

Letters to the Editors

Akaki Tsilosani, MD, PhD Tbilisi, Georgia clinic@talizi.ge

Re: Dr. Unger's comments on combining strip and FUE

I would like to thank Walter Unger on his interest in my article (*Hair Transplant Forum Int'l.* 2010; 20(4):121) and his comments. Like him, we are also equally worried about serious long-term drawbacks for our patients. The question is what is the border of safe donor area? If we think about what will be the final borders of balding by age of 65 to 70, then it would be impossible to do any routine FUE procedures of more than 2,000 grafts. I would like to clarify that patients in whom we harvested FUE from

higher border near the crown area were all above 40 years of age and of Norwood class IIIa or IVa. We do not use this combination method routinely; however, we consider it for patients who have poor skin laxity and who need a large amount of grafting. This commonly happens for long-distance traveling patients with whom we have no prior examination done before treatment. This method reflects slit grafting of the skin to increase laxity and so it is a good option in helping closure of tight scalps. I would like to add that this method can be a savior in a difficult situation like a "parachute," and Dr. Unger may see this compromise. ♦

David Perez-Meza, MD Mexico City, Mexico

DrDavidPM@permanenthairsolutions.com

Re: Use of 2-Octyl-Cyanoacrylate

I would like to comment on the use of tissue adhesives in hair transplant surgery. Dr. Luiz Pimentel brought to our attention a case with two important issues: popping and the use of tissue adhesives (*Hair Transplant Forum Int'l.* 2010; 20(6):186-187).

Unfortunately, the popping effect is a real challenge for the surgery team and it may impact hair growth and long-term survival of the follicles. The popping issue—how to prevent it, how to treat it, and as a complication—has been addressed in many articles in the *Forum* and elsewhere.¹⁻⁶

After reviewing Dr. Pimentel's case and pictures, it is clear that the surgical plan wasn't accomplished due to the popping issue. The patient only received 1,300 transplanted grafts, just 65-70% of the original 1,800 grafts planned. Dr. Pimentel's Figure 2 shows more swelling, especially in the hairline and central scalp. Figure 3 shows the scalp two weeks post-op, and I noticed more swelling in the recipient area than the five-day post-op picture, with most of the scabs still in place.

Obviously, this is an abnormal post-operative issue because it may be related to the tissue adhesive inflammatory reaction. According to Dr. Pimentel, Figure 4 shows normal seven-month hair growth except there is insufficient growth in the areas where the grafts were manipulated due to the popping. So, was the poor growth in those areas related to graft manipulation or the tissue adhesive?

Tissue adhesives have gained popularity in some specialties during the past 9-10 years. Dr. Robert Haber at the 1999 ISHRS Annual Scientific Meeting mentioned good results when using tissue adhesives (2-Octyl-Cyanoacrylate) for the closure of the donor site.⁷ Also in 1999, Dr. Matt Leavitt and I started using Dermabond (2-Octyl-Cyanoacrylate) in the donor and recipient areas during hair transplant surgery.

Our experience included a few hair transplant patients that I presented at the Orlando Live Surgery Workshops in 2000 and 2001.⁸⁻⁹ For the donor area, we used deep-absorbable suture (3-0 Vicryl) then one layer of Dermabond for the skin (Figure 1). The patients had minimum to no tension at closure. We noticed sticky hair for 2 weeks post-operatively. The patient was advised to wash the donor area very carefully using a small amount of water. The donor area healed well without any complications and a good scar was observed at 1-year follow-up.

For the recipient area, the Dermabond was used for popping.



Figure 1. Tissue adhesive for closing the donor area.



Figure 2. Recipient area 2 weeks' post-op.

The graft was placed followed by a single, thin layer of the tissue adhesive. The grafted area with the tissue adhesive showed more post-op inflammatory reaction (redness and swelling) as compared to the grafted areas with no tissue adhesives, and the hair was sticky. Figure 2 shows the scabs still in place after 2 weeks. We also noticed delayed and slightly decreased hair growth in the long-term where the Dermabond was used.

As a result of those preliminary studies, we decided not to use the tissue adhesives on the scalp. At the same time (1999), I began using Vicryl Rapide as an absorbable suture for closing of the donor area and it produced excellent results.

