

# Hair's the Question "?"

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The first time I was taught about the vertex (sometimes interchangeably referred to as the crown), I heard it referred to as the "black hole" for hair. This is true not only for the numbers of grafts it can take to fill it in, but also for the hours spent educating patients regarding realistic expectations. It may also be an area that new physicians find themselves sucked into transplanting without understanding the long-term consequences, particularly for young and eager patients. With all these pitfalls in mind, here are a few refresher questions about the area we all wish we could make magically disappear.

## The vertex

- According to the Ziering and Krenitsky study of vertex hair patterns,<sup>1</sup> which is the most common among men?
  - ZZ double whorl
  - Z Pattern
  - Diffusion Pattern
  - S Pattern
- According to the Ziering and Krenitsky study of vertex hair patterns,<sup>1</sup> which is the most common among women?
  - ZZ double whorl
  - Z Pattern
  - Diffusion Pattern
  - S Pattern
- Statistically speaking, in a male with no hair at the "bald spot" to suggest what previous whorl pattern naturally existed, what would be the most likely pattern for a surgeon to re-create in an attempt to reproduce nature?
  - An S pattern on the left side or in the center
  - A Z pattern on the right side
  - An S pattern on the right side
  - A diffuse pattern centered on the right
- A 21-year-old patient presents with vertex loss but no appreciable frontal hair loss. His father was a Norwood Class VI at age 45. He does not want to take finasteride or use minoxidil. He has adequate donor (70 FU/cm<sup>2</sup> and 30% elasticity) and wants to put as many grafts as possible in the back so that the bald spot "goes away." What is the least appropriate course of action at this point?
  - Advise him that future procedures may be necessary for the frontal area and discuss the risks and benefits of finasteride and minoxidil therapy only
  - Advise him to wait until he needs frontal/hairline restoration in addition to the vertex coverage
  - Refuse to do the surgery unless he starts on finasteride for at least a year
  - Proceed with surgery for the vertex
- At what age is it appropriate to transplant a vertex?
  - Any age as long as the patient agrees to take finasteride long term for vertex fringe protection
  - Over age 50
  - Over 35 as long as the patient realizes he or she may require additional surgery and is counseled regarding use of finasteride
  - Any age older than 25 with adequate donor area
- Regarding the vertex, which of the following is true?
  - Trichotillomaniacs often have a predilection for this area.
  - Miniaturized hairs may be masked by the pattern of the whorl here.
  - Finasteride will not slow or stabilize posterior fringe loss in most cases.
  - Loss in this area bothers patients less if they are tall.
- You are examining a 60-year-old male patient's bald vertex for transplant when you note a scar shaped like a 3-pointed star (Mercedes-Benz symbol). His donor area is intact and there are no other scars on his scalp. He denies previous hair transplant. Which of the following is most likely?
  - This patient has an old Juri flap and care should be taken with the blood supply in the area since it may be reduced.
  - This patient has had a brain tumor removed and you should not transplant in case further brain surgery becomes necessary.
  - This patient has had a scalp reduction.
  - This patient was in a car accident and that is the likely cause for his hair loss.
- In the vertex, which of the following is a common patient misperception?
  - There is no natural pattern with a central hair tuft surrounded by loss.
  - Vertex loss will stabilize on its own.
  - The vertex zone will continually expand over time.
  - Transplantation in the vertex gives little cosmetic benefit.
- A 61-year-old male presents to you after two previous hair replacement surgeries in his frontal area. He is pleased with his results and wears his hair combed straight back. He realizes he has limited donor supply but wants to "do something" about the vertex area since he is an avid boater and the wind is constantly revealing his bald spot. After discussing finasteride therapy options, which of the following would be the best and most reasonable course of action?
  - No further surgery and consider obtaining a clip-on non-surgical hairpiece for the vertex
  - Surgery to add additional frontal density
  - Surgery to add "tackers" to the vertex area to help anchor the longer hair
  - Surgery to remove the old scars and "raise" the inferior edge of the crown

