabelo.med.br.

I look forward to seeing you in Montréal!

Best regards,

Arthur Tykocinski, MD, Chair

Kathryn Lawson
Calgary, AB, Canada

Message from the 2008 Surgical Assistants Program Chair

Bonjour!

September is getting closer by the minute, and I hope you are all as excited as I am about our upcoming meeting. Once again we are looking forward to our amazing workshop with cadaver heads and are continuing to add to the workbook that was started last year.

This year's program is going to cover everything from the front end of the business to the back. There will be something for everyone—from office managers to administration, new surgical assistants to experienced ones.

We can always use more ideas and speakers, so please contact me if you would like to present something at this year's meeting.

As many of you know, it takes a lot of wonderful volunteers to help make things run as smoothly as they do. If you would be interested in helping out with this year's setup, workshops, and more, please let either me or Tina Lardner know.

We can be reached at Kathryn@gillespieclinic.com or tlardner@aol.com.

Au revoir for now,

Kathryn

Email: Kathryn@gillespieclinic.com
800-461-2220 or 403-259-6798; Fax: 403-255-6547

September 3-7, 2008
ISHRS 16th Annual Scientific Meeting
Montréal, Quebec, Canada
Fairmont The Queen Elizabeth Hotel
INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

Surgical Assistants Co-editors' Messages

Betsy S. Shea, LPN *Saratoga Springs, New York*

Greetings Assistants!

Spring has finally arrived in the northeast. The flowers are just starting to peak through and the sun is beginning to shine a little more. Thank goodness!! Now along with the flowers blooming, we need to awaken our minds and start thinking about not only this wonderful *Forum*, but also the next ISHRS meeting in Montréal.

I ask each and every one of you to get involved and have a voice. If you are not comfortable presenting in front of people, then by all means just simply let us know what you would like to hear about. And then, of course, there is always the option of writing an article for our Surgical Assistants Corner in the *Forum*. That's right; I said "our" Assistants corner. It belongs to every assistant and it is our duty to keep it going. So come on and be a part of something that makes us all very proud! We need to hear from you.

Happy spring!

Betsy

Laurie Gorham, RN *Boston, Massachusetts*

Greetings Assistants!

Spring has sprung...the grass has rizz...I wonder where the flowers is? I can't believe that summer is right around the corner because that means that our meeting in Montréal won't be far behind!

This year our meeting will be fun, informative, and as always a well-oiled machine of organization and teamwork. We also will have two Assistants Cutting/Placing Workshops.

We will re-connect with each other and continue to share knowledge and ideas. Keep your input and ideas flowing to Kathryn Lawson and make our 16th meeting the sweetest.

As always, Betsy and I welcome articles from you. Please submit your best practices and pearls so we can learn from each other.

We look forward to hearing from you!

Warmest regards,

Laurie

Use of biopsy punches for African American hair

Mike Frame, Vories Medical Group *Charleston, South Carolina*

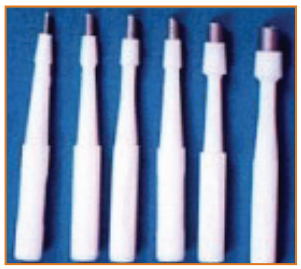
The local demographics for our clinic include a large population of African American patients. As most surgical assistants know, these procedures tend to be the most challenging when it comes to actual graft cutting and placement. It takes much more time and energy to correctly cut and place African American hair then any other ethnic group. The hair characteristics for this group tend to be wavy and have a very tight curl that turns in on itself forming a tight curve on the inside of the follicle.

African American hair follicle

We start by using the slivering method, which is completed with the use of Mantis stereomicroscopes; however, our slivers tend to be larger by 1-2mm in width to avoid transection. Single-hair grafts are then trimmed from the slivered donor tissue. The graft's outside curve can and should be trimmed very closely, just like you do with straight hair, though the curve may cause you extra cuts, which can take time. Make sure you keep the entire hair shaft along with the exit hair and allow it to be long enough so to know the correct direction of the curl because this will be helpful in placing.

