

2010 Annual Scientific Meeting Committee

**Thank you to the 2010 Annual Scientific Meeting Committee
for a great conference!**



Dr. Edwin Epstein (left) congratulates Dr. Paul McAndrews (right) for his efforts in chairing the 2010 Annual Scientific Meeting.



Drs. Glenn Charles (not pictured) and Sungjoo Tommy Hwang chaired the Board Review Course.



Dr. Ivan Cohen, Workshops Chair and oversight of lunch symposia.



Dr. Niedbalski with his assistant, Mala Voracheck. Drs. Ricardo Mejia (not pictured) and Robert Niedbalski chaired the Basics Course.



Dr. Edwin Epstein (left) thanks Dr. Ken Washenik (right) for Bosley Boston serving as the Local Liaison and LSW Host.



Dr. Robert Leonard chaired the Newcomers Program.



Laurie Gorham chaired the Surgical Assistants Program.



Tissue Prep Team.

2010 Annual Scientific Meeting Committee

Paul J. McAndrews, MD, Chair
 Robert P. Niedbalski, DO, Basics Course Chair
 Ricardo Mejia, MD, Basics Course Co-Chair
 Sungjoo Tommy Hwang, MD, PhD, Board Review Course Chair
 Glenn M. Charles, DO, Board Review Course Co-Chair
 Ivan S. Cohen, MD, Workshops Chair
 Mark S. DiStefano, MD, Live Patient Viewing Chair
 Nicole E. Rogers, MD
 Ken J. Washenik, MD, PhD, Immediate Past-Chair
 Lauren Gorham, RN, Surgical Assistants Chair

Not pictured:

Dr. Mark DiStefano, chair of Live Patient Viewing;
 Dr. Glenn Charles, co-chair of Board Review Course;
 Dr. Ricardo Mejia, co-chair of Basics Course; and Dr. Nicole Rogers.

ISHRS Leadership

October 20, 2010 • Boston, Massachusetts



ISHRS Board of Governors and Past-Presidents

Front L to R: Victoria Ceh, Bessam Farjo, Russell Knudsen, John Gillespie, William Parsley, Jerry Cooley, Edwin Epstein, Jennifer Martinick, Carlos Puig, Alex Ginzburg, Paul Rose, Vincenzo Gambino, Jerzy Kolasinski.
Back L to R: Robert Haber, Robert Leonard, Paul Straub, E. Antonio Mangubat, Emina Karamanovski, Sharon Keene, Arthur Tykocinski, Paul Cotterill, Michael Beehner, Bernard Nusbaum.



ISHRS Executive Committee

L to R: William Parsley (Immediate Past President), Jerry Cooley (Vice President), Edwin Epstein (President), Jennifer Martinick (Secretary), Carlos Puig (Treasurer).



Global Council of Hair Restoration Surgery Societies

Seated L to R: Frank Neidel (Germany), Sanjiv Vasa (India), Edwin Epstein (ISHRS), Jerry Cooley (ISHRS).
Standing L to R: Kuniyoshi Yagyu (Japan), William Reed (ISHRS-Forum), Vincenzo Gambino (Italy), Tejinder Bhatti (India), Rajesh Rajput (India), Piero Tesauro (Italy), Francisco Jimenez (ISHRS-Forum), Greg Williams (British), Tommy Hwang (Asian), Bessam Farjo (British).

Not pictured: Nilofer Farjo (British), Russell Knudsen (Australasian), Jennifer Martinick (Australasian), Damkerng Pathomvanich (Asian), Victoria Ceh (ISHRS).



ISHRS Meeting Staff

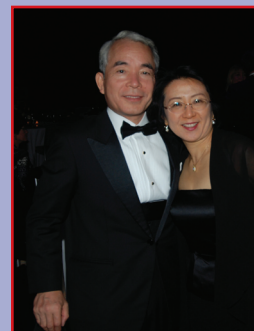
L to R: Jule Uddfolk, Melanie Stancampiano, Kimberly Miller, Victoria Ceh, Amy Hein, Katie Masini.



L to R:
 Program Chair,
 Paul McAndrews;
 President, Edwin
 Epstein; and Executive
 Director,
 Victoria Ceh.

