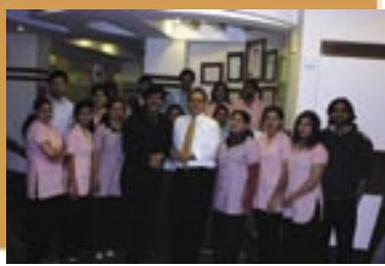


Surgeon of the Month: Humayun Mohmand, MD

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



Dr. Humayun Mohmand (center—in white shirt)
and his staff
Islamabad, Pakistan

Humayun Mohmand grew up in different cities in Pakistan. Education was highly stressed during his childhood, as his father was an “educationist”—an expert in the theories and administration of education—in the Army, and his family was transferred

from one place to another. Rather than pursue an engineering career in his father’s school, Humayun decided to follow the path of medicine. His early education was in one of the most esteemed institutions, “Cadet College Hasanabdal,” and he completed his medical studies at the Ayub Medical College of Abbottabad.

Humayun quickly recognized his interest in surgery, specifically plastic surgery, and he earned a fellowship from the Royal College of Surgeons in Edinburgh. Here he developed his skills and experience in General Surgery, but later trained in several hospitals in the United Kingdom where he acquired experience and a love for plastic surgery.

Humayun returned to Pakistan to practice. Initially his practice focused on reconstructive surgery, but his interest gradually evolved into cosmetics. By 2000 his practice was primarily cosmetic surgery, specializing in rhinoplasty and liposuction. He has always had an eye for cosmetics and beauty; “My results are seen by everyone and recognized by none” is Humayun’s motto and aim.

In 2002 Humayun attended the Orlando Live Surgery Workshop (OLSW) for the first time. Here he was inspired by the lectures on hairline design, especially those by Ron Shapiro. He was impressed with the natural results shown at the workshop. Over the next few years, his practice evolved into 70% hair restoration, and the rest cosmetic surgery. Humayun has regularly attended both the ISHRS annual meetings, the ESHRS, and the OLSW, improving his skills in hair restoration. In 2005, at the ISHRS Annual Scientific Meeting in Sydney, he delivered a lecture entitled, “Hair curvature: an important factor in natural looking hairline.” His poster on creating temporal peaks and fronto-temporal angles won the best tip award at the 2006 Annual Scientific Meeting in San Diego.

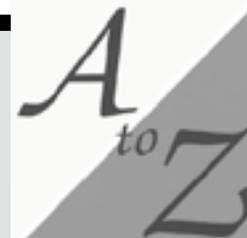
To further the art of hair restoration in Pakistan, Humayun established the Hair Transplant Institute Islamabad. He has 17 highly trained technicians and his clinic is equipped to perform 4 surgeries simultaneously. He offers a one-on-one, full hands-on course, including instruction in all the steps of hair restoration surgery and FUE techniques. Physicians from India, the United Kingdom, and Pakistan have attended this course.

Humayun is married and has three children, a son and two daughters. His son has chosen to become a doctor and aspires to walk in Humayun’s footsteps. His elder daughter has developed a keen interest in tennis, and Humayun

hopes her skills will progress such that she can compete internationally. His youngest daughter is 8. Humayun has two favorite pastimes: movies and golf. His current handicap is 18, but he aspires to be a 10, and his best round was 9 over par. His most memorable experience was a hole in one on a par four: “It was a dog leg, I went for the green over the trees, and it went into the cup. That was actually an albatross as well. It was the first and last time I landed on that green in one go.”

Humayun does a lot of pro bono surgeries, especially for females. He recalls one such patient who believed her hair loss was preventing her from getting married. Apparently in certain poor villages, hair loss is a taboo, and no one was interested in marrying her. Following two procedures, her hair loss was restored; she married, and attributes her marriage to these surgeries and to Dr. Humayun. The other case is that of an indigent patient who would never remove his baseball cap. After two sessions, he now lives a normal life without a cap.

