

**Hair Transplant Forum International**  
Volume 19, Number 4

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**President:** William M. Parsley, MD

**Executive Director:** Victoria Ceh, MPA

**Editors:** Francisco Jimenez, MD  
jimenezeditor@clinicadelpelo.com  
Bernard P. Nusbaum, MD  
dmusbaum@yahoo.com

**Managing Editor, Graphic Design, & Advertising Sales:**  
Cheryl Duckler, 262-643-4212  
cduckler@yahoo.com

**Surgeon of the Month:** Vance W. Elliott, MD;  
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# President's Message

William M. Parsley, MD *Louisville, Kentucky*

This is my final President's Message as the presidency will be transferred to the very capable hands of Dr. Ed Epstein in July. It has been truly an honor to have been elected to this position. The downturn in the world economy has made it tough to implement some of the advances we desired, but the ISHRS has so far weathered this crisis quite well. The credit goes partially to our conservative financial policies but primarily goes to the dedication and passion of our members. Gifts to the Annual Giving Fund were excellent and so far the registrants for the Annual Meeting are looking good. So the ISHRS owes a big "thank you" to all of our members for your support of our activities.

In my column discussing the anniversaries of the articles by Drs. Orentreich and Limmer in the March/April issue of the *Forum* (Vol. 19, No. 2), I made an omission by not mentioning the contributions of Dr. Carlos Uebel (his letter is in this issue). Dr. Uebel's work with the elliptical harvest, slit incisions, and stick-and-place was clearly ahead of his time. Without question, his technique was a major influence on both Dr. Limmer's article and also on the Moser technique. Also, in the November/December *Forum* (Vol. 18, No. 6), I mentioned that "...several Brazilians have adopted Dr. Pitchon's long hair transplants...." The long hair technique was in fact developed by Dr. Pierre Bouhanna. He described this technique for minigrafts in his princeps publication in 1989, but has continued its use with follicular units. It is interesting to note that the inspiration for this technique came from his study on pre- and postoperative minoxidil, which demonstrated a significant reduction in postoperative hair shedding of the grafted hair. If we can prevent hairs from shedding, then long hair transplantation may become the universal technique. The purpose of Dr. Pitchon's technique, however, was not so much in hope that the hair wouldn't fall out, but as a preview for the final result. So both techniques are unique in their purpose.

Congratulations to the hair restoration doctors of India for forming a national society, AHRS-INDIA. The website is [www.ahrsindia.com](http://www.ahrsindia.com) and the inaugural meeting will be held December 18-20 in Ahmedabad. The effects of an organized society will be dramatic. Combining knowledge and working as colleagues will no doubt put hair restoration on the "fast track." The first president is Dr. Sanjiv Vasa, who practices in Ahmedabad, and the founders consist of some very experienced and respected doctors. The ISHRS is totally in support of this society and will be happy to help in any way possible.

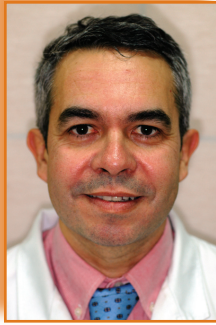
I hope to have seen many of you in Amsterdam as the camaraderie of our meetings is second to none, as members of the AHRS-INDIA will no doubt find out for themselves.

*Bill Parsley, MD*



## Co-editors' Messages

Paco Jimenez, MD *Las Palmas, Spain*



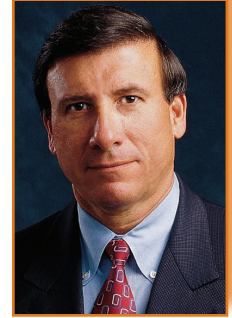
As I am writing this column, the summer has arrived in the Canary Islands. However, my summer plans have been postponed this year since at the end of July we will be gathering at the Amsterdam meeting, the scientific highlight for us Hair Restoration surgeons. As editor of the *Forum*, one of my main duties is to solicit articles, and the yearly meeting offers an excellent opportunity to do so. I usually

make notes about the oral presentations and posters (perhaps a dozen or so) that I find especially interesting for publication in the *Forum*, and then talk to the speaker. I have to say that almost 90% of the colleagues that Dr. Nusbaum and I solicited articles from at last year's meeting sent us, sooner or later, the promised article. We hope to have a similar response from this year's meeting attendees.