Thank you, Photographers!

Thank you to Dr. Kuniyoshi and Mrs. Wakako Yagyu, and Kristyn Perrault, our official photographers of the meeting this year.



2010 Research Grants

Protocol: Evaluation of Autologous Hair Grafting as a Therapeutic Alternative for Non-Healing Chronic Leg Ulcers

Lead Researcher: Francisco Jimenez, MD

Team Members: Carmen Garde, Ander Izeta, and Enrique Poblet, MD, PhD

Protocol: Study of Repigmentation in Localised Stable Vitiligo Patches with Leucotrichia by Follicular Unit Transplant

Lead Researcher: Narendra G. Patwardhan, MD

Team Members: Dhanashree Bhide, MD, Vishwanath Jiginni, MD, Vaishalee Kirane, MD, and Pradyumna Vaidya, MD

Protocol: High Density Implantation or Standard Density Implantation for Secondary Cicatricial Alopecia

Lead Researcher: Kuniyoshi Yagyu, MD



Dr. Michael Beehner, Chair of the Scientific, Research, Grants and Awards Committee, presenting certificate and research grant to Dr. Kuniyoshi Yagyu.

2010 ISHRS/IAHRF Joint Research Grant



Dr. Michael Beehner (left), Chair of the Scientific, Research, Grants and Awards Committee, and Dr. Fabio Rinaldi (right), President of the International Hair Research Foundation, presenting certificate and research grant to Dr. Francisco Jimenez.

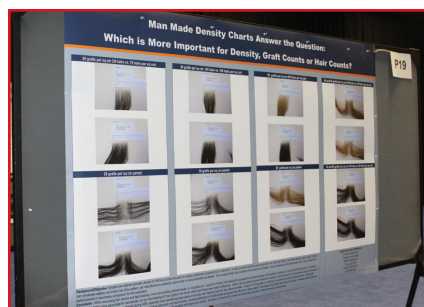
Protocol: Immunohistochemical Investigation of Apoptosis and Peroxisomal Expression in Patients with Frontal Fibrosing Alopecia

Lead Researcher: Francisco Jimenez, MD

Team Member: Enrique Poblet, MD, PhD

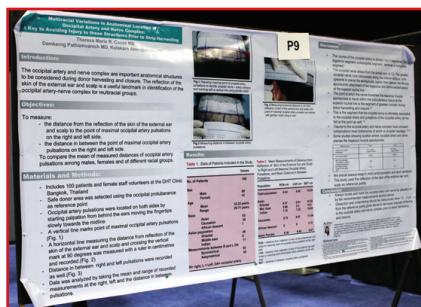


2010 Poster Awards



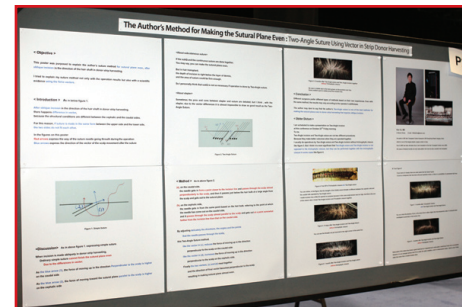
1st Place

Sharon A. Keene, MD: "Manmade Density Charts Answer the Question: Do Hair Counts Matter in Achieving Cosmetic Density?"



2nd Place

Theresa Marie Cacas, MD: "Multiracial Variations in Anatomical Location of Occipital Artery and Nerve Complex: A Key to Avoiding Injury to These Structures Prior to Strip Harvesting"



Best Practical Tip

Kun Oc, MD: "The Author's Method for Making the Sutural Plane Even: Two-Angle Suture Using Vector in Strip Donor Harvesting"

2010 Awards

2010 Platinum Follicle



William Reed

2010 Golden Follicle



Damkerng Pathomvanich

2010 Manfred Lucas



Dow Stough

2010 Distinguished Surgical Assistants



Emina Karamanovski, 2010 Distinguished Surgical Assistants Award recipient with MaryAnn Parsley, Surgical Assistants Award Committee, and Laurie Gorham, Chair of the Surgical Assistants Auxiliary.

Officer, Outgoing Board, and Forum Editor Plaques



Dr. Edwin Epstein, President, accepts the president's award and pin from Immediate Past-President, Dr. William Parsley.