After his medical career, Humayun aspires to go into politics. His aim is to purge Pakistan from corruption and dishonesty, and work for the betterment of his people. ♦



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Letters to the Editors

Bobby L. Limmer, MD San Antonio, Texas
Re: Status of IFGH

In his article, "Status of individual follicular group harvesting," Dr. Cole points out that individual follicular group harvesting produces more hair per graft than strip harvesting with microscopic dissection. One point that is not clearly mentioned is that counting of hairs per graft under the prior studies in all instances of which I am aware included only terminal hair and did not include the vellus hair in these grafts. Dr. Cole's data imply that every hair was counted. The inclusion of vellus hair in the counts will raise the total numbers of hair in each graft by as much as one hair per

graft. Whether vellus hairs are included in the counts is a very critical issue in the evaluation of all data and should be clearly stated. While "cherry picking" groupings will increase hair per graft, counting vellus hairs will make an even greater increase in the numbers of hairs per graft.

These comments are meant in no way to detract from Dr. Cole's excellent review of the subject generally referred to as follicular unit extraction nor from the years of pioneering work done by Dr. Cole himself. He is to be congratulated on continuing to work in the difficult surgical niche of individual follicular group harvesting and encouraged to continue to report in detail his research findings. ✧

Robert Haber, MD Cleveland, Ohio
Re: Status of IFGH

While I always enjoy reading John Cole's pontifications, I thought his article on FUE (*Forum*, 2009; 19(1):20-24) (or IFGH as he now calls it) was unnecessarily disparaging of several surgeons and of the "conventional wisdom" that currently exists on this subject. Bill Rassman, Bob Bernstein, and Jim Harris have all made significant contributions in this arena, and have all been quite transparent regarding their individual techniques and instrumentation. Rassman and Bernstein can be credited with bringing FUE "respectability" by being the first to present fair and balanced data, and opening the door to rational discussion. Jim Harris can be credited with bringing the procedure within the grasp of all of us, and has never allowed ego to interfere with education. Jim has performed FUE live at several meetings, and his extracted grafts have been subject to scrutiny by anyone interested. While I have no doubt that John's technique is excellent, and his tools clever, until he subjects himself, his devices, and his claims to the same degree of public scrutiny, his criticisms will have little validity.

John refers to the term Follicular Unit Extraction as a "waste basket term," favoring Individual Follicular Group Harvesting instead. This seems a pointless semantic argument, since an individual follicular group is indeed a follicular unit, and extraction is a method of harvesting. The science of lexicography is not at all static, and definitions change constantly. That Bernstein et al. chose to adopt and modify a term first used by Headington to better fit current knowledge warrants little criticism. In fact, if Headington defined the Follicular Unit as containing a maximum of 4 terminal hairs, his definition is clearly faulty, and required updating. Further,

as John points out, Headington's term was histologic, not anatomic, thus choosing a polysemous term served a valuable purpose, and perpetuates Headington's work. I suspect that John Headington is quite pleased to see his original term not only modernized, but utilized by a vastly wider audience than microscopic hair shaft histologists.

Renaming follicular unit as follicular group therefore seems quite unnecessary. Both are equally descriptive, but follicular unit holds the advantage of nearly 15 years of common usage, and is well understood by everyone in the field of hair restoration.

I am a big fan of descriptive terms, and Follicular Unit Extraction is just that. Simple, instantly recognizable, and accurate. Even to an "outsider," it clearly has to do with hair, while the Cole Isolation Technique is thoroughly vague in its meaning. Eponymous terms require constant explanation, and subjects one to "The Crackpot Index" in which 20 points are awarded for naming something after yourself. I must quickly point out here that I did not name the Haber Spreader. I originally called it the Tissue Spreader, and its current name arose from the "hallways" and vendors.

Seeing is believing. Countless patients have been presented at our meetings showing extraordinary results of FUT, while there has been a notable paucity of patients showing similar results from FUE. If the results are so good, John or someone else needs to show them off.