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Answers

1. **D.** The S pattern was seen in roughly 75%. The ZZ double whorl was not seen at all. Note that the Z pattern and the Diffusion pattern were both seen about 10% of the time.
2. **C.** About 78% show the Diffusion pattern. Even though the number of women was much smaller in this study, and thus had less power statistically, the only other pattern seen with some frequency (at about 17%) was the S pattern—which is the most common pattern among males!
3. **C.** An S pattern on the right is most likely. Note that there are very few patients who would be unable to be categorized using vellus hairs or previous photographs, so every attempt should be made to reproduce nature if possible.
4. **D.** It would not be appropriate to proceed with surgery for the vertex without discussion of the risks of progression or other therapies for this young patient.
5. **C.** There is not a clear-cut answer to this question, but answer C seems to be the answer with which most of the published opinions from hair surgeons generally agree. Obviously, this is an area of ongoing debate with many experienced surgeons choosing not to transplant anyone younger than 45-50 years old. However, the key points of the question are that an arbitrary age limit is less important than giving the patient the hard truth

6. **A.** This is the correct answer.
7. **C.** Care should be taken with the directionality of the hair (as with all vertex surgeries) and realize that the anatomy of this area has been altered, which may affect blood supply, depth of incisions for receptor sites, and growth, among other things.
8. **B.** The Merck 5-year data and physician experience clearly demonstrates relentless progression, but the number one reason that patients do not seek treatment is that they believe their hair loss will not get any worse.
9. **C.** A would also be a good option but not optimal in this patient who is an "avid boater" and out in the wind all the time (or so my patient on whom this question is modeled told me).

References

1. Ziering, C., and G. Krenitsky. The Ziering whorl classification of scalp hair. *Derm Surg.* 2003; 29:817-821.
2. Marritt, E. The overwhelming responsibility. *Hair Transplant Forum Int'l.* Special Edition, 1993; p. 4.
3. Stough, D. The paradox of crown transplantation. *Hair Transplant Forum Int'l.* 2005.
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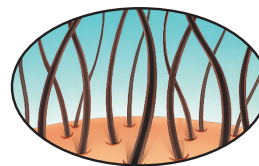
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## Newly formed Asian Association of Hair Restoration Surgeons (AAHRS)

Damkerng Pathomvanich, MD, FACS Bangkok, Thailand [path\\_d@hotmail.com](mailto:path_d@hotmail.com)

A new Asian society—Asian Association of Hair Restoration Surgeons (AAHRS)—was organized and founded in Bangkok, Thailand, during the ISHRS Asian Regional Live Surgery Workshop that ran June 25-27, 2010.

The word “Asian” includes many countries in the continent, each of which has its own set of cultures, as well as distinct differences in facial features and skin and hair characteristics. Thus, even if the basic principles of surgery remain the same, there are striking differences in Asian hair transplantation compared with that of Caucasian.

At the annual ISHRS scientific meetings, there is minimal contribution among doctors regarding Asian hair transplantation. With the increasing number of Asian doctors practicing hair restoration surgery throughout the world, and likewise an increasing number of Asian patients seeking hair transplantation, we felt that this was the appropriate time to organize a society of our own. Many have attempted to form an Asian hair society in the past ten years, but failed due to conflicts of interest and politics.

The ISHRS is the largest and most successful hair transplant society in the world, and I envision that the Asian Association of Hair Restoration Surgeons will someday follow in its footsteps. I am not claiming to be a hero riding a white horse, but rather, a physician who foresees the need of building an Asian hair society of our own. The exchange of knowledge within each Asian country through joining the AAHRS will promote education within Asia as well as help to spread this knowledge throughout the world.