It is interesting to mention that the Dermabond label mentions contraindications: "Do not use in skin which may be regularly exposed to body fluids or with dense natural hair (e.g. scalp)."

In summary, I would not recommend the use of tissue adhesives in the recipient area until further research is conducted. It is critical to find the primary cause of popping of Dr. Pimentel's patient to increase the hair growth and survival for the second surgery. Also, I will wait 12-15 months for the final post-operative evaluation and growth after the initial surgery before planning a second session.

Review of the Literature

Marco N. Barusco, MD Port Orange, Florida, USA drbarusco@tempushair.com

Garza, L.A., et al. Bald scalp in men with androgenetic alopecia retains hair follicle stem cells but lacks CD200-rich and CD34-positive hair follicle progenitor cells. *Journal of Clinical Investigation* 2011; DOI:10.1172/JCI44478.

This article by Garza et al. tested the hypothesis that the number of adult somatic stem cells decreased in individuals with androgenetic alopecia (AGA).

The hypothesis was based on the knowledge that somatic stem cells are the source of new cells in self-renewing epithelia after injury and homeostasis. Hair physiology and cytology inform us that a small number of quiescent stem cells are present in the bulge of each hair follicle. During each hair cycle, these stem cells divide and generate populations of progenitor cells, which subsequently cause hair growth. Under normal circumstances, each new anagen phase will produce a terminal hair follicle similar to the same follicle before the initiation of the last catagen and telogen phase. In AGA, due to the effects of dihydrotestosterone (DHT), each subsequent anagen follicle becomes smaller, eventually leading to microscopic hairs and the clinical occurrence of baldness.

To test the hypothesis, the investigators utilized samples of hair-bearing and bald scalps obtained from 54 males between the ages of 40 and 65 years of age undergoing hair transplantation. None of the subjects were using finasteride, and 1 subject was using minoxidil. Tissue samples were subject to immunohistochemistry, flow cytometry, and quantitative real-time

PCR techniques to quantify the expression of Cytokeratin15 (KRT15), which represented the stem cells, and CD200, CD34, and Integrin $\alpha 6$ (ITGA6), which represented the progenitor cells.

Surprisingly and contrary to the initial hypothesis, the quantification techniques revealed that KRT15 cells were present in both bald and hair-bearing scalp samples. However, the progenitor cell populations were markedly diminished in quantity in the bald scalp samples, in contrast with their presence in the hair-bearing scalp.

In summary, the study results infer, for the first time, that the hair follicle miniaturization in AGA results from the diminished conversion of hair follicles stem cells to progenitor cells. An important point made in the article is that in other types of non-scarring alopecias, such as alopecia areata, where the inflammation affects progenitor cells but not the bulge stem cells, the hair loss is reversible when the inflammation affecting these cells is removed allowing non-affected stem cells to regenerate hair follicles.

From this study, certainly more research on cell therapy for AGA will likely be generated, as well as more research in other types of alopecia.◆



continued from page 50

References

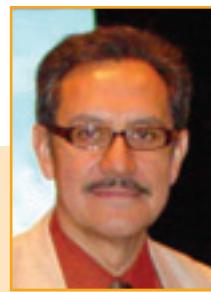
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9. Perez Meza, D. Tissue adhesives in HRS. In: *Programs and Abstracts*. 7th Annual Orlando Live Surgery Workshop; 2001.◆

Meetings and Studies

(L) Timothy P. Carman, MD La Jolla, California, USA tcarmenmd@mac.com;
 (R) David Perez-Meza, MD Mexico City, Mexico DrDavidPM@permanenthairsolutions.com

We'd like to take this opportunity to welcome readers to the new Meetings and Studies section. We hope to bring greater awareness to the progress and ideas generated by our colleagues in academically oriented professional societies around the globe, as well as focus on individual studies, both research and clinical, felt to be of specific interest to practicing physicians and their staff, all in the interest of raising the bar in providing academic excellence to the forefront of our designs for patient care.

This issue we present an overview of the British Association of Hair Restoration Surgeons (BAHRS) business meeting held in early February 2011.