Dr. Edwin Epstein, President, with his family.



A plaque of appreciation is presented to Dr. Michael Beehner for his service on the ISHRS Board of Governors.



Dr. Jennifer Martinick accepts a plaque for her service as Secretary for the past two years.



Dr. Jerry Cooley accepts a plaque for his service as Vice President.



Awards of appreciation are presented to Drs. Francisco Jimenez and Bernard Nusbaum (not pictured) for their service as *Forum* Editors.

Congratulations to Daily Eval Winners...

The following were randomly selected as the winners of the daily evaluation incentive prize drawings! Each winner received a certificate for \$100 off of an upcoming ISHRS annual meeting.

Thursday: Cagatay Sezgin, MD • **Friday:** Audrey Stanley, MD • **Saturday:** David M. Alpeter, MD
Sunday: Mohammad Harris Haseeb, MBBS • **Overall Eval:** Marla F. Rosenberg, MD

Thank you to everyone who completed the evaluations. We appreciate your feedback so we can continue to improve the annual meeting.





Letters to the Editors

Velimvasakis Georgios, MD

Dortmund, Germany

Re: Differences in viewed area between two Proscope models

I have been using the original Proscope™ model (a hand-held digital microscope) for viewing and estimating the donor area density, and since 2010 I have been using the new high resolution HR™ model. It turns out that although the lenses used in both units are the same (I use the X50), the total area viewed in cm² is not the same.

Figure 1 shows a photo taken with the original Proscope model and the X50 lens. Every little square is 1mm², so that the total area viewed is 35mm². You have to multiply by a factor of 2.857 if you want to extrapolate your calculations for 1cm² ($35 \times 2.857 = 99.995$). For example, if you see 20 hair follicles, you can estimate that your donor density in this area is 57.14 hair follicles/cm².

Figure 2 shows a photo taken with the new Proscope HR model (X50 lens). The total area viewed now is 30mm², and you have to multiply by a factor of 3.333 if you want to



Figure 1.

extrapolate your calculations for 1cm² ($30 \times 3.333 = 99.999$). In this example, if you see 20 hair follicles, you can estimate that your donor density in this area is 66.66 hair follicles/cm².

If you are not aware of this fact while changing your old Proscope camera with a new model (even if you are still using the same X50 lens), it is obvious that you could end up with a great discrepancy in your calculations.

After contacting the company by email, I got the following technical explanation. I include this for anyone interested why this happened:

The reason that you are experiencing the difference between the two units is due to the imager that is used them. The original model used an older Scalar imager and is different than the HR model. Basically, the imager in the original model has broader field of depth range which creates a different focal point. This is why the images seem to have different magnification when using the 50x lens. This is normal operating function of the two models; it is just the difference between the two imagers that you are seeing.

—Thomas Fertterer, Bodelin Technologies ♦

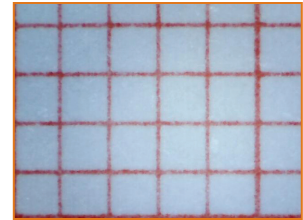


Figure 2.

• • • • •

Nelson Ferreira, MD Toronto, Ontario, Canada

Re: Treating old grafts

I would like to comment on an answer I found helpful in the "Hair's the Question" quiz in the March/April 2010 issue (Volume 20, Number 2, p. 55). It is regarding question #1. The question was: "1) Common techniques used for treating previous 4–6mm punch grafts at the hairline and frontal areas include...." The correct answer given was D, "removal and re-implantation of unsatisfactory grafts using 1.5–3.0mm punches."

I think that some of the newer people in the hair transplant field may take this answer dogmatically. In my experience it is often NOT necessary to remove old plugs in order to achieve excellent results in the hairline. Every case should be judged individually. Dr. Wasserbauer does allude to these considerations later on in the quiz (e.g., answer to question #7). However, I would like to try to elaborate on this important matter. Some of the factors that would be in favor of NOT removing the plugs are as follows:

1. Sufficient donor supply to achieve the patient's goals
2. Low skin/hair contrast (e.g., salt and pepper hair or blonde hair on fair skin)
3. Fine caliber hair
4. The current pluggy hairline is not too low (i.e., on the horizontal aspect of the head)

Often a patient can have a new hairline created in front of the old pluggy hairline. Using a sufficient number of singles in front of the pluggy hairline and planting around the plugs with singles, doubles, and triples will help disguise the old plugs. It goes without saying that the new hairline should follow the principles of creating a natural hairline (i.e., randomization, clusters, mounds, etc.).