Our clinic always has an ample supply of dermal biopsy punches on hand for use in reparative surgeries, such as plug removal. They range in size from 1mm to 8 mm and can be quite useful tools in working with African American hair. We have found using the smaller punches, 1.0mm to 1.5mm, allows you to remove all the epithelium and fatty tissue on the inside of these tight curls, which makes for easier placement. As with straight hair, you must keep sufficient tissue at the bottom and avoid transection.

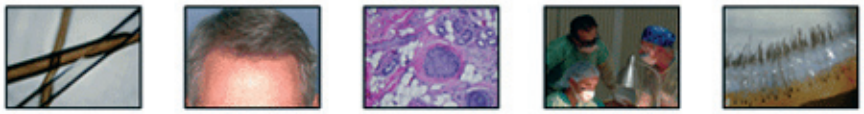
Another pearl, which is talked about in Dr. Unger's book, is bending the Personna or Feather Cut blades by squeezing the two ends together; however, you must also squeeze the rounded end to the correct size of the follicle. Either way these allow you to get a cleaner, easier cut in the area that is most often the hardest to cut in all of hair restoration.



Biopsy punches

The one caveat to African American hair is that because it is extremely curly the amount of grafts needed for an average case is less, but coverage is much greater. A special thank-you goes to Ron Kirk of Hair Restoration Development Group who was instrumental in the training/education of our current staff in the area of hair restoration. In summary, taking your time, exact cutting, and the use of biopsy punches on African American hair grafts will result in easier and less traumatic placing, and better results for the patient.✧

2007-2008 Advanced Webinars



Don't miss this advanced learning opportunity!

The ISHRS Advanced Webinars are devoted to topics identified by physician members and/or the ISHRS Core Curriculum in Hair Restoration Surgery as necessary to professional enhancement or patient care, and are taught at an **advanced level.** Each Webinar is led by a recognized leader in the field of hair transplantation and when appropriate has adjunct faculty that are renowned for their work in a particular area. Each Webinar offers up to 3 hours of *AMA PRA Category 1 Credit™*. Go to the Advanced Webinars website for further information, technical requirements for participation, and to register.

James A. Harris, MD
Chair, Advanced Webinars

Registration Fees:
Member Rate = $150.00 USD per Webinar
Member Pending Rate = $165.00 USD per Webinar
Non-Member Rate = $180.00 USD per Webinar

Register online at: http://www.registration123.com/ishrs/07WEBINARS/

Upcoming Webinars

Advanced Hair Transplant Principles and Planning

Saturday, November 8, 2008, 10:00AM–1:00PM
(Central Time/Chicago)
Director: William M. Parsley, MD
Faculty: Paul T. Rose, MD, JD, Bradley R. Wolf, MD

This course is intended to provide the experienced transplant physician direction for counseling and planning when they are dealing with a patient who has extraordinary needs or demands, such as young patients, those wanting low hairlines, patients at risk for severe shock loss, those with body dysmorphic disorder, or patients with class VI–VII patterns. It will also provide practical surgical details to physicians wanting to practice at an advanced level utilizing a variety of recipient site orientations (perpendicular and parallel), transplanting at high densities, and advanced harvesting and closure techniques.

Learning Objectives:
- Understand how to counsel and assess patients with a variety of needs and desires that may be beyond the "standard" patient.
- Describe the factors critical for "high density" transplants.
- Define "parallel" and "perpendicular" recipient sites.
- Describe the theoretical advantages and disadvantages of "parallel" vs. "perpendicular" sites.
- Explain the variety of ways that donor tissue may be harvested and list possible uses of each.
- Describe the methods for closing a strip harvest incision.

