



Review of the

Literature: Facial Plastic Surgery

Sheldon S. Kabaker, MD *Oakland, California*

Methicillin-resistant *Staphylococcus aureus*

Citation

Zoumalan, R.A., and D.B. Rosenberg. Methicillin-resistant *Staphylococcus aureus*—positive surgical site infections in face-lift surgery. *Arch Facial Plast Surg* 2008;10(2):116–123. (Number of References cited: 47)

There has been an alarming increase in methicillin-resistant *Staphylococcus aureus* (MRSA) infections. Richard A. Zoumalan, MD, and David B. Rosenberg, MD, retrospectively reviewed the cases of 780 patients who had undergone deep-plane rhytidectomy. They identified 5 patients (0.64%) as having post-operative site infections, and 4 patients (0.51%) as having culture findings that were positive for MRSA; 2 (0.26%) required incision and drainage, hospitalization, and intravenous antibiotics. The authors give a detailed discussion of management for each of the 5 cases and discuss screening, prevention, post-operative surveillance, and treatment of the infections. They conclude that MRSA-positive infections may become more prevalent and will require enhanced screening, prevention, and treatment strategies.

In this institutional review board–approved retrospective study, the charts of 780 consecutive patients who underwent rhytidectomy from January 2001 to January 2007 by the senior surgeon (D.B.R.) were reviewed for post-operative wound infections. All patients underwent a deep-plane rhytidectomy along with possible other procedures including blepharoplasty, browpey, rhinoplasty, autologous fat transfer, laser resurfacing, and chemical peel. Revision rhytidectomy cases were also included in the study. All surgical procedures were performed in various operating rooms at the same Manhattan-based outpatient surgicenter, New York, New York.

The technique for prevention of infection was as follows: The morning of surgery, all patients showered and washed their hair with chlorhexidine solution. After the induction of anesthesia and before incision, the patients' faces were scrubbed with chlorhexidine and povidone-iodine. Attention was placed along the areas of the face-lift incision, including the hair-bearing scalp 5cm posterior to the hairline. Sterile towels were then secured around the patient's head to sterilely secure the surgical site. Before incision, 1g of intravenous cefazolin sodium (Ancef) was administered (clindamycin if the patient was allergic to penicillin). After surgery, all patients were given a 7-day prescription for oral cefadroxil (Duricef). The patients were then seen on post-operative days 1, 5, 8 (suture removal), 21, and 40. During each visit, they were examined for any signs of infection, such as erythema and fluid collection.

Since this study, the senior author has stopped administering post-operative antibiotics conforming to the guidelines of the Surgical Care Improvement Project (for Medicare and Medicaid Services). These guidelines state that the infusion of the first antimicrobial dose should begin within 60 minutes

before surgical incision and be discontinued within 24 hours of the end of surgery. Additional doses have been shown to have no benefit and are associated with the emergence of resistant bacterial strains.

Comment

There has been an ongoing debate about the use of prophylactic antibiotics in cosmetic surgery in general and hair restoration surgery in particular. Many of us use none with an extremely low rate of infection. With new concerns about MRSA, we have to weigh the potential benefits and hazards of peri-operative antibiotics from another point of view. Prolonged use of unnecessary antibiotics may increase the possibility of MRSA emerging in the community and in our particular healthy outpatient hair restoration patients. The face-lift cases in this paper came from a similar surgical population as do hair transplants. Although information changes every week as more strains develop, I think that our greatest concern about skin and scalp infections would be to prevent hemolytic streptococcal infections. There have been no resistant strains of strep reported and the usual prophylactic antibiotics are probably effective. The prophylactic antibiotic regimen used in this study was effective in this regard (the infections were only about 0.6% and predominantly MRSA).

This paper showed that all of the MRSA (and the one non-MRSA) infections were sensitive to trimethoprim/sulfamethoxazole. Should this drug (such as one pre-operative dose of Septra DS) be given as a pre-operative prophylactic antibiotic alone and/or with our usual antibiotic? Does this paper and others like it reinforce the argument against prophylactic antibiotics? The very low overall rate of infection from non-MRSA sources might support use of the prophylactic regimen used on these cases. It might be a good idea, if there are MRSA problems in the community, to add doxycycline or Septra DS for peri-operative prophylaxis. Community and hospital MRSA strains now seem to be about the same in type and percentage in the general population. Surgeons have to make individual decisions on prophylactic antibiotic protocol pending trends in their community and their own research.