For the past 6 months, I have been in touch with the president, past president, and executive director of the ISHRS to obtain their input on forming the Asian society. I have personally invited many reputable hair transplant surgeons from different Asian countries, but with minimal response, and some have sent their regrets to attend the workshop and business meeting. To give this society a head-start, and after discussions with many reputable hair transplant colleagues from the East and West, I have committed myself to the task of being the first president for a two-year term, and have appointed Dr. Sunjoo “Tommy” Hwang to be secretary and treasurer. He will automatically move to become president for the two years following my term as I become immediate past president.

I am in the process of approaching reputable hair surgeons from different Asian countries to become officers of the AAHRS assigned for the first two years under my term. Anyone can become a member of the AAHRS. I highly encourage everyone, whether Asian or Caucasian, who practices hair restoration surgery to join us in our vision of improving hair transplantation through the exchange of knowledge, education, and research. The dues are only \$200USD for 3 years. After July 31, 2010 the dues will increase to \$300USD for 3 years. For your membership application, please contact Dr. Hwang at [aahrs2010@gmail.com](mailto:aahrs2010@gmail.com).

I still remember when Dr. Dow Stough first organized the ISHRS; there were about 100 members and today it is nearing 1,000. With your support, I am hopeful this new Asian society will start the same and rapidly expand in the future. ♦

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## ABHRS holds exam in Capri, Italy

Robert H. True, MD *New York, New York* [drtrue@hairlossdoctors.com](mailto:drtrue@hairlossdoctors.com)

The American Board of Hair Restoration Surgery (which is also the International Board of Hair Restoration Surgery) for the first time held a certification examination outside of the United States. The examination was held in Capri, Italy, and was sponsored by the Italian society of Hair Restoration, under the leadership of its president, Dr. Piero Tesauro, and in conjunction with its Annual Meeting, which ran May 20-21, 2010. Dr. Tesauro and the ISHR members extended gracious support and assistance. We can't thank them enough for their professionalism, unparalleled hospitality, and the opportunity to visit such a beautiful locale. In particular, we will remember the wonderful reception Dr. Tesauro and his lovely wife Gabriela held for examiners and examinees at their Capri villa overlooking the Mediterranean.

The ABHRS was founded in 1997 and has grown to 150 certified diplomates, 35 of whom come from outside of North America. The annual certifying examination is held every year in January in Houston, Texas. Over recent years, the Board has been hearing from increasing numbers of hair transplant surgeons who reside outside of North America that they are very interested in pursuing certification but find traveling to Houston in January to be very difficult. It was in response to this need that the ABHRS decided to offer the exam outside of the United States.

Eight hair restoration surgeons from eight countries in the Middle East, Asia, and South America came to Capri to take the examination. The written portion was given in the morning and the three oral examination cases were in the afternoon. Board president, Dr. Robert H. True, was joined by Drs. Robin Unger, Bessam Farjo, Michael Vories, Dan Didocha, and Robert Reese as the examiners. All examiners are volunteers and travel at their own expense.

Based on the success of this experience and the continued high level of interest, the ABHRS Board of Directors is considering holding additional certifying exams outside of North America. The model of holding them in conjunction with regional society meetings seems to offer many advantages both for examinees and examiners.

The mission of the ABHRS/IBHRS is to act for the benefit of the public, to establish specialty standards, and to examine surgeons' skill, knowledge, and aesthetic judgment in the field of hair restoration surgery. It is the largest worldwide entity to have established standards for certification for education, training, and experience

in hair restoration surgery. The ABHRS/IBHRS is the only certification recognized by the International Society of Hair Restoration Surgery.

Physicians who are eligible to apply for ABHRS/IBHRS certification have demonstrated the accumulation of significant experience in the field of hair restoration surgery and have shown a commitment to high standards of training and education. Those who have achieved certification have demonstrated advanced knowledge in the art and science of hair restoration through peer-reviewed examination.