Finally, if indeed John Cole has perfected FUE technique and instrumentation to rival or exceed the results from FUT, he has a Hippocratic duty to share those techniques with his colleagues, for the betterment of all patients, and not limit his teachings to those willing to pay a "licensing fee." ✧



Founding Governing Council of the Indian Association of Hair Restoration Surgeons (left to right) Drs. Aman Dua (Editor), Kapil Dua (Asst. Editor), Rajendrasinh Rajput (Vice-President), Tejinder Bhatti (Secretary), Sanjiv Vasa (President), Ashok Reddy (Executive Member), Venkataram Mysore (Ethics Committee Member), Sandeep Sattur (Treasurer), and Lakshyajit Dhani

Tejinder Bhatti, MD Pune, Maharashtra, India
Re: Indian Association of Hair Restoration Surgeons

To the Editors and ISHRS Colleagues: You would be pleased to know that the first Executive Committee Meeting of the Indian Association of Hair Restoration Surgeons was held at Mumbai on February 1, 2009. The association shall have approximately 50 members by the end of the year.

The first Annual Meeting of the Association shall be hosted by us on December 19-20, 2009, in Ahmedabad, India. ✧

Dear Colleagues:

I am proud to report that our second year of the ISHRS Annual Giving Fund has been even more successful than our inaugural year. Our goal was to earn \$71,500 in donations and \$10,000 from the Exhibit Hall Silent Auction in 2008. We surpassed our donation goal and collected \$82,550, and even with limited participation, we collected \$4,273 from the Silent Auction. Thank you to all who contributed, including exhibitors who provided items for the Silent Auction, those who volunteered their time at the auction, and those who bid so generously. THANK YOU! Each of you has helped further the ISHRS to realize its goals and provide valuable member benefits.



After direct costs and expenses were accounted for, the proceeds from the past year's Annual Giving Fund were used to support several projects from the target list of priority projects you suggested, including funding for the website marketing efforts to better position www.ISHRS.org on search engines, for full-color printing of the Forum, and further support of OPERATION RESTORE.

In 2009, we have earmarked \$25,000 for the ISHRS website refresh, which will modernize the look of the site while maintaining the previous ISHRS brand/identity; \$10,000 to be made available to fund this year's offshore annual meeting; and \$10,000 for the continued support for OPERATION RESTORE to help more pro bono patients with travel and hotel expenses.

We look forward to another successful year and welcome those who are not yet donors to join in! For those who have not yet contributed, it's easy to support the Society. Go to: <http://www.registration123.com/ishrs/AGF>. New donors will receive a lapel pin, and we ask you to wear it proudly at the ISHRS meetings.

To show our recognition for 2009 donors, we will again organize the President's Annual Giving Fund Reception during the 2009 Annual Scientific Meeting in Amsterdam this July. We are thrilled to have contracted with RAI Harbor to provide donors and potential donors a guided cruise of Amsterdam's unique canals, an experience not to be missed when visiting this fascinating city. All are welcome...it's happy hour on board! Enjoy a full open bar and light hors d'oeuvres. We will celebrate the generosity of our members and highlight the AGF supported initiatives and projects. The Annual Giving Fund will provide two (2) complimentary tickets to our Trustee and Leadership Circle donors. All donor categories may purchase (additional) tickets at a special price of \$95.00. For those who are not donors of the Annual Giving Fund, come and learn what the AGF is all about. Tickets can be purchased for non-donors at a price of \$120.00 per person.

Your generosity makes a statement that you support the ISHRS and its initiatives. Thank you for giving generously!
Most sincerely,

Matt L. Leavitt, DO Chair, Annual Giving Fund

Thank You to Our 2008 Donors

The ISHRS gratefully acknowledges the generosity of the following individuals who have made donations in 2008 to the Annual Giving Fund.