The personal opinion of this reviewer would be that the hair restoration surgeon continue any successful protocol until if and when MRSA becomes a problem in the practice. If peri-operative antibiotics are used, they should be limited to the immediate peri-operative period with the Surgical Care Improvement Project guidelines being followed. ✧

Surgeon of the Month: Edwin Suddleson, MD

Edwin S. Epstein, MD *Virginia Beach, Virginia*



Edwin Suddleson, MD
Beverly Hills, California

A man of many identities, Edwin Suddleson is a board-certified surgeon, a tri-athlete, a teacher, an underwater photographer, a diplomat of the ABHRS, the Assistant Medical Director of Bosley—and this month's Hair Transplant Forum's "Surgeon of the Month."

Ed is a Californian, in fact, a native Los Angeleno. Currently, Ed and his family live just blocks from the duplex his parents and grandparents shared in 1953, the year of his birth. Born first in a family of four children, with one brother and two sisters, he was the classic prodigal son. Favorite of his mother (just ask his sisters), he achieved fame in primary school as an athlete, scholar, and Eagle Scout.

Brown University recruited Ed for its swim team, where he won several individual titles in breast stroke events and later represented the United States in the Maccabi Games in Israel. He then returned to Stanford University in California where he completed Bachelor and Masters of Science degrees in 1976. As a bioscience major, he gravitated toward the clinical aspects and, with the encouragement of his grandmother, he applied and was accepted into medical school at the University of Southern California. Following this immensely expensive private education, Ed became the first medical doctor in his family.

With a primary interest in anatomy, Ed was seduced to the surgical side at USC. He was also seduced there by his lovely bride Kim Bader, now a Gynecologist. Ed and Kim recently celebrated 25 years of blissful marriage (to each other).

After completing his residency in surgery, Ed entered private practice in Pasadena, California. He became certified by the American Board of Surgery, a fellow of the American College of Surgeons, and a member of the American Medical Association. As part of the Voluntary Clinical Faculty and eventually as Clinical Assistant Professor of Surgery at USC, Ed developed and pursued an intense interest in the educating of medical students and surgical residents.

Of course, we hair transplanters know Ed as an inveterate teacher, constantly giving ear-bending discourse, at times

argumentative, and yet strangely attractive with his deep, resonant, baritone voice. His advice tends to be practically oriented and often stresses attention to principles of surgery, such as gentle handling of tissues, tension free closure, excellent hemostasis, and, continually, safety and preparedness.

Dr. Larry Bosley has been a defining influence in Ed's career. "I owe my successful career in hair transplantation to Dr. Bosley, as well as a great deal of my personal development. He has been like a father to me. He teaches me to listen to people, to hear their requests, isolate and address their concerns. He teaches me to be permissive, to allow patients to feel at ease by treating them with dignity and courtesy, to encourage people, both patients and colleagues, to move forward to reach their goals. By following these principles you can help many people, including those who initially do not appear to be good candidates for hair restoration."

Ed's daily activities include clinical responsibilities as an active hair transplanter, as well as responsibilities for some day-to-day operations as Assistant Medical Director for Bosley. Under the direction of Medical Director Ken Washenik, MD, PhD, Ed has primary responsibility for training the Bosley team of doctors. He is always happy to help other physicians gain experience and expertise in hair transplantation and is a primary resource for Bosley's physicians. He loves the camaraderie and enjoys working with doctors from varied surgical backgrounds. "Teaching is learning" he likes to say. The ISHRS basic workshops, as well as the Orlando Live Surgery Workshop, have been the beneficiaries of Ed's passion for teaching.

Outside the office, Ed's participation with TEAM BOSLEY in the Nautica Malibu Triathlon raises thousands of dollars for Children's Hospital of Los Angeles. You can check out the website at www.Nauticamalibutri.com, and, if you wish, make a donation at the fundraising site for a great cause.