Those who are interested in pursuing certification or who may be interested in setting up a certifying exam through their regional society should visit [www.abhrs.org](http://www.abhrs.org) for an application and contact details. ✧



ABHRS examiners in Capri (L to R): Drs. Bessam Farjo, Michael Vories, Dan Didocha, Robert Reese, Robert True, and Robin Unger.



### RECERTIFICATION EXAM

**Date:** Wednesday, October 20, 2010

**Time:** 5:30PM–8:30PM

**Location:** Back Bay Complex, on the mezzanine level of the World Trade Center

For those ABHRS Diplomates who were board certified in 1999 or 2000, in order to maintain certification you must register/apply for the Recertification Exam.

The Recertification Exam is also being offered on January 22, 2011, from 2:00PM–5:00PM, in Houston, Texas. For those interested in first time certification, the next primary exam will take place on January 22, 2011, in Houston, Texas.

**For further information and to register, contact:**

Peter B. Canalia, JD, Executive Director  
American Board of Hair Restoration Surgery (ABHRS)  
419 Ridge Road, Suite C, Munster, IN 46321, USA

Tel: 219-836-5858; Fax: 219-836-5525

Email: [abhrs@sbcglobal.net](mailto:abhrs@sbcglobal.net) • [www.abhrs.org](http://www.abhrs.org)

# Surgeon of the Month: Fernando Basto, MD

Samuel M. Lam, MD *Plano, Texas*



Citing divine inspiration, Fernando Basto recalls: "I wanted to be a plastic surgeon ever since I was 15 years old." With that revelation, Fernando, founder of the Brazilian Society of Hair Restoration Surgery, has become both an amazing thinker and a doer in the ISHRS. He has contributed numerous publications both in our journals

as well as in his own country, Brazil, where he has practiced hair restoration since 1988.

Born on August 16, 1957, in Recife, State of Pernambuco (in northeast Brazil), Fernando is the last of 11 children with 4 brothers and 6 sisters. His father worked on the dock until he retired, after which he then started an insurance agency, and his mother was a housewife. Fernando recalls: "My parents were good to us. Both had a simple, hard life, very modest, but they made the impossible possible to create better opportunities for their children. Both were devout Catholics and our education was based on these Catholic philosophies."

Fernando began his primary education in public school and completed high school at Colégio Nóbrega, a private school. He went on to the Universidade de Pernambuco-Ciências Médicas, graduating in 1981, followed by a residency in General Surgery in Federal University finishing in 1982. Studying under Dr. Perseu Lemos from 1983 to 1986, Fernando underwent a residency in Plastic Surgery at the Federal University of Pernambuco. Shortly thereafter in 1988, he began his career in hair restoration.

Fernando was attracted to hair transplants after he saw some of the results. However, he explains: "I decided that perhaps the technique could be improved on. As I carried out more and more surgeries, I found that this really interested me, and with each surgery I tried to improve on tactics and techniques that I developed and carried out." Having now completed 3,600 surgeries, he originally started with punch grafts and Juri flaps but has evolved his method to modern follicular unit technique with strip harvest and occasional follicular unit extraction.

His publications in the field of hair restoration are diverse, including his 2005 *Forum* article, "Irregular and sinusoidal anterior hairline: prior technique refinement in male and female trace parameters." He has also developed and published his own classification system for female pattern baldness.

Fernando has been married to his wife, Élide, since 1986, with whom he has three children: 19-year-old Amanda, who is at university studying her second year of law; 15-year-old Caio, a high school student; and 12-year-old Gabriel, also a student. He notes that both of his sons are interested in entering medicine. At 52 years of age, Fernando's other passion is playing guitar in the company of his friends and family. He also loves wine and viticulture, and has a large

wine cellar at home. After a long, demanding week of hair restoration surgeries, Fernando's ideal way of relaxing and unwinding on weekends is with a glass of good wine, his guitar, and his family at his side.