Quality Assurance and "Six Sigma" Strategies in Hair Transplantation

Saturday, January 24, 2009, 10:00AM–1:00PM
(Central Time/Chicago)
Director: Carlos J. Puig, DO

Quality assurance is a planned and systematic set of activities to ensure that the critical steps in a procedure are clearly identified and assessed and measures are taken to ensure that these steps meet the benchmarks to provide the patient with the optimal outcome. Preventable errors can lead to complications and poor patient outcomes. A strategy known as "Six Sigma," which reduces defects in a process to fewer than 3.4 per million, may be applicable to hair transplantation. This course will describe the underlying causes of error and provide suggestions for important changes that may include adopting new educational programs, devising strategies to increase staff awareness, and encouraging physician commitment to quality improvement.

Learning Objectives:
- Describe the difference between Quality Assurance (QA) and Six Sigma quality improvement programs.
- Define and list a "critical to quality" step in hair transplantation.
- Outline the steps in implementing a Six Sigma quality program.
- Define and contrast an internal and external customer.
- Define and contrast a stable and unstable process.
- Describe the role of variation in managing quality.
- Define profound knowledge.

"I thought the Webinar was excellent. The talks were informative and stayed on time."
—Edwin S. Epstein, MD

"I thought it was an absolutely fantastic Webinar. Thanks for all your obvious work in preparing it. There are few educational experiences that I have enjoyed more"
—William M. Parsley, MD

"I just completed my first Webinar under the auspices of the ISHRS. It was superb. The Webinar took 3 hours, reduced expenses greatly for participants, made it easier to get highly qualified experts to donate time, allowed for much greater in-depth discussion than can be afforded at a meeting or workshop, and it was very cost and time effective. The audience knowledge level was very high and stimulating. This type of in-depth discussion is sorely needed in our education and should be on the agenda of several committees—specifically education—for future programs."
—Edward Lack, MD

Shedding New "Light" on the Hair Loss Industry

SUNETICS INTERNATIONAL

"Whether as a stand-alone treatment or as part of a multi-therapy approach, Sunetics Lasers are a perfect tool that allow physicians to provide non-invasive treatments in their practice."

Dr. Charles Maricle, PhD
President of Sunetics International

The Doctors' Choice for Low Level Laser Therapy

The Sunetics Model "G" Clinical Laser system, the most advanced Low Level Laser Therapy device currently available in the U.S. and International market.

- Cool to the touch & painless
- Full scalp coverage
- No side effects
- Non-invasive

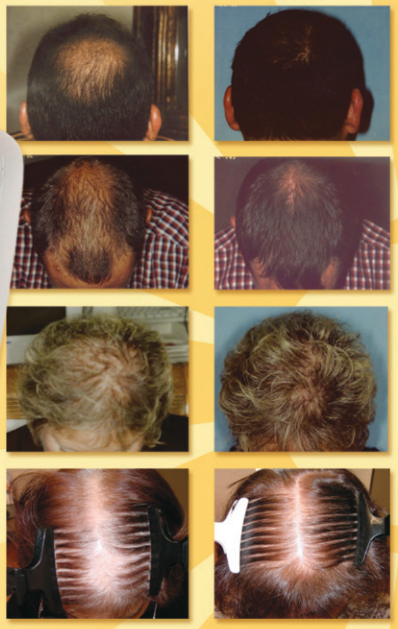
Sunetics Low Level Laser Hair Brush is the most advanced hand-held device available for achieving thicker, fuller, shinier and healthier looking hair.

"Laser Hair Brush…..
.....Enhancing Results"

U.S. Patent #7,258,695

Patient Results

Before / After



Untouched Photos of Actual Patients
Non–Transplant Patients
Individual Results May Vary

Medical Advisory Board


Dr. Alan Bauman


Dr. Yves Crassas


Dr. Edwin Epstein


Dr. S. Friedman


Dr. V. Gambino


Dr. Bob Leonard


Dr. Robert Reese


Dr. Martin Unger


Dr. William Yates


Dr. Craig Ziering

Sunetics International Medical Advisory Board is comprised of leading Board Certified cosmetic surgeons and physicians specializing in Hair Restoration therapies; highly respected medical professionals who have presented papers and studies at scientific conferences and have contributed research to peer-reviewed medical journals and books.