Ed is an avid underwater nature photographer, an interest inspired by his grandfather who was a shutterbug beginning in the 1930s. We really enjoyed his underwater photographs from the Great Barrier Reef during the ISHRS meeting in Sydney.

Edwin Suddleson and Kim Bader live a simple life in the small town of Beverly Hills, California. They have a 17-year-old son. Will he want to follow in his parents' footsteps? Only time will tell. ✧



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Cyberspace Chat



Sharon A. Keene, MD *Tucson, Arizona*

A warning about Total Body Mega Formula: nutritional supplement causes selenium toxicity and associated hair loss

Recently the following cyberchat report occurred regarding extreme hair loss caused by a nutritional supplement called Total Body Mega formula, apparently as a result of selenium toxicity. In this report, Dr. Bill Parsley shares his unusual experience of seeing one case of selenium toxicity and then shortly thereafter, hearing about another patient from his own personal physician—both caused by Total Body Mega formula.

Dr. Bill Parsley wrote:

“I had a very unusual case this morning. A 40-year-old black male who is into power lifting started taking a supplement called Total Body Mega Formula in late 2007. A couple of weeks later, he began losing hair over the vertex. Up until that time, he had a full head of hair. He then started using Rogaine and soon had severe itching, which he could not help but scratch. He contacted the company, who was apparently having multiple legal problems with this product. They said that they would pay for his transplant if he agreed not to litigate. Here is a link for the government report on Total Body Mega Formula: www.nyc.gov/html/doh/downloads/pdf/cd/cdc-advisory04142008.pdf. Apparently, this supplement contains dangerous levels of selenium and chromium. I took 2 biopsies. My suspicions are lichen simplex chronicus (chronic scratching causing skin thickening) from an allergic reaction to Rogaine. I also suspect Lichen Planopilaris (LPP). I didn't know about the selenium and chromium levels in the supplement until after the left the office and I Googled it.”

In a follow-up to this email, Dr. Parsley wrote:

“It is really odd. I just had my sort-of-annual physical exam today and the doctor mentioned she just had a case of hair loss in a 52-year-old woman due to selenium toxicity, also due to Total Body Mega Formula. It is primarily sold in the southeast United States but also in Michigan. This lady had toxic serum selenium levels 3–4 months after her last dose. Her hair almost totally shed. She did have beautiful black hair and now it is growing back sparse, gray and wiry. She is forced to wear a wig. I can almost guarantee that some of you will be seeing patients who have taken this supplement—so watch out for it. Look at the nails as they can also be affected. The Tropical Orange and Peach Nectar liquids are the main culprits. I don't think it has creatine, but don't know for sure.”

Ken Washenik responded:

“Thank you for the heads-up about Total Body Mega Formula. The PDF reads ominously, so I think that your prediction that we will see some of these cases may prove true.”