Going through the program, I know in advance of a few topics I would like to solicit for the *Forum*. Though the meeting will be over by the time this issue is received, here are just a few examples of where my attention will be centered: 1) a conclusive guideline of when and what types of scarring alopecias are or are not safe to transplant (Nina Otberg and Jerry Shapiro will moderate a session on scarring alopecia and surgical treatment); 2) a comparative study of automatic vs. manual devices for FUE (there are 3 presentations of automatic devices this year); 3) application of adipose stem cells in hair restoration surgery (I am intrigued by Damkerng Pathomvanich's presentation); 4) early clinical data on scalp infiltration with growth factors (see the interview with Gail Naughton in this issue); 5) new data that Dr. Van Neste will present about hair cycling and growth; and much, much more....

*Paco Jimenez, MD*

Bernard Nusbaum, MD *Coral Gables, Florida*



In this issue we bring you the ISHRS 2009 Practice Survey data that will be distributed to media outlets as the ISHRS is working hard to maintain its position as the most reliable source for information on hair restoration. Our Hair Sciences column features a novel treatment for hair loss that utilizes molecular signals that influence hair morphogenesis and hair cycling. Further trials will

be needed before this treatment is commercially available, although the notion of treating hair loss with growth factors and similar molecules is very exciting. In "How I Do It," Bertram Ng from Hong Kong, also the column's editor, presents his "Do It Yourself Tool" to prevent tangling in long hair transplantation. He invites all of you with surgical tips to submit your ideas for publication in this simple, one-page, 3-5 figures format. Also in this issue, Pascal Boudjema presents his new handle for FUE.

This issue also introduces the publication of original articles with accompanying peer Editorial Comments. The topic of whether to divide follicular units is addressed in a case study by Akaki Tsilosani and reviewed by Michael Beehner; Steven Chang presents his techniques for sedation and anesthesia in hair transplantation with a review by Vance Elliott.

We hope you find this format to be educational, and along with our regular features, hope you enjoy this issue.

*Bernard Nusbaum, MD*

### Editorial Guidelines for Submission and Acceptance of Articles for the *Forum* Publication:

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to both [drnusbaum@yahoo.com](mailto:drnusbaum@yahoo.com) and [jimenezeditor@clinicadelpelo.com](mailto:jimenezeditor@clinicadelpelo.com)
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at [www.ishrs.org](http://www.ishrs.org).
- All photos and figures referred to in your article should be sent as separate attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do **NOT** embed your files in the email or in the document itself (other than to show placement within the article).

#### Submission deadlines:

August 5 for September/October 2009 issue  
 October 5 for November/December 2009 issue  
 December 5 for January/February 2010 issue

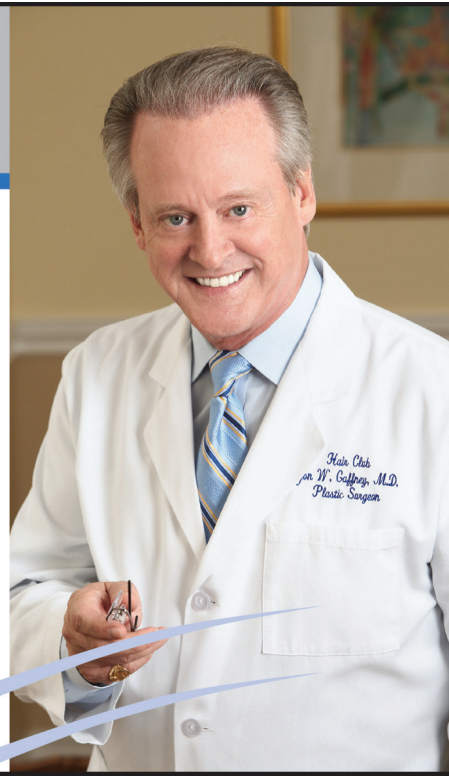
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### SAVE THE DATE!