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Special thanks to Sunjoo "Tommy" Hwang, MD, PhD for his generous contribution of \$10,000 to the AGF.

Regional Workshop Applications Due: June 1

- Are you an educator?
- Do you have a good idea for a workshop?
- Can your surgery center host a live surgery workshop?
- Is there a specific educational need of the hair restoration physicians in your area?

If you would like to partner with the ISHRS and host a local live surgery workshop, please submit your completed application to info@ishrs.org by **June 1, 2009**.

Application materials may be obtained at
<http://www.ishrs.org/member/member-workshop.php>

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STAY TUNED!
 Details will be forthcoming to
 ISHRS members and posted on
 the ISHRS website at
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ISHRS 1st Mediterranean Workshop for Hair Restoration Surgery

Hosted by Alex Ginzburg, MD • November 8-9, 2009 • Tel Aviv, Israel






We are proud to announce the 1st Mediterranean Workshop for Hair Restoration Surgery Sponsored by the ISHRS to be held in Tel Aviv, Israel.

During this **live surgery workshop** you will have the opportunity to watch the surgery performed directly in the operating room or in the auditorium along with live video transmission.

The objective of this workshop is to provide a broad base of the most advanced techniques and technology in hair restoration, including all aspects of hair restoration, such as Follicular Unit Extraction, Trichophytic Dense Closure, Follicular Unit Transplantation, dissecting microscope and other new instruments and equipment. During the session, 5 of the best international hair transplant surgeons will moderate the cases.

The year 2009 will mark the 100th anniversary of the city of Tel Aviv. The Centennial is intended both to secure Tel Aviv's status as an international city and to highlight its vitality and accomplishments. Situated along a beautiful beach strip by the Mediterranean Sea, Tel Aviv is Israel's largest city and biggest commercial center. The beautiful white beaches are the city's most popular attraction and a must for any visitor. Many restaurants, clubs and entertainment centers line the renowned promenade and during (most of the year) warm evenings locals stroll along its decks. Next to Tel Aviv, you can find another tourist attraction – The Old City of Jaffa, which in itself is a quaint, picturesque city, with romantic paths and gardens.

I look forward to seeing you!

Warmest regards,
 Dr. Alex Ginzburg, Workshop Director & Host

Photos Courtesy of State of Israel Ministry of Tourism

70



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- Natural Hairline Design Workshop
- FUE – How to Perform Efficiently
- Trichophytic Closures
- Coronal Incision Transplant

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- Punch Machine / FUE
- Special Emphasis on Dense Packing
- Newest Implantation Instrumentation
- Dissecting Microscope
- Slot Correction for Scalp Reduction
- Laser Techniques, Newest Lasers

Research Symposium

- Genetic Research
- Hairloss Medical Review

- Dense Packing: Sagittal vs. Coronal Sites
- Growth Factors in Hair Restoration
- Follicular Unit Extraction vs. Follicular Unit Transplantation
- Graft Storage Solutions
- Laser Therapy in Hair Growth and Wound Healing
- Genetics of Hair Loss

Special Nurses Workshop Mentor Program

- Hands-on Practical Training
- Unique Cutting/Placing

Practice Management

- The Surgical Team & Selecting Staff
- Managing the Surgical Flow
- Designing the Perfect Facility
- Complications
- Marketing – how leaders build a practice
- Risk Management

LEARNER OBJECTIVES

Upon Completion of the Program, participants will:

- Understand the basic concept of hair restoration and apply this knowledge in practice.
- Understand the development of the latest techniques in hair restoration surgery and when they are best utilized for the patient.
- Evaluate the efficacy of hair loss medications and how to effectively use them in conjunction with surgery.
- Learn the various forms of alopecia, diagnosis techniques and the best approach to relevant treatments both medical and surgical.
- Comprehend the current data in genetic and medical research and its impact on hair restoration and patient care.
- Understand the various surgical techniques and their appropriate use with emphasis on follicular units, follicular extraction, scalp reductions, extenders, etc.