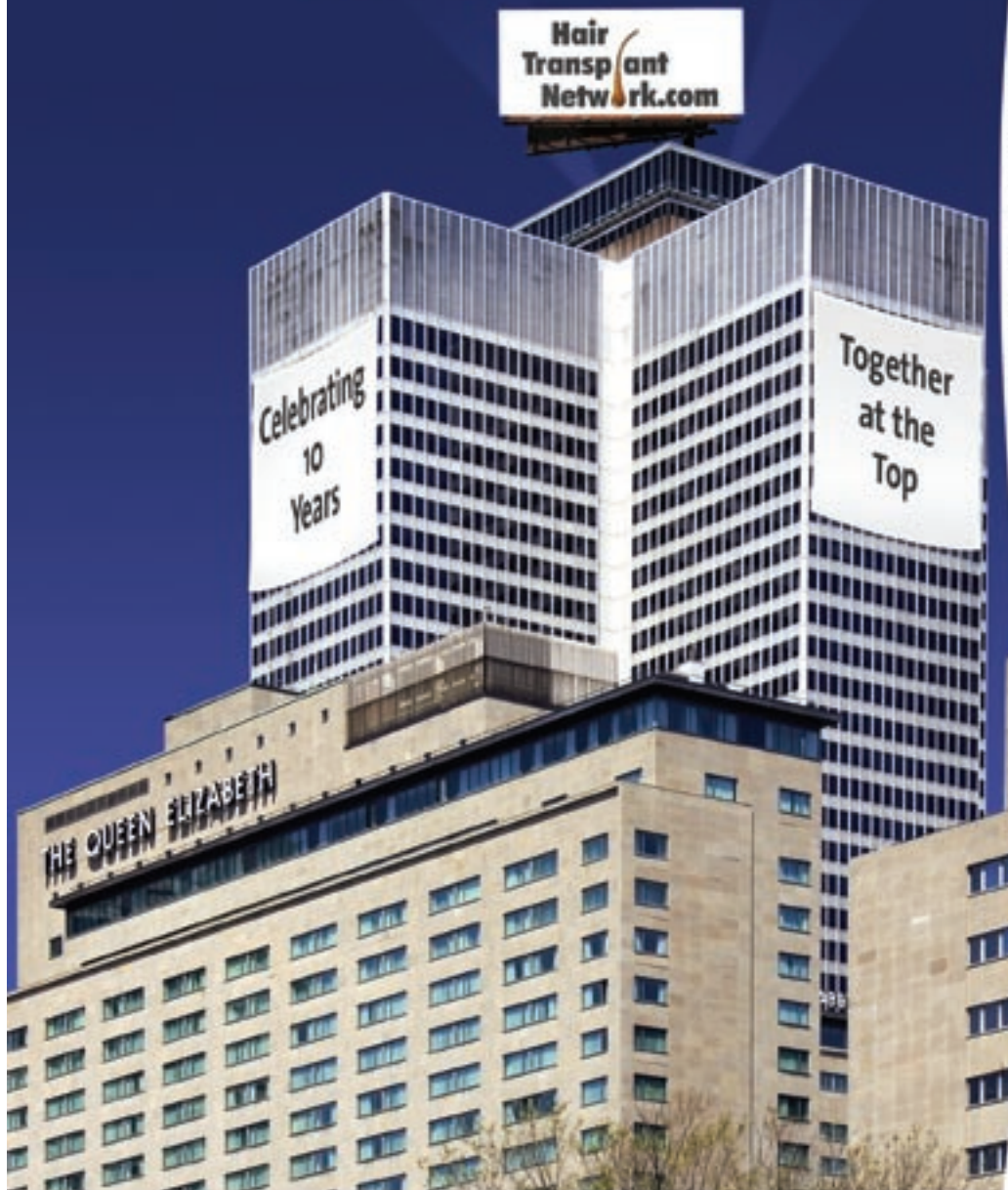
If you follow the previously mentioned link to the report from the Centers for Disease Control and Prevention, Total Body Mega Formula has been found to be hazardous because it has 200 times the label value of selenium and 17 times the label value of chromium: No one should use it if they have any at home! For those doctors in states where Total Body Mega Formula was distributed, it may be useful to post a warning in your office. Total Body Essential Nutrition, Inc. reportedly distributed this product to 16 states (Alabama, California, Florida, Georgia, Kentucky, Louisiana, Michigan, Missouri, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia), and also sells its products over the Internet.

Based on the report from the CDC and from the Merck Manual description, excessive intake of selenium is known to cause the following symptoms: **significant hair loss, muscle cramps, diarrhea, joint pain, nausea, fatigue, loss of fingernails, peripheral neuropathy, and a garlic odor to the breath.**

We know that there are certain vitamins that cannot be consumed injudiciously because too much will cause adverse consequences (hyper-vitaminosis A, for instance). The same is true for a variety of nutritional supplements...too much of a good thing can be bad for you!

Our thanks to Dr. Bill Parsley for sharing his experience with us. Hopefully, we won't see too many of these patients! ✨

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We look forward to showing them a great time and our gratitude at our Thursday night dinner party, immediately following the ISHRS welcome reception.