British Association of Hair Restoration Surgeons 2011 business meeting

Bessam K. Farjo, MBChB Manchester, United Kingdom bessam@farjo.com

The British Association of Hair Restoration Surgeons (BAHRS) was founded in 1997 with its main aim being to provide a platform for U.K. hair restoration doctors to network and share issues and concerns. Once a year business meetings quickly led to an additional annual educational one-day meeting where at least one speaker from a related field was invited to lecture our members. A most enjoyable benefit of the association was the opportunity for everyone to socialise and get to know one another as colleagues and friends. The BAHRS is a founding member of the ISHRS's Global Council.

The meetings have not been as regular in recent years, but we hope the increasing interest in the field from colleagues, media, and the public has kick-started renewed enthusiasm and determination for the BAHRS to retake a leading role.

The BAHRS held its annual business meeting on February 6, 2011. Current president, Dr. Michael May, chaired proceedings and kicked off the agenda by welcoming the encouraging number of newcomers to the field who were invited to attend as guests. Dr. Bessam Farjo went through the history of the association, past formats of the meetings, and suggestions for moving forward by taking advantage of the current positive media exposure of hair transplantation.

Vice President Dr. Greg Williams summarized the highlights of the ISHRS meeting in Boston last year and a discussion ensued amongst attendees on various topics of interest including implanters, FUE automation, ACE inhibitors in keloid scar treatment, Inflammaseone, topical FPHL treatment, poor growth and prolactin levels, and, of course, ACell.

Dr. May discussed the ongoing "revalidation" saga concerning U.K. doctors and how it will affect private practice and hair transplant physicians in particular. This is a project the licensing body has been talking of bringing into practice for almost 12 years now and it involves auditing doctors in order for them to maintain license to practice.

Overall, existing members as well as the potential new members were very enthusiastic to push the association into a more active role. A new website along with social media and press release activities were proposed. Attendees were also interested in an online forum for members to interact and exchange knowledge and opinions. Other avenues that will be looked into

include more interaction with dermatology, plastic surgery, and general practice events and future organization of seminars and workshops. ◇



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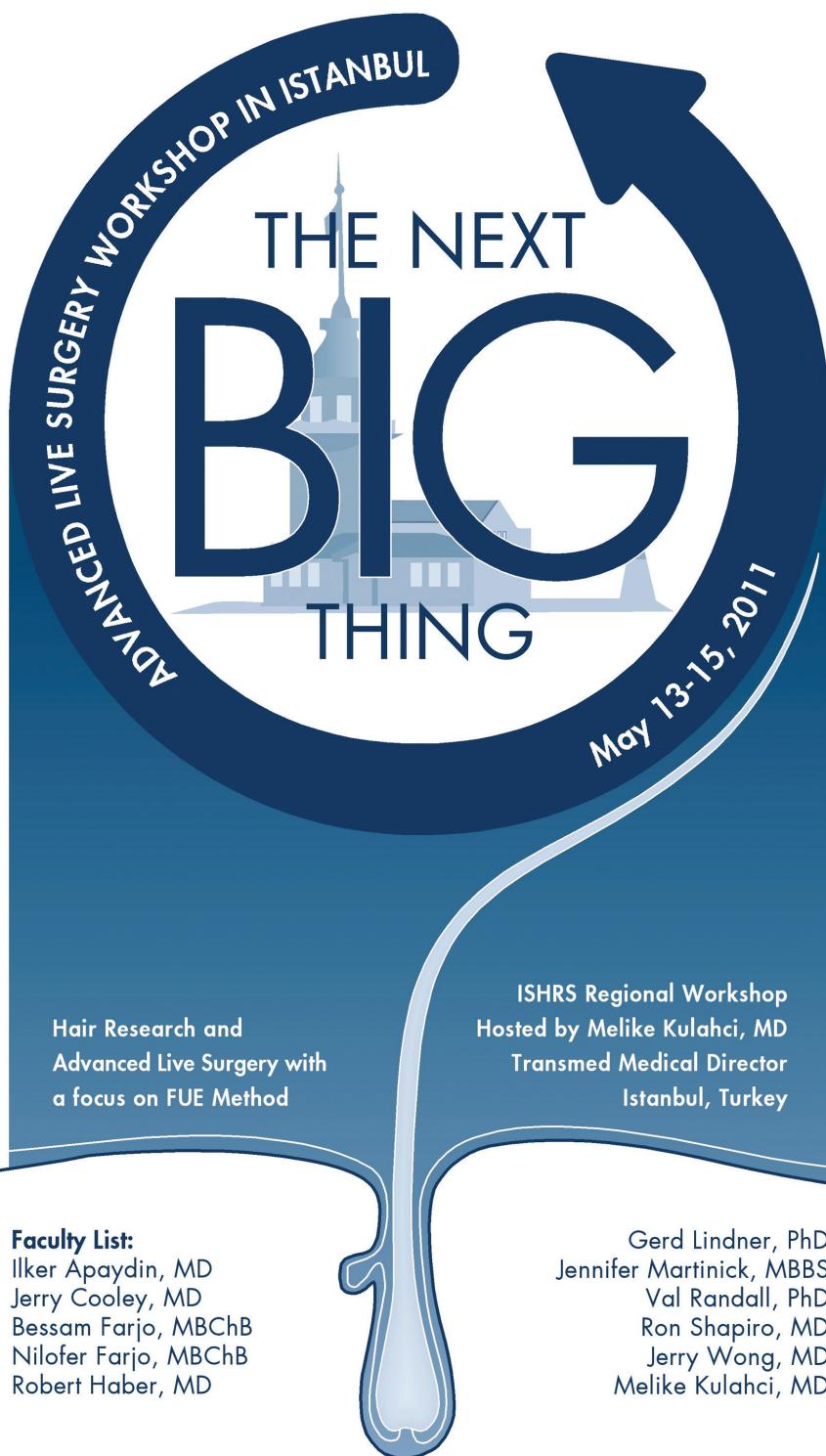
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Hair Research and
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ISHRS Regional Workshop
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Istanbul, Turkey