We are very happy to award Fernando Basto the distinction of Surgeon of the Month for his outstanding scientific contributions and for his lifelong achievement in the practice of hair transplantation. ✧



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### The 2010 Basics in Hair Restoration Surgery Lecture Series

is an enduring material created by the International Society of Hair Restoration Surgery (ISHRS).

The Series can be taken alone or paired with the Basics Hands-On Course at the ISHRS Annual Scientific Meeting. The Series provides the didactic information and the Hands-On Course teaches the core skills. When paired with the Hands-On Course, students are expected to complete the Series prior to the Hands-On Course. Together the overall emphasis is to provide basic and core skills essential for the practice of safe, esthetically sound hair restoration surgery. It is intended for use by those new to the field as well as those who are interested in a refresher. This enduring material was developed as a result of the need for the consistent and comprehensive presentation of the core basic topics. A faculty of well-known and distinguished experts in the field developed the materials and content based on the pre-determined learning objectives and with the guidance of the CME Committee.

#### LECTURES IN THE SERIES:

1. *Introduction: Course Overview and History of HRS*, Matt L. Leavitt, DO 26:59
2. *Anatomy & Physiology of Hair Growth*, William M. Parsley, MD 38:16
3. *Contemporary Insights into Hair Cycle Physiology and the Genetics of Hair Loss*, Bessam K. Farjo, MBChB 26:23
4. *Physiology & Medical Treatment of Hair Loss*, Ken Washenik, MD, PhD 58:28
5. *Identification of Non-Androgenetic Pathological Hair Loss*, Bernard P. Nusbaum, MD 42:13
6. *HRS Patient Consult: Ethics, Expectations, and Pt Selection*, Matt L. Leavitt, DO 51:24
7. *Hairline & Crown Whorl Design*, Michael L. Beehner, MD 40:11
8. *HRS Anesthesia & Hemostasis*, Vance W. Elliott, MD 38:24
9. *Donor Harvesting & Closure*, Melvin L. Mayer, MD 45:45
10. *Graft Preparation and Storage*, Jerry E. Cooley, MD 31:09
11. *Recipient Site Preparation & Graft Placement*, Robert P. Niedbalski, DO 35:09
12. *Flaps, Reductions, and Lifts*, E. Antonio Mangubat, MD 1:03:01
13. *Office Emergency Preparedness*, Edwin S. Suddleson, MD 25:53
14. *Office Design and Ergonomic Work Stations*, Carlos J. Puig, DO 19:26
15. *Basic Principles of Staff Training*, Carlos J. Puig, DO 30:15

**FORMAT** Internet/online, computer. The following is a list of user/system requirements in order to participate in this enduring material:

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- Windows Media Player. This can be downloaded for free at: <http://www.microsoft.com/windows/windowsmedia/player/9series/default.aspx>
- Microsoft Windows® 98 Second Edition, Windows 2000, Windows Millennium Edition, Windows XP Home Edition, or Windows XP Professional
- A 233 megahertz (MHz) processor, such as an Intel Pentium II or Advanced Micro Devices (AMD) processor
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- Adobe Flash Player

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To receive CME credit participants must participate in the activity, complete the post-test, and achieve a passing grade (70% or higher). Instructions are included on the webpage.

# Surgical Assistants Editor's Message

Laurie Gorham, RN Boston, Massachusetts [laurieg@bosley.com](mailto:laurieg@bosley.com)



We were all saddened to hear of the passing of Cheryl Pomerantz. I had the privilege of working with her during the assistants meetings. She was a delightful person who will be sorely missed by her ISHRS family.

Rest in peace, Cheryl. I will personally cherish the time we had working side by side.

*Laurie Gorham, RN*

Editor, Surgical Assistant's Corner; Surgical Assistants Program Chair

## Auditing within a hair transplant setting

Sara Roberts, RN Farjo Medical Centre, Manchester, United Kingdom

The definition of audit is an evaluation of a person, organization, system, process, project, or product. The purpose of any audit is to ascertain efficacy and effectiveness of internal systems, and as with any organization the importance of how our systems and protocols work within the hair transplant clinic are crucial not only for patient safety but for patient and staff appeasement. This article will illustrate how we implemented a very basic evaluation system within the clinic that allowed the main goals of auditing to be achieved.