I am including some before and after pictures of a recent patient for our readers to judge for themselves. I hope this is helpful. ♦



John P. Cole, MD Alpharetta, Georgia*
Re: Using FUE for patients on Plavix

A 48-year-old white male underwent the placement of 4 stents in his left main coronary artery July 8, 2010. Since then he has been on Metoprolol, Plavix, Metformin, Lipitor, and Lovaza. He recently requested that I treat his strip scars from previous hair transplant surgery with 200 grafts obtained by FUE.

We asked him if he could discontinue his Plavix, but he was not able to do this due to cardiac risks. Therefore, I advised him that I would proceed with a small procedure using my method of FUE. One advantage of FUE is that you can extract grafts one at a time. If there is significant bleeding, you can stop the procedure altogether.

For anesthesia, I mix the following in a 100cc Normal Saline IV bag: 0.5cc epinephrine 1:1000; 25cc lidocaine 2%; and 2.5cc 8.4% NaHCO₃.

I then infiltrate with a self-filling injection device (Device4Hair) attached to an IV tube and the IV bag with a 30-gauge needle. The volume of administration should be kept to a minimum initially because volume can stretch the nerve fibers and result in pain. I often follow this with tumescence using a 1:200,000 epinephrine in saline solution also using the self-filling injection device, however, I did not use tumescence in this case as I wanted to assess the bleeding with minimal pharmacological intervention and minimal compressive force from the volume. I wanted to mimic the post-surgical environment as much as possible while he was still in the office.

I used a non-shaven technique to extract the grafts and my Power Follicular Isolation Device (Cole Instruments) to extract 210 grafts. I used a 1.0mm 2S3R punch. I set the punch depth at 2.05mm and used a decreasing arc from 120 degrees to 90 degrees after 600 milliseconds, and a decreas-

ing power setting from 60% to 50% over 500 milliseconds. The transection rate was 2.3%.

I extracted all 210 grafts with minimal bleeding and placed them into pre-made recipient sites in the mid-occipital scars with an 18-gauge solid core needle and a Counting Incision Device (Device4Hair). Following placement of the grafts, I coated them with Hair Cycle Post Surgical Gel. This product dries in a clear film over the grafts and seals them in place like a clear membrane. The membrane is water-soluble and washes off with shampooing. I like to apply the gel to the donor strip scar grafts to help hold them in place the first night while the patient is sleeping.

The patient had no significant bleeding even though he was on Plavix. I followed up with the patient the following morning as well. He had no additional bleeding. This was the second case I have performed on a patient currently on Plavix using the CIT (Cole Isolation Technique) method of FUE. Essentially, CIT is a depth control method of FUE using specialized punches that I have designed and manufactured. I recently demonstrated this method of extraction at the live surgery workshop in Bangkok. This is the first Plavix case where I used the power extractor I designed to remove the grafts, however. The entire case took 1:45 minutes.

Historically physicians have found that hair restoration surgery for patients on Plavix is contraindicated due to bleeding. Often times the patients present back to the clinic after they are discharged home with bleeding complications. On two occasions, I have used FUE to surgically restore hair for patients on Plavix without any complications. Traditionally, I limit my incision depth during FUE. This may play a role in my success with patients on Plavix. ✧

**Note: The author has ownership interests in the manufacturers of the devices mentioned.*

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MESSAGE FROM MELVIN L. MAYER, MD, PROGRAM CHAIR OF THE 2011 ANNUAL MEETING



Dear Colleagues:

Our 19th Annual Scientific Meeting of the ISHRS, which will be held in Anchorage, Alaska, September 14-18, 2011, is less than a year away. Our theme, "New Vistas and Trusted Techniques in Hair Transplant Surgery," reflects exciting new innovations and yet builds on the foundation of experience and science.