PROGRAM COORDINATORS & INVITED STAFF

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David Perez-Meza, M.D., Co-Chairman

Past Invited Faculty

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Marcelo Gandelman, M.D., Live Surgery Workshop Founder
William M. Parsley, M.D., Scientific Coordinator
Melvin L. Mayer, M.D., Scientific Coordinator
Marco Barusco, M.D., Scientific Coordinator
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Surgical Assistants Editor's Message

Laurie Gorham, RN *Boston, Massachusetts*



Greetings Assistants!

I don't know about you but I can't wait for spring! It's been a long, cold winter and the flowers and scenery of Amsterdam are only a few months away! Our meeting is shaping up to be a fabulous addition to the archives of our past meetings. Please keep your articles coming into the *Forum*. We are receiving some great ones!

Keep warm... and think Tulips!

Laurie

laurieg@bosley.com

Efficiency vs. effectiveness

Patrick Tafoya, Director of Educational Services, Medical Hair Restoration *Orlando, Florida*

"Efficiency" is commonly described as "the right way to work." "Effectiveness" is commonly described as "the way to work right." If we were to relate these definitions to the activities hair technicians provide, we can say "efficiency" defines the protocols and processes we develop to keep our workplace safe and to maximize productivity. "Effectiveness" is essentially the end result of our activities: patient satisfaction. As you can imagine, if we completely focus our attention on efficiency it could result in poor effectiveness. An example of this is to dissect and implant grafts as fast as possible, which can result in damaged grafts and poor growth. Speed in itself is not always effective and effectiveness is not always dependant on speed. A balance of both is necessary.

Hair transplant surgery is quite unique but a balance of efficiency and effectiveness is needed due to the general risk involved with long, tedious surgical procedures. Our patients would have an unpleasant experience if the procedure lasted longer than it currently does and, through experience, we have realized there is a limit to their patience. A unique aspect of performing hair transplant surgery is the fragility of the tissue. An example of the tissue's limitation is "out of body time." The longer the tissue sits out of the host (patient), the higher the risk of poor growth or even death of the tissue. In our case, "efficiency" (cutting/placing techniques) and "effectiveness" (patient satisfaction/hair growth) has to be balanced within these activities.

The process of "slivering" is a good example of maintaining the balance of both. If we were to rush through the slivering process there would be more damaged tissue and transected hair resulting in poor growth. The act of speeding through the slivering process would also slow the dissection of the grafts because the cutters would have to clean off the damaged tissue to isolate the good surviving follicular units. The extra time it takes to process good grafts from damaged tissue usually evens out with the amount of time saved by rushing through the slivering process. The balance of both is, again, essential.

The extra time and care placed on producing thin, non-damaged slivers makes the separation of the grafts easier and more efficient for the cutters. Thicker slivers (even clean, non-damaged ones) makes separating the follicular unit grafts more difficult and increases the risk of transection and

waste. We know, through measuring our staff's production, the locations whose physicians require a more precise microscopic slivering technique, producing 1mm high-quality slivers also produce highly efficient dissectors. The cutters are provided slivers so easy to dissect and separate that their production is much higher than most hair technicians in other locations. The extra care and time to produce high-quality 1mm slivers results in better production averages (higher recognition from corporate) for the hair technicians but, more importantly, results in higher effectiveness.

Dissection and implantation of grafts are separated into either "efficient" or "effective" processes. All hair technicians should develop efficient habits without minimizing the quality of their efforts. To better understand efficient and effective activities, we must separate and describe the reasons and motivation behind each activity.

EFFECTIVENESS

Less tissue waste = More grafts = Increased patient satisfaction = Company success

EFFICIENCY

Less time waste = More grafts cut/placed/hour = Better staff evaluations = Increased employee/company success

What Is Essential in Providing Quality (Effectiveness)?