Sunetics International wants to ensure that other professionals have access to the best and most advanced technologies in order to provide the highest quality of care possible to their patients.

Featured on NBC's TODAY SHOW March 2007

SUNETICS INTERNATIONAL INC.
4760 Pecos Road • Suite 103 • Las Vegas, NV 89121
877-777-8818 • info@sunetics.com
www.sunetics.com

Classified Ads

Hair Transplant Clinic Practice

Looking to incorporate a physician with core basics in surgical Hair Restoration to eventually assume established hair restoration practice. www.midwestrealhair.com

Inquires Confidential 608-241-8848

Independent Hair Technician Available

Denise Kernan is a 14 year experienced hair transplant tech who's available per diem or training. If you're starting, adding or just short handed, please contact Denise Kernan at 612-751-4657 or dk@dkhairtransplants.com

Seeking Hair Transplant Physician

For Dubai at an established American clinic. Experience a must. Minimum 2 year commitment. Dermatologist, plastic surgeon or ABHRS certified.

Email CV to: medicalpartners@aol.com

Are you a member of the Annual Giving Fund (AGF) Leadership Circle?

We need your help and support to accomplish the many projects and initiatives of the ISHRS.

Projects and Initiatives to Be Funded

- Increase international public awareness of ISHRS activities through website improvements and other media channels
- Expand educational and training programs
- Expand the *Forum* with the addition of more color photos
- Increase support to OPERATION RESTORE
- Provide additional amenities for members at meetings (e.g., Internet café)
- Attract more internationally known guest speakers
- Build supply of technical equipment (e.g., microscopes, mannequin heads, etc.) that can be used repeatedly at meetings
- Coordinate guided, better financed research programs

Giving Categories

Trustees Circle: *$2,000/year (5-year commitment)*

- ✔ Access to VIP Room at the Annual Meeting—stocked with snacks, e-mail access, a place to relax, network
- ✔ 2 tickets to President's Giving Fund reception each year for the person who gives this amount
- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Leadership Circle: *$1,000/year (5-year commitment)*

- ✔ 2 tickets to President's Giving Fund reception each year for the person who gives this amount
- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Supporter's Circle: *$500/year (5-year commitment)*

- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Contributor's Circle: *$250/year (5-year commitment)*

- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Please consider donating to the ISHRS Annual Giving Fund.

To make your donation to the ISHRS Annual Giving Fund, go to our secure website:
http://www.registration123.com/ishrs/AGF
Questions about the AGF? E-mail: agf@ishrs.org

REGISTRATION IS OPEN!

September 3-7, 2008
ISHRS 16th Annual Scientific Meeting
Montréal, Quebec, Canada
Fairmont The Queen Elizabeth Hotel


© Tourisme Montréal, Stéphan Poulin

Tête à Tête Montréal:

Vital Discourse in the Innovations & Possibilities of Hair Restoration Surgery

For this year's Annual Scientific Meeting we have some new features.

One of the most exciting is the "Controversies Panel" that was specially designed to create an appropriate forum for debate on the following subjects:

- Controversy I: Exclusively FU x FU and MFU
- Controversy II: Maximum Density (50-70 FU/cm²) x Cosmetic Density (35-45 FU/cm²), in different areas
- Controversy III: Big FUE session x Regular Strip
- Controversy IV: Trichophytic Closure: Always x Sometimes

PROGRAM FEATURES:

- Interactive Movie Theater: Surgery in High Definition
- General Sessions on the Latest Topics
- Basics Course with Hands-on
- Board Review Course
- Morning Workshops
- Surgical Assistants Program
- Surgical Assistants Cutting/Placing Workshops - Hands-on
- Live Patient Viewing
- Scientific Poster Display
- Technical Exhibits
- Peer Networking
- Social Program with Optional Tours and Excursions
- Panel Discussions and Open Debate