The initial aim was to make all systems for checking and examining our practices uniform, so we devised a simple format that everyone could understand and follow as a tool and guide to make the audit procedure clear. This format took the following structure: purpose, method, results, conclusion, and action plan.

For each evaluation, the auditor needs to make clear the purpose of completing and evaluating the particular process. For example, when auditing emergency procedures within the clinic, the purpose would include current procedures and reasons why these measures may need modifying.

The method of evaluation of a particular process needs to be designed to be straightforward to those taking part and to be effective in producing results that are easily evaluated. For instance, when reviewing emergency procedures a simple test paper was completed by surgical staff to ascertain their levels of knowledge regarding emergency situations.

Results are then correlated into a table format so that it is clear to see any areas that may need improvement.

The conclusion is a short summary of all the above with any new measures to be implemented in an action plan. At this point, an annual review date is set so that each audit gets properly followed up.

Staff is instructed on how to complete audits and all are encouraged to regularly examine their practices.

An end of year audit summary report is completed by the head nurse that can be used as a quick reference guide to all areas evaluated that year. It also serves as a training instrument and to see how techniques have evolved. Some areas that we have audited include infection control, health and safety procedure, single-use instruments, patient care, stock control, surgery forms, end of day procedures. (Please see the example of a past audit that demonstrates the structure discussed in this article.)

### Audit of Health and Safety Procedures June/July 2009

**Purpose:** To manage the ongoing health and safety of staff, patients, and visitors.

#### Method

- All current health and safety documentation and policies were reviewed, including risk assessments, practice and procedures, and accident log.
- Surgery staff was given an infection control assessment paper that included questions regarding the procedures for needle stick injury (see also infection control audit).

#### Results Summary

- Conditions within the clinic change regularly so risk assessment needs to be an ongoing process (i.e., under constant update rather than annual).
- Some areas of documentation and reporting need to be monitored more closely but no areas of danger or high risk were identified.
- No accidents or incidences were recorded that require any follow-up.
- Staff has demonstrated awareness of Health and Safety procedures and how to report any incidences. They also know who to ask for any further information.
- Flow of visitors within the clinic needs to be monitored.
- Some documentation (e.g., health and safety folder not being replaced after use)

#### Conclusion

- Health and Safety is an on going concept and all areas within the clinic are constantly monitored and measures are in place to facilitate this.

#### Plan

- Following last year's report in conjunction with the current evaluation and discussion with Office Manager, Nurse Manager, and Surgery Technicians it was decided that we do need a more comprehensive guide to managing the health and safety of visitors to the clinic. Nurse Manager to compile an action plan to be completed by the end of June 2009.
- As per last year's audit, some new members of staff need to attend Health and Safety courses.
- Memo to be sent to all staff regarding the importance of returning files and information to their place of storage.

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**NEWCOMERS ARE WELCOME!**

As a result of the positive feedback from the 2009 annual meeting, we will again offer a "Meeting Newcomers Program" to orient those who are new to the ISHRS annual meeting. Newcomers will be paired with hosts. We want to welcome you, introduce you to other colleagues, and be sure you get the most out of this meeting.

Sincerely,  
Paul J. McAndrews, MD, Chair  
2010 Annual Scientific Meeting

**FEATURED GUEST SPEAKERS**



**Bruno A. Bernard, PhD, Dr.ès Sci.**  
Head of the Hair Biology Research Group, L'Oréal Advanced Research, Life Science Department, at the C.Zviak Research Center of L'Oréal, in Clichy, France

Dr. Bernard will speak on, "New Insights into Human Hair Growth, Shape, and Whitening."