Prevention of cross-contamination and infection. All hair technicians must employ the surgical aseptic technique while performing and assisting in all aspects of the surgical procedure. Examples: wearing Personal Protective Equipment (gowns, gloves, masks, etc.), sterilization of reusable instrumentation (scalpel handles, scissors, Adson forceps, hemostats, etc.), disposal of gloves before touching anything outside the surgical area/trays within the room (cabinets, door handles, radios, TV, etc.), removal of gown and gloves before exiting the surgical room, removal of contaminated instruments/supplies from surgical trays/area, cleansing and autoclaving surgical instruments after procedure utilizing the appropriate sterilizing protocol, and thoroughly disinfecting surgical room utilizing correct protocols.

Utilizing surgical protocols and processes that provide our patients with the highest yield of hair growth. Examples include magnification and microscopic dissection/implantation to preserve anatomy of follicular units, extreme hydration of tissue/grafts to prevent desiccation/death of grafts (minimizing the exposure of grafts to the atmosphere), etc.

Understanding and applying the differences between "good" and "poor" cutting/placing techniques. Good and poor techniques are those that lower or raise the risk of follicular damage (hair shaft transection through poor slivering techniques) and poor growth (aggressive handling of grafts with forceps during implantation and dehydration of grafts).

An exceptional patient experience. A positive experience is essential for our patients to recommend our services to other potential clients and for repeat procedures on themselves. Examples that enhance an experience include patient comfort, attentive response to questions and requests, pleasant conversation, and informative instruction.

What Is Essential in Being Productive (Efficiency)?

Minimizing unnecessary or unproductive activities during dissection/implantation. Examples include any activity that prevents or distracts from cutting and placing, such as talking, personal breaks, unorganized routines, and poor concentration.

Utilizing ergonomic positions and equipment to prevent dis-

comfort and potential disabilities. No technician can perform their best if they are experiencing pain and discomfort from poor body positions. An untreated symptom or injury (inflammation of the joints, muscles, nerves, etc.) due to poor body positions can result in permanent disability.

Overlapping activities. By overlapping activities you can reduce the total surgical time. Some examples include:

- After physician completes openings, do not wait for all grafts to be cut before placing grafts. Always start placing grafts as soon as possible.
- Before replacing a tech who started placing grafts, be completely gowned, gloved, etc., with grafts and forceps in hand immediately prior to the original placer stepping away from patient. This will minimize the down time between last graft placed from original tech and the first graft placed by the next tech.
- One tech can begin post-op instructions while another tech places last 50 grafts.

Although it is essential to do your job right, it is also vitally important you do the right job. If you only do the job correctly without being organized and efficient, you will not be productive. If you only concentrate on doing your job as fast as possible, the patient's results will be less than acceptable. Striving to accomplish a balance between efficiency and effectiveness is possible and absolutely necessary. ✧



Message from the Surgical Assistants Chair of the 2009 Annual Scientific Meeting

Tina Lardner Greenwood Village, Colorado

Hello everyone!

Recently I was reminiscing about the first annual meeting I attended. I had been a part of Dr. Harris's surgical staff for four years when I attended the ISHRS Annual Meeting in Puerto Vallarta, Mexico. It was a month after 9/11, so there were only a hundred people or so who went to the surgical assistants meeting. Not only was the destination incredible, but it was there that I realized how unique this organization is.

Since then, I've attended every meeting. At first I went to the meetings trying to get a pearl or helpful hint here and there. After breaking out of my shell, I slowly began to introduce myself to others in the group. And after a while, I recognized some of the people I'd seen at some of the other meetings and eventually developed friendships. We would keep in touch, sharing tips or just catching up.

Five years later, it wasn't until the meeting in San Diego where I finally stepped up and made a decision to help out with the meetings. That's when the real fun began! It's joking around with Kathryn, MaryAnn, Marilynne, and Anne while setting up the surgical assistant's cutting/placing workshop, staying up late with the Gillespie crew celebrating a successful meeting, and getting to know Emina, Margaret, and the gals from Dr. Reed's office that make it memorable. So I encourage you not to wait as long as I did to get involved. It's amazing what you can learn by helping out.