Our greatest membership growth is from the mid- and Far East. We are realizing our goal to be a strong international organization. Anchorage will be convenient for many of our colleagues on the Pacific Rim.

I encourage our members to begin preparation of abstracts for presentation. All are given equal opportunity to share their surgical experience. In December, our first request for abstracts will be sent. These excellent presentations always serve as the core of our Scientific Meetings. This year we have had a record number of abstracts submitted.

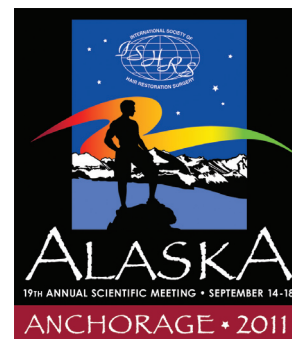
We want to keep the sessions fresh and stimulating. The expanded use of an audience response system keeps the sessions dynamic. Also, we will not shy away from controversial topics so our membership can be educated and draw conclusions from the exciting information presented.

Participation with our "Meeting Newcomers Program" will serve to orient and make our newcomers feel at home.

Be sure to plan a few days before or after to enjoy and explore one of the world's most beautiful wilderness areas. Just remember not to feed or play with the grizzly bears!! See you all in Anchorage!

Sincerely,

Melvin L. Mayer, MD



"New Vistas and Trusted Techniques in Hair Transplant Surgery"

Physicians & Medical Assistants Wanted

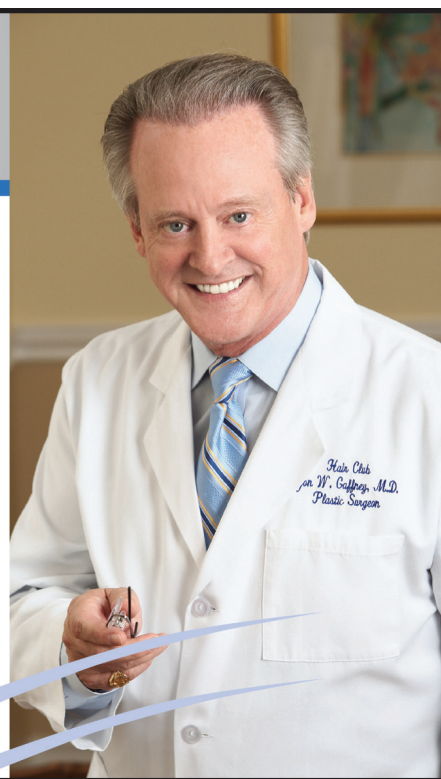
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Surgeon of the Month: Daniel Didocha, DO

Samuel M. Lam, MD Dallas, Texas info@lamfacialplastic.com



With the loss of his youngest child in an automobile accident, Dan Didocha experienced firsthand the familial ties of the ISHRS, saying, "The outpouring of love and support from ISHRS members was overwhelming." In particular, Dan credits

Walter Unger who "shared personal experiences of wisdom that along with my faith in God helped me through this most difficult time." What comes through when you speak with Dan Didocha is his warm humanity, affable nature, and quiet leadership. As chairman of the oral examination for the ABHRS for the past five years, and just this past year assuming the presidency of the ABHRS, Dan looks for ways to give back to the community of hair restoration surgeons that has enriched his personal and professional life so very much. His pioneering work as a transplant surgeon including refining and publishing his results on 400 Frechet-style scalp reductions for the crown along with his lifelong clinical contribution in hair restoration have made him our deserving Surgeon of the Month.

Dan was born in Queens, New York, the eldest of four children. His father was the only child born to parents who had immigrated to New York from the Ukraine, and his father worked as an aircraft inspector while attending night school to become a minister. Dan studied electrical engineering at Broom County Community College and worked summers as a carpenter's apprentice and during his college years as a panel truck driver for newspaper delivery. As a driver, he tried to break records for his delivery time that resulted in a 6-month suspension of his driver's license. "Rather than hang around in a small town in disgrace," Dan enlisted in the US Navy and chose the Hospital Corpsman Program. In the Navy, he indulged his love of music by playing in the Navy recruit band and singing in the Navy Blue Jacket Choir while attending Hospital Corps School.