**Kurt S. Stenn, MD**  
Aderans Research Institute, Inc, Philadelphia, Pennsylvania, USA

Dr. Stenn will speak on "Perspectives of Bioengineering of the Hair Follicle."



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

Dr. Whiting will speak on, "Senescent Alopecia: Fact or Fiction?"

International Society of Hair Restoration Surgery

303 West State Street ★ Geneva, IL 60134, USA ★ Tel: 630-262-5399 or 800-444-2737 ★ Fax: 630-262-1520  
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Advancing the art and  
science of hair restoration

## Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
July 23-25, 2010	<b>2nd Annual Hair Restoration Surgery Cadaver Workshop</b> St. Louis, Missouri, USA	Practical Anatomy & Surgical Education, Center for Anatomical Science and Education, Saint Louis University School of Medicine <a href="http://pa.slu.edu">http://pa.slu.edu</a> in collaboration with the International Society of Hair Restoration Surgery	<a href="http://pa.slu.edu">http://pa.slu.edu</a>
August 18-21, 2010	<b>4th Scientific Meeting of the Brazilian Association of Hair Restoration Surgery</b> Belo Horizonte/Ouro Preto, Minas Gerais, Brazil	Brazilian Association of Hair Restoration Surgery	<a href="mailto:clinica@marcelopitchon.com.br">clinica@marcelopitchon.com.br</a>
September 10-12, 2010	<b>2nd Annual Meeting of the Indian Association of Hair Restoration Surgeons</b> Rajasthan, India	Indian Association of Hair Restoration Surgeons <a href="http://www.ahrsindia.com">www.ahrsindia.com</a>	<a href="http://www.ahrsindia.com">www.ahrsindia.com</a>
October 20-24, 2010	<b>18th Annual Scientific Meeting of the International Society of Hair Restoration Surgery</b> Boston, Massachusetts, USA	International Society of Hair Restoration Surgery <a href="http://www.ISHRS.org/18thAnnualMeeting.html">www.ISHRS.org/18thAnnualMeeting.html</a>	Tel: 630-262-5399 Fax: 630-262-1520
February 24-25, 2011	<b>16th Annual Scientific Meeting and Live Surgery Workshop</b> Okinawa, Japan	Japan Society of Clinical Hair Restoration (JSCHR) <a href="http://www.jschr.org">www.jschr.org</a> Hosted by Akio Sato, MD	Tel: + 81-3-5351-0309 Fax: + 81-3-5351-1395 <a href="mailto:drsato@crux.ocn.ne.jp">drsato@crux.ocn.ne.jp</a>
<b>DIPLOMAS</b>			
Academic Year 2010-2011	<b>Diploma of Scalp Pathology &amp; Surgery</b> U.F.R. de Stomatologie et de Chirurgie Maxillo-faciale; Paris, France	Coordinator: Pr. P. Goudot Directors: P. Bouhanna, MD, and M. Divaris, MD	Tel: 33 + (0)1 42 16 13 09 Fax: 33 + (0) 1 45 86 20 44 <a href="mailto:sylvie.gaillard@upmc.fr">sylvie.gaillard@upmc.fr</a>
January 2011	<b>International European Diploma for Hair Restoration Surgery</b>	Coordinator: Y. Crassas, MD, University Claude Bernard of Lyon, Paris, Dijon (France), Torino (Italy), Barcelona (Spain). Department of Plastic Surgery <a href="http://www.univ-lyon1.fr">www.univ-lyon1.fr</a>	For instructions to make an inscription or for questions: Yves Crassas, MD <a href="mailto:yves.crassas@wanadoo.fr">yves.crassas@wanadoo.fr</a>

### HAIR TRANSPLANT FORUM INTERNATIONAL

#### International Society of Hair Restoration Surgery

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

**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

**2013: 21st ASM, October 23-27, 2013**  
San Francisco, California, USA