Amsterdam is just a few months away and will be here before you know it. So if you haven't had a chance to register, don't delay! If you decide now is the time to get involved, please contact me. I am still looking for volunteers to help out with the SA program.

E-mail address: tlardner@aol.com • Phone: 877-694-9381

See you soon,

Tina Lardner

Chair, ISHRS Surgical Assistants Executive Committee



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Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
Academic Year 2008-2009	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
January 2009	International European Diploma for Hair Restoration Surgery	Coordinator : Y. CRASSAS. MD, University Claude Bernard of Lyon, Paris, Dijon (France), Torino (Italy), Barcelona (Spain). Department of Plastic Surgery www.univ-lyon1.fr	For instructions to make an inscription or for questions: Yves Crassas MD yves.crassas@wanadoo.fr
April 15-19, 2009	ISHRS Regional Workshop 15th Annual Live Surgery Workshop Orlando, Florida, USA	International Society of Hair Restoration Surgery www.ISHRS.org/2009OLSW.htm Hosted by Matt L. Leavitt, DO	Valarie Montalbano, Coordinator 407-373-0700 HValarieM@leavittmgt.com
July 17-19, 2009	ISHRS Regional Workshop Chopin: Art & Perfection: Female Hair Loss Poznan, Poland	International Society of Hair Restoration Surgery www.ishrs-chopin.pl Hosted by Jerzy R. Kolasinski, MD, PhD	Tel: 630-262-5399; Fax: 630-262-1520
July 22-26, 2009	17th Annual Scientific Meeting Amsterdam, The Netherlands	International Society of Hair Restoration Surgery www.ISHRS.org/17thAnnualMeeting.html	Tel: 630-262-5399; Fax: 630-262-1520
September 17-18, 2009	BAAPS Annual Meeting Incorporating the 2nd Congress of EASAPS City Hall, Cardiff, United Kingdom	British Association for Aesthetic Plastic Surgery (BAAPS) www.baaps-easaps.meeting.org.uk	Tel: + 44 207 430 1840; Fax: + 44 207 242 922
October 2-3, 2009	ISHRS Regional Workshop Follicular Unit Extraction Denver, Colorado, USA	International Society of Hair Restoration Surgery www.ISHRS.org/FUERegWrkshp.htm Hosted by James A. Harris, MD	Tel: 630-262-5399; Fax: 630-262-1520
November 8-9, 2009	ISHRS Regional Workshop 1st Mediterranean Workshop for Hair Restoration Surgery Tel Aviv, Israel	International Society of Hair Restoration Surgery www.ISHRS.org/Tel-AvivRegWrkshp.htm Hosted by Alex Ginzburg, MD	Tel: + 972-9-7603406 Fax: + 972-9-7408240 alexgin2000@gmail.com
December 12-13, 2009	15th Annual Scientific Meeting and Live Surgery Workshop Kobe, Japan	Japan Society of Clinical Hair Restoration www.jschr.org Hosted by Hiroto Terashi, MD	Tel: + 81-78-382-6251 Fax: + 81-78-382-6269 terashi@med.kobe-uac.jp
December 19-20, 2009	1st Annual Meeting of the Indian Association of Hair Restoration Surgeons Ahmedabad, India	Indian Association of Hair Restoration Surgeons	Dr. Tejinder Bhatti Secretary, Indian Association of Hair Restoration Surgeons Phone: + 91-9923215042 dearbhatti@gmail.com

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

2009: 17th ASM, July 22-26, 2009
Amsterdam, The Netherlands

2010: 18th ASM, October 20-24, 2010
Boston, Massachusetts, USA

2011: 19th ASM, September 14-18, 2011
Anchorage, Alaska, USA

2012: 20th ASM, October 17-21, 2012
Paradise Island, Bahamas