Following graduation from Corps School, he received orders to Bethesda, Maryland, and was assigned to a Urologic Surgery ward. He received a Navy Commendation for devising a method to track lab results and trends for post-surgical patients. Finding all of this engrossing, he graduated as a laboratory technician and was assigned to the Naval Air Base in New Iberia, Louisiana. As the Vietnam War was heating up at this time, Dan planned to re-enlist but was counseled by his chief duty officer to return to college. With that advice, he majored in psychology at Tennessee Temple University in Chattanooga, Tennessee. Inspired by his college roommate who was pursuing medicine, Dan was told by his counselor that at 27 years of age he should not even try to apply to the University of Tennessee given his "mature

age." He then pursued premedical classes at Wayne State in preparation for applying there. Upon completion of the program, he was informed then that now at 29 years of age he would again be too old to enroll—only to cheer silently when the school lost an anti-discrimination suit 10 years later. Instead, Dan graduated from Michigan State University College of Osteopathic Medicine in 1975.

After post-graduate training, Dan joined a family doctor in practice until an opening developed in the emergency room department in Rochester, Michigan, where he became certified as an ER physician. He was asked to join another family practice group by the head of the ER department and continued to work as both a part-time ER doctor and as a family physician from 1977 to 1992. As his family practice grew during this time, he took on an associate, Dr. Robert Church, who was instrumental in ultimately introducing Dan to the field of hair transplant surgery. Upon Dr. Church's prompting, he trained with a local hair transplant surgeon in Clarkston, Michigan, until he was deemed proficient enough to take over the practice part-time. As the hair transplant business continued to boom, Dan gave up his family medicine practice to do hair surgery full-time in 1992.

Working as an independent contractor for various hair replacement companies, Dan traveled between Atlanta, Denver, Cleveland, and Clarkston. His travels did not bother him until the fateful hour when airplanes collided with the Twin Towers and he was forced to remain stranded in Denver for several long days. He then joined Hair Club, with whom he has worked ever since, and he currently works in both Southfield and Cincinnati.

Dan attended the first meeting of the ISHRS in Dallas, Texas, and to date, his attendance at ISHRS meetings has been a perfect score, never having missed a single one.

During the early days of hair transplant surgery, Dan performed numerous scalp reductions. He decided to abandon them until he heard Dr. Patrick Frechet present on his Triple Hair-Bearing Flap Transposition. At breakfast the next morning, Dr. Frechet drew for him in detail how to perform the procedure. Dan explains, "Eventually I perfected the crown swirl after scalp reductions. I have maintained a keen awareness of the nature of the crown swirl and the difficulties in making it appear natural. It deserves as much attention as the hairline."

Dan has been happily married to his college sweetheart, Renee, for 42 years, residing together in Troy, Michigan. They have three surviving children all of whom live within 5 miles of their home and who have produced 6 grandchildren between the ages of 1 and 7. Dan's hobbies include wildlife and scenic photography, scuba diving, hiking, and racquetball, but he gave up motorcycles when "we lost our dear colleague, Dr. James Arnold."

We are all very proud of Dan's accomplishments as a surgeon, a thinker, and as a leader in the field of hair restoration, and we offer him our congratulations as Surgeon of the Month. ♦

Surgical Assistants Editor's Message

Laurie Gorham, RN Boston, Massachusetts laurieg@bosley.com



Greeting's Assistants!

I want say that I was thrilled to see all of you in the great city of Boston for the meeting last month. I have to send a "wicked big" thank you to all of the phenomenal speakers that presented at the Surgical Assistants meeting on Wednesday, October 20. Margaret Dieta, Chair of the Assistants, Brandi Burgess, Kara Kotai, Janna Shafer, Kathryn Morgan, Dr. John Gillespie, Amy Watts, Salome Vadachkoria, Tina Lardner, Emina Karamanovski, Ailene Russell, Patrick Tafoya, Joanne Scannell, MaryAnn Parsley, and Dr. Ken Washenik were inspiring and informative. I don't think there could have been a more distinguished group! They dazzled us with information, tips, and practices that we all can learn from and incorporate into our daily work lives. I can't thank you enough. And who

better to receive the Distinguished Surgical Assistants Award than Emina Karamanovski? She is an inspiration to all of us. Congratulations, Emina, and I hope you have found a prominent spot to display your award for all to see and enjoy with you.