## Revolution & Evolution

*Advances in Hair Restoration Surgery:  
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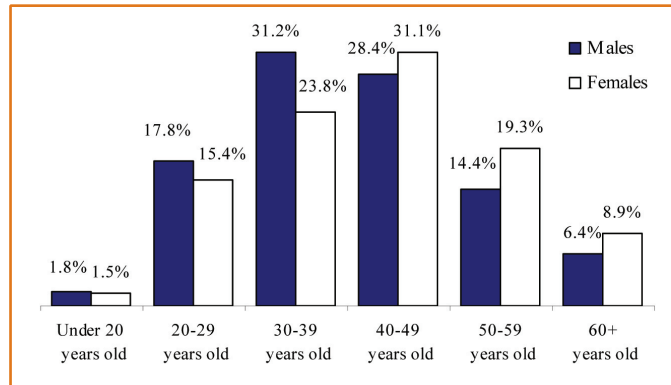




Survey results

from front page

**Hair Restoration Surgical Procedures by Sex and Age (n=167)**



by age category, we found over half of both male and female patients fell between the ages of 30 to 49 years old (59.6% and 54.9%, respectively). On average, male patients tended to be slightly younger than female patients.

**Non-Scalp Hair Restoration Procedures**

The extrapolated number of worldwide hair restoration procedures performed in the past year on areas other than the scalp stayed relatively constant since 2006. In fact, the only specific non-scalp hair restoration procedure that increased over the past two years was eyebrow transplants. In 2008, 11,105 eyebrow transplants were performed worldwide compared to 7,758 performed in 2006, which represents a 43% increase.

Comparing the data by country, there were some noticeable increases in non-scalp hair transplants performed worldwide. Specifically:

- In Europe, the number of eyelash transplants increased by 631.4% (256 procedures in 2008 vs. 35 procedures in 2006).
- In Europe, eyebrow transplants also increased by 297.9% (2,861 procedures in 2008 vs. 719 procedures in 2006).
- In Asia, the demand for chest hair transplants rose by 184.4% (219 procedures in 2008 vs. 77 procedures in 2006).
- In the Middle East, the number of facial (moustache/beard) hair transplants increased by 110% (916 procedures in 2008 vs. 436 procedures in 2006).

**Procedures in Your Practices**

When members were asked the average number of procedures administered to achieve the desired results, we are noticing a trend toward fewer procedures. Since 2004 when the average number of procedures reported was 2.2, this number has dropped to 1.8 procedures in 2006 to 1.4 procedures in 2008.

In 2008, the average number of hair restoration surgical procedures performed by an ISHRS member was 190, down slightly from 203 reported in 2006. Similarly, the average number of hair restoration surgical procedures performed

per member per month also dipped slightly, from 16.9 procedures in 2006 to 15.6 procedures in 2008.

As expected, the majority of hair restoration surgical procedures were performed using the hair transplant strip/linear harvesting technique (88.5%). Just less than half of members (48.9%) reported having used trichophytic closure in addition to hair transplant with strip/linear harvesting, which is up from 38.3% of members who reported using this procedure in 2006.

**How the Data Will Be Used**

On behalf of the Practice Census Subcommittee and the Media Relations Committee, we'd like to extend a sincere thank-you to everyone who completed this year's Practice Census. Thanks to your participation, our response rate was 26% again this year, which certainly adds credence to our findings.