Faculty List:
Ilker Apaydin, MD
Jerry Cooley, MD
Bessam Farjo, MBChB
Nilofer Farjo, MBChB
Robert Haber, MD

Gerd Lindner, PhD
Jennifer Martinick, MBBS
Val Randall, PhD
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For questions, please contact Melis Abacioglu at thenextbigthing2011@transmed.com.tr
or 0090 532 725 5500 & 0090 212 281 1300.

Date: May 13-15, 2011 Location: Istanbul, TURKEY



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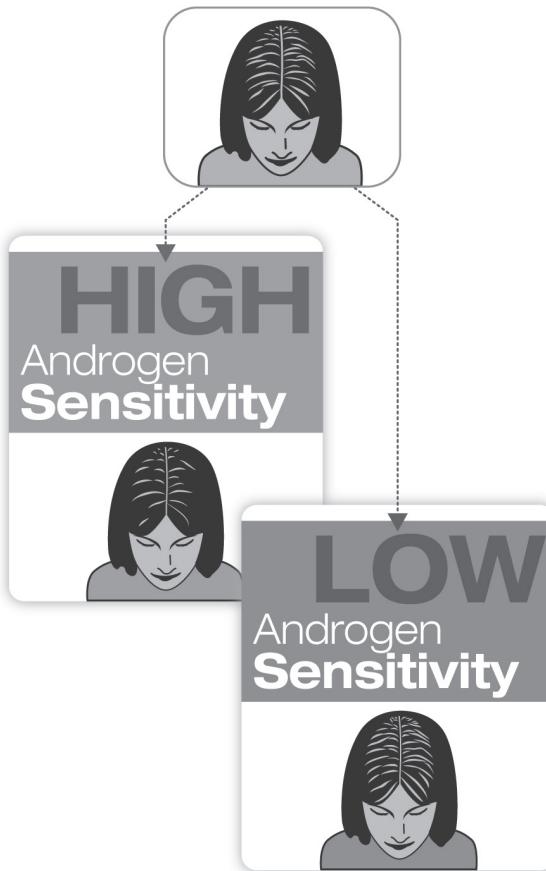
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