I've enjoyed my years as the editor of the *Forum* and am passing the torch to Patrick Tafoya next year. Best of luck, Patrick. I know you will have a great time! And please keep those articles coming!

Laurie Gorham, RN

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



The developing role of the graft coordinator in hair transplant practice

Joanne Scannell, RN *Hair Restoration Blackrock, Dublin, Rep. of Ireland*

Hair transplant surgery is a constantly evolving speciality. And, in order to pursue the most time-efficient, productive, and positive ways in which to work, new ways of thinking about how to organise the hair transplant team are vital.

At HRBR, we have analyzed the work of the team in detail in order to maximize our effectiveness in the process of hair restoration. This ensures a continuing focus on comfort and satisfaction for the patient, an efficient resource-allocation for the business, and best working-practice for the staff.

The one consistent thing about the strip removal method used in hair restoration is the process; the patient arrives in the morning, all or part of the donor strip is removed, and it is then passed to the technicians and nurses who then sliver, cut, and plant it.

This is a gruelling and time-consuming process.

A dedicated graft coordinator can streamline the work of the team and is a significant time-saving addition to a hair transplant practice in that there is more rest time for staff, a shorter operation time, and an increased perspective on the procedure.

We found that time was being wasted carrying cut grafts from the cutters to the planters. Either a cutter had to stop cutting in order to carry additional grafts to the planters, or a planter had to stop planting to collect grafts from the planters.

At the time, it was thought these pauses in the process gave individual team members a break from cutting or planting and helped to prevent repetitive strain injury. On reflection, we felt that it was not a restful break, merely a change of movements. We felt that it would be more beneficial for staff to stop working altogether, have a rest—a drink or a snack if necessary—and to relax or stretch or use our gym.

As a result, we reorganized the team and added the role of "Graft Coordinator."

The Team Reorganization

We reorganized the planting team into groups of two or three depending on the size of the transplant. A team of two or three planters would plant for 30 minutes and then take a break. Another team of two or three planters would then take over. During the break from planting, staff can rest, stretch, or help with the cutting.

The role of the graft coordinator is to do the following:

1. Collect grafts from the cutters and take them to the planters.
2. Group the grafts into groups of 10 for experienced planters, fewer for less experienced planters—and in ones or pairs for trainee planters.
3. Pass the grafts from the holding solution to the planters.
4. Pass groups of grafts as required by the planters (i.e., fine singles for the hairline, etc.).
5. Organize the groups of planters to come on time to plant by working out a rotation of who should plant and when.
6. Care for the patient and organize breaks, drinks, etc., as required.

The benefits derived from including the role of graft coordinator are the following:

1. Because no time is wasted in stopping cutting and collecting grafts, cutters can cut for a period of time that they feel comfortable with and then take a restful break.
2. Planters are able to stand for 30 minutes and plant without stopping. The planters are fresh and able to plant with speed and accuracy.
3. The grafts are out of the holding solution for a minimal amount of time, meaning that they are not damaged.
4. The grafts are always fresh so they are less likely to suffer damage.
5. New and inexperienced planters are supervised.
6. New technicians are able to get experience handling grafts before they learn to plant.

At HRBR we have a large team and so we are able to divide the team into groups without difficulty. However, smaller teams (and teams that have to call on help from the front office for large cases) can use the role of the coordinator to increase efficiency in their own teams.

Less experienced staff can carry out the role of coordinator thus allowing the experienced cutters and planters to do their job to the best of their ability and to take regular rest periods.

Moreover, since introducing the role of graft coordinator into our clinic, the quality of the growth of our transplants has improved. ♦

Surgical Assistants: Get Involved in the ISHRS...

We would love to hear from you. There are many ways you can contribute:

- Write an article or present an idea to the Forum
- Serve on the Surgical Assistants Executive Committee
- Help in the planning of our educational events
- Teach at our meetings and workshops

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Registered Nurse Wanted

HRBR (Hair Restoration Blackrock), an international hair restoration clinic based in Dublin, Ireland, is looking for an RN (registered nurse) with hair transplant experience and team leadership abilities.