As we continue to try to raise public awareness of hair restoration through public relations efforts targeted to the media, our membership data remain an invaluable tool in this effort. Certainly, we want the ISHRS to continue to be the go-to source for statistics on medical and surgical hair restoration, which is why our Practice Census data are the cornerstone of our national and international media outreach.

By conducting the Practice Census every two years, we are establishing trends important to our members, the media, and, ultimately, the public. For example, if the media report that the number of women seeking hair restoration continues to climb every year, we can reach more women who might realize that hair restoration is an option for them or who may be more comfortable knowing that other women suffering from hair loss are seeking medical or surgical treatment. Only with these types of data can we show that hair restoration is a viable option for almost anyone with hair loss.

At this time, we have developed a press release and a fact sheet that will be distributed to media outlets around the world this summer to try to generate positive stories on hair restoration. Both documents are posted in the Media Center of the ISHRS website with the complete 2009 Practice Census report at [www.ishrs.org/ishrs-media-center.htm](http://www.ishrs.org/ishrs-media-center.htm).

In order for you to use our new data in your local markets, you will be receiving a press release template and sample pitch letter that includes survey highlights and information that you can tailor to your individual practice in the next few months. We encourage you to share these statistics with your local media to help us raise awareness of the ISHRS and hair restoration, while at the same time promoting yourself as a local hair loss expert.

Let's all work together and spread the word that the ISHRS is the premier resource for hair loss and hair restoration!

*Note: The margin of error for the sample is within plus or minus 6.5% at the 95% confidence level.*

# Notes from the Editor Emeritus

Robert S. Haber, MD *Cleveland, Ohio*



## The impact of communication on quality

The hair restoration process consists of many individual steps, each of which undergoes a slow process of evolution that over time can dramatically change the overall procedure. Ex-

perimenting with and discarding failed ideas allows the successful ideas to be identified and adopted, then shared with the rest of our colleagues. Before the Internet, the sharing of ideas in a group only occurred at annual meetings or other gatherings, and so progressed slowly. Today it's possible to stay in touch with and learn from colleagues scattered across the globe—but only those colleagues who are part of our “family.”

As recently as 2002, I checked my email about once every two weeks, and that was enough to stay caught up. I had little interest in continuing dialogues throughout the year that began at one of the annual meetings, believing that these often amounted to “beating a dead horse” and preferred to learn new ideas at the big meeting, and then work on those throughout the following year. How times have changed! I now check my email many times each day, and even so find my inbox overflowing. While much of this communication is fairly worthless, enough of it is so valuable that I cannot imagine going back to a less “connected” time.

Many of us remain in regular contact throughout the year, and through our emails often have the opportunity to run a seemingly simple question past our peers. What follows is often an unexpected series of comments, conjectures, personal anecdotes, and tangential offshoots. While I often actively participate in these discussions, I am sometimes a silent observer, but almost always end up choosing to try a new approach to an old problem, or use a comment as a springboard for further investigation on my own. Through these “virtual” interactions, I fine-tune my techniques, and subsequently share a new insight back to the group, beginning the process all over again. I cannot imagine going back

to the days when I had little contact with my peers between meetings, as this constant tinkering allows advances to my techniques on a weekly basis, instead of just at the annual meetings.

*We will always be best known for the most visible poor work produced, and not the finest.*

As an example, a recent observation produced a series of comments that might result in a technique change. A topic was discussed regarding the degree to which hair angulation changes from one area of the donor scalp to another. It was noted that along the healed donor scar, the hairs often align poorly, and it was suggested that this was a result of a natural change in angle that could

exist as close as 1cm apart. I speculated that an alternative explanation consisted of the immediate change in angulation following the incision, as a result of unopposed elastic tissue forces acting on the hair shafts (Figures 1-5). The theory made sense to me, but had to be tested. The next day I obtained photos of the strip harvest to analyze the changes in hair shafts, and discovered that I was only partly correct. Figure 3 in fact never occurred while the wound was open. While the closed wound followed the theory, the open wound revealed an essentially unchanged hair angulation. Thus, the alteration in angulation appears to occur during the closure, and further exploration of this phenomenon is needed. Quite possibly, utilizing a layered closure might help keep hair angulation better aligned after surgery, improving donor area appearance and maximizing the yield of subsequent strips. This will result in me revisiting the benefits of a layered closure, but hopefully won't change my mind before I argue against them in Amsterdam!