About the Hair Transplant Network - Ten years ago Patrick Hennessey, the Publisher of the Hair Transplant Network, published an account online of his surgery with Dr. Ron Shapiro. The website exploded in popularity and evolved into the Hair Transplant Network.com

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Arthur Tykocinski, MD
Sao Paulo, Brazil

Message from the Program Chair of the 2008 Annual Scientific Meeting

Dear Colleagues,

The “Big One” is almost here! Be prepared for an intense “brainstorm” of new ideas and controversies on Hair Restoration. This year we will have a lot of time for discussion and we need you to participate. The oral presentations will be condensed and you will see just innovative abstracts.

We also have a fantastic selection of Posters and an informal “Breakfast with the Experts” session open for everyone! Come and chat with experienced colleagues.

Adding more scientific information to the meeting this year, we will have two innovative symposiums on Hair Cosmesis and LLLT. Receive up-to-date information while you lunch with colleagues. Inscribe yourself!

Another new feature is “Movie Theater—Surgery in High Definition.” Experience professional images like never before!

The popular session, “Live Patient Viewing,” will also be back. Here you can see for yourself the amazing results of many of our colleagues. Seeing is believing!

Some other topics to be reviewed include new horizons, advances in hair biology complications, hard cases, novel surgical techniques, hair restoration in woman, and medical treatments. There will also be a hairline demonstration panel and amazing guest speakers. You’ll immerse yourself in four days of intense information, so come prepared!

Best regards,

Arthur Tykocinski, MD, Chair

ISHRS 2008 Annual Scientific Meeting Committee



Kathryn Lawson
Calgary, AB, Canada

Message from the 2008 Surgical Assistants Program Chair

Bonjour,

I hope you have all booked your tickets to Montréal and look forward to seeing many faces new and old at our meeting. I encourage you to check out www.tourisme-montreal.org to see what this beautiful place has to offer.

Our meeting is quickly approaching and I am speechless at how fast the past year has flown by. Thank you so much to everyone who has helped so far, and for those who might think it’s too late to submit things...it’s not. We can always use more information for our workbook, so any pictures, forms, pearls, etc., you have to offer send them along to either myself or Tina Lardner as soon as possible at Kathryn@gillespieclinic.com or tlardner@aol.com.

See you soon,

Kathryn

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Letters to the Editors

Walter Unger, MD New York, New York Re: Combined Use of Propecia® and Minoxidil

I enjoyed reading Maurice Collins' article "Medical treatment of the hairline and temporal points." Although there is anecdotal support for the concept of Propecia and Minoxidil being used together to produce good hair growth, in what we hair restoration surgeons call the frontal area and the antero-temporal border, unfortunately, there's never been a scientific study done to tell us how often we can expect positive results or to what degree. I contacted Pfizer to see if they were interested in a frontal study because of those anecdotal reports, but was told that Finasteride was too close to the expiry of its patent to make that worthwhile. Dr. Collins' report, as well as reports from a number of people who I respect, makes me believe that a combina-

tion of Propecia and Minoxidil, and probably in some cases Propecia alone, will show positive results in the frontal area. Nevertheless, as noted above, the proportion of patients who can expect a positive result and the degree of the result has never been scientifically assessed. Dr. Collins' photographs are really impressive. I just wish that instead of writing "a very significant proportion of patients on medical treatment have noted improvement..." that he had given us numbers. (Both the number of patients he treated medically and the numbers who responded and to what degree.) A) Perhaps he will do that in reply to this letter. B) Such information is badly needed; not least because people like me will then be more inclined to try Propecia/Minoxidil for frontal hair loss in young men than to instead transplant the area (even though I know good transplanting will always "work" as shown in Photos A-D below.)



A. My son, age 24, before transplanting



B. 9 months after first FUT (2,211 FUs)



C. Photo taken at the same time as Photo A showing diffuse frontal loss



D. 9 months after first FUT

IN REPLY

Maurice P. Collins, FRCSI Dublin, Ireland Reply to: Walter Unger, MD; Combined Use of Propecia® and Minoxidil

In response to Dr. Unger's letter, I would like to point out that in the vast majority of men under the age of 30, I will not offer transplantation as the first line of treatment. The article I wrote was really to highlight the fact that from reading the literature of the manufacturers of Finasteride and Minoxidil, one would think that the medications were ineffective in showing positive results in the hairline. It is indicated to the patient very clearly that this treatment is not a cure but it gives them breathing space to make up their minds as to whether to progress onto having a hair transplant or not.