Our clinic has 2 operating rooms, run by 2 teams of 24 members or surgical staff and is equipped with 23 stereoscopic microscopes.

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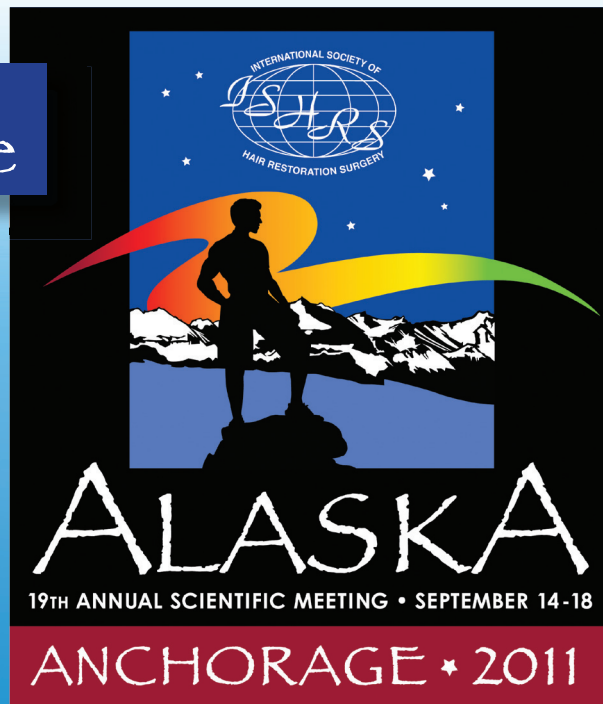
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Warmest wishes for
a happy, healthy
holiday season!

save
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New Vistas & Trusted Techniques in Hair Transplantation

CALL FOR ABSTRACTS Interested in presenting a paper? The Call for Abstracts will open in December 2010. Visit the ISHRS website for more details: www.ISHRS.org.



International Society of Hair Restoration Surgery

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Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
DIPLOMAS Academic Year 2010-2011	Diploma of Scalp Pathology & Surgery U.F.R. de Stomatologie et de Chirurgie Maxillo-faciale; <i>Paris, France</i>	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 sylvie.gaillard@upmc.fr
January 2011	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
February 24-25, 2011	16th Annual Scientific Meeting and Live Surgery Workshop <i>Okinawa, Japan</i>	Japan Society of Clinical Hair Restoration (JSCHR) www.jschr.org Hosted by Akio Sato, MD	Tel: + 81-3-5351-0309 Fax: + 81-3-5351-1395 drsato@crux.ocn.ne.jp
March 16-19, 2011	ISHRS Regional Workshop 17th Annual Live Surgery Workshop <i>Orlando, Florida, USA</i>	International Society of Hair Restoration Surgery www.ISHRS.org/2011OLSW.htm Hosted by Matt L. Leavitt, DO	Valarie Montalbano, Coordinator 407-373-0700 ext. 103 HValarieM@leavittmgt.com
June 24-26, 2011	1st Annual Asian Association of Hair Restoration Surgeons Scientific Meeting <i>Pratumwan Princess, Bangkok, Thailand</i>	Asian Association of Hair Restoration Surgeons www.aahrs.asia	Sungjoo "Tommy" Hwang, MD, PhD hairhwang@gmail.com
September 14-18, 2011	19th Annual Scientific Meeting of the International Society of Hair Restoration Surgery <i>Anchorage, Alaska, USA</i>	International Society of Hair Restoration Surgery www.ISHRS.org	Tel: 630-262-5399 Fax: 630-262-1520
October 14-16, 2011	3rd Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i>	Practical Anatomy & Surgical Education, Center for Anatomical Science and Education, Saint Louis University School of Medicine http://pa.slu.edu in collaboration with the International Society of Hair Restoration Surgery	http://pa.slu.edu
November 12-13, 2011	3rd Annual Meeting of the Association of Hair Restoration Surgeons of India (HAIRCON-2011) <i>Mumbai, India</i>	Association of Hair Restoration Surgeons of India www.aahrsindia.org	Tel: + 91-9821308411 drrajeshrajput@gmail.com

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

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