The antithesis of regular communication between peers is the absolute absence of contact with peers. Knowing how much I benefit from the annual meetings and ongoing communications, I also know what effect isolation will have on surgeons who we never see, and therefore who never have an opportunity to learn new ideas. Bad technique is, of course, a problem, but not knowing that the technique is bad is a greater problem. In my community, as I'm sure in

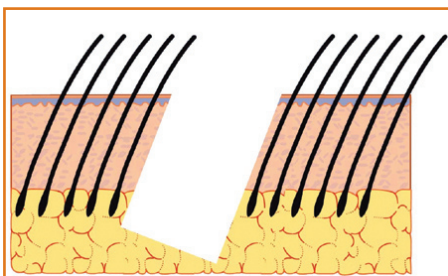


Figure 1. Initial wound.

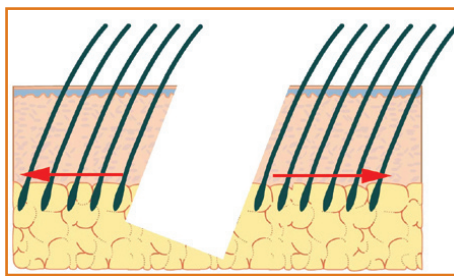


Figure 2. Arrows show the direction of the unopposed elastic tissue force.

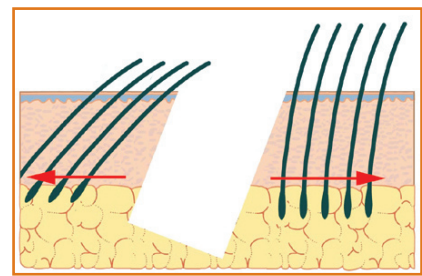


Figure 3. Effect on the hair angulation of this force.

those of many readers, there are several surgeons whose poor technique and results stem at least partly from this self-imposed "exile." The ISHRS is constantly seeking ways to increase our membership, and it's important to understand that this is not just for the Society's economic health, but much more importantly it's for the health of our field, as we will always be best known for the most visible poor work produced, and not the finest.

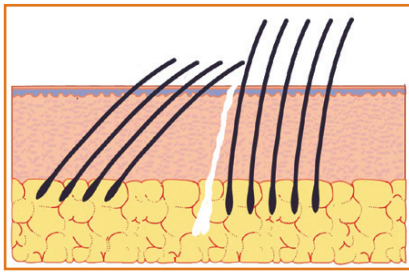


Figure 4. Eventual effect on the healed wound.

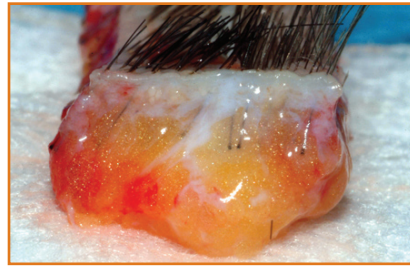


Figure 5. Actual healed wound demonstrating above theory.

Our ongoing desire to identify colleagues who perform HT but do not attend our meetings must continue, and we should each try to bring local colleagues "into the fold" even if we think of them as competitors. We are

better off with well-trained colleagues than surgeons who, through either ignorance or poor skills, perform sub-par work and diminish us all. ✧

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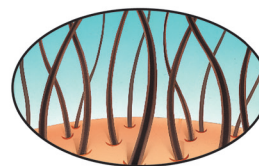
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