We are currently carrying out a statistical analysis on patients who are on this form of medical treatment and I hope to have this study on the temple point region completed for publication in the *Forum* in the very near future.

A Doctor's objective is to help his patient in the best manner possible. Subjecting a young man to a hair transplant, even though it may be done very well by an expert, is in my opinion, not the best primary treatment for somebody suffering with male pattern hair loss. I agree with Dr. Unger that a hair transplant will always work but it will always leave a permanent hairline in a position that in years to come the patient may not be happy with.

My observations as a consultant surgeon are that the vast majority of patients responded very positively to either Finasteride or Minoxidil or a combination of both. This has enabled my practice to satisfy the needs of the vast majority of the young men who attend my clinic without having to bring about a permanent change in their hairline by surgery at such an early age. ✧

Surgical Assistants Co-editors' Messages

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

Laurie Gorham, RN *Boston, Massachusetts*



Hello Everyone!
Recently, I have begun corresponding with an assistant from Paris. I was very excited when she contacted me. Her name is Christine Lavandier and she works as the head assistant at Dr. Cahuzac's clinic.

The prospect of having an exchange of ideas and being able to compare methods is wonderful! Especially with someone from a different country. So far, we've compared offices, staff numbers and work schedules. I'm amazed at the similarities. I've never had the pleasure of meeting her at any of the meetings, but am hopeful that will happen someday.

We all have a tendency to exist in our own little universes. Get out there at the next meeting and find someone you've never talked to before. Exchange e-mails and open your world a little.

Looking forward to seeing all of you in Montréal!
Bonjour!!

Betsy



Happy Summer Assistants!
Summertime and the living is easy. As we settle into the dog days of summer, keep in mind that our fall meeting is just around the corner! Sit by the pool, sip lemonade, and soak up the sun, but get ready for September. You can soak up the knowledge, tips, pearls, and culture of the Montréal meeting.

You can meet new friends, greet old ones. It won't be long now before the leaves change and we are in Montréal. Hope to see you all there. Have a great summer.

Warmest regards,

Laurie

Sorry...

In last issue's article, "Use of biopsy punches for African American hair," by Mike Frame of Vories Medical Group, the image of the African American Hair follicle, which was found using Google image, was not properly credited to James A. Harris, MD FACS. The author chose the image because it was a good example of that type of follicle regarding that specific ethnic group. We apologize to Dr. Harris for this oversight of photo credit.



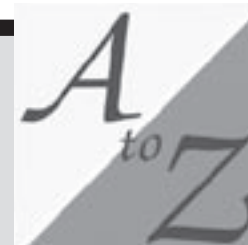
African American hair follicle—image from Dr. James A. Harris, MD FACS

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- 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

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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: Trichophyti: Closure: Always x Sometimes

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- Interactive Movie Theater: Surgery in High Definition
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- Board Review Course
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- 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 Influence of Hair Care Techniques on the Development of Alopecia**
Victoria Holloway Barbosa, MD, MPH, MBA
 President, Dermal Insights, Inc.;
 Assistant Professor, Department of Dermatology,
 Rush University, Chicago, Illinois

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September 3-7, 2008

ISHRS 16th Annual Scientific Meeting

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 Fairmont The Queen Elizabeth Hotel



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Upcoming Events

| Date(s) | Event/Venue | Sponsoring Organization(s) | Contact Information |
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| 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 (ASSOCIAÇÃO BRASILEIRA DE CIRURGIA DA RESTAURAÇÃO 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/ |



Make note!

Dates and locations for future ISHRS Annual Scientific Meetings (ASMs)

- 2008: 16th ASM, September 3–7, 2008, Montréal, Quebec, Canada
- 2009: 17th ASM, July 22–26, 2009, Amsterdam, The Netherlands
- 2010: 18th ASM, October 20–24, 2010, Boston, Massachusetts, USA
- 2011: 19th ASM, TBD
- 2012: 20th ASM, October 17–21, 2012, Paradise Island, Bahamas



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