FEATURED GUEST SPEAKERS:

- ***Body Dysmorphic Disorder: How to Identify and Deal with Such Patient***
  J. Kevin Thompson, PhD
  Professor of Psychology,
  University of South Florida, Tampa, Florida

- ***Preventing Unnecessary Female Hair Loss***
  Zoe Diana Draelos, MD
  Dermatology Consulting Services,
  High Point, North Carolina

- ***Histopathology of Scarring Alopecia***
  David A. Whiting, MD
  Clinical Professor of Dermatology and Pediatrics, University of Texas Southwest University, Dallas Texas;
  Medical Director, The Hair and Skin Research and Treatment Center, Baylor University Medical Center, Dallas, Texas

The complete program with registration materials is available on the ISHRS website at www.ishrs.org/16thAnnualMeeting.html or by contacting the ISHRS headquarters office at:

International Society of Hair Restoration Surgery
13 S. 2nd Street, Geneva, IL 60134, USA
Ph: 800-444-2737 or 630-262-5399
Fax: 630-262-1520
E-mail: info@ishrs.org
Website: www.ISHRS.org

WHO WILL BENEFIT FROM ATTENDING?

- Experienced hair restoration surgeons.
- Physicians with an interest in hair restoration surgery who are new to the field.
- Surgical assistants and medical personnel involved in hair restoration surgery procedures.
- Office managers, clinic directors, and consultants who staff hair restoration surgery offices.

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
January 2008–June 2008	International European Diploma for Hair Restoration Surgery *www.univ-lyon.fr*	Coordiantors: Y. Crassas, MD, P. Cahuzac, MD University Claude Bernard of Lyon, Paris, Dijon (France) Torino (Italy), Barcelona (Spain) *Dept. of Plastic Surgery*	*yves.crassas@wanadoo.fr*
Academic Year 2007–2008	Diploma of Scalp Pathology & Surgery U.F.R de Stomatologie et de Chirurgie Maxillo-faciale; *Paris, France*	Coordinators: P. Bouhanna, MD, and M. Divaris, MD Director: Pr. J. Ch. Bertrand	Tel: 33 + (0)1 + 42 16 12 83 Fax: 33 + (0) 1 45 86 20 44 *marie-elise.neker@upmc.fr*
September 3–7, 2008	16th Annual Scientific Meeting *Fairmont The Queen Elizabeth* *Montréal, Quebec, Canada*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; 800-444-2737 Fax: 630-262-1520 *info@ishrs.org*
October 16–18, 2008	III Congress of Brazilian Association of Hair Restoration Surgery *Pestana Rio Atlantica Hotel, Copacabana Beach* *Rio de Janeiro, Brazil*	Brazilian Association of Hair Restoration Surgery (ASSOCIAÇAO BRASILEIRA DE CIRURGIA DA RESTAURAÇAO CAPILAR - A.B.C.R.C.)	President: Marcelo Gandelman, MD Chairman: Henrique N. Radwanski, MD *Dr.Henrique@pilos.com.br*
November 8, 2008 10:00AM–1:00PM Central Time	Advanced Webinar: Advanced Hair Transplant Principles and Planning *(online seminar)*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; Fax: 630-262-1520 *www.registration123.com/ishrs/07WEBINARS/*
January 24, 2009 10:00AM–1:00PM Central Time	Advanced Webinar: Quality Assurance and "Six Sigma" Strategies in Hair Transplantation *(online seminar)*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; Fax: 630-262-1520 *www.registration123.com/ishrs/07WEBINARS/*

HAIR TRANSPLANT FORUM INTERNATIONAL
International Society of Hair Restoration Surgery
13 South 2nd Street
Geneva, IL 60134 USA

Forwarding and Return Postage Guaranteed

FIRST CLASS
US POSTAGE
PAID
CHICAGO, IL
PERMIT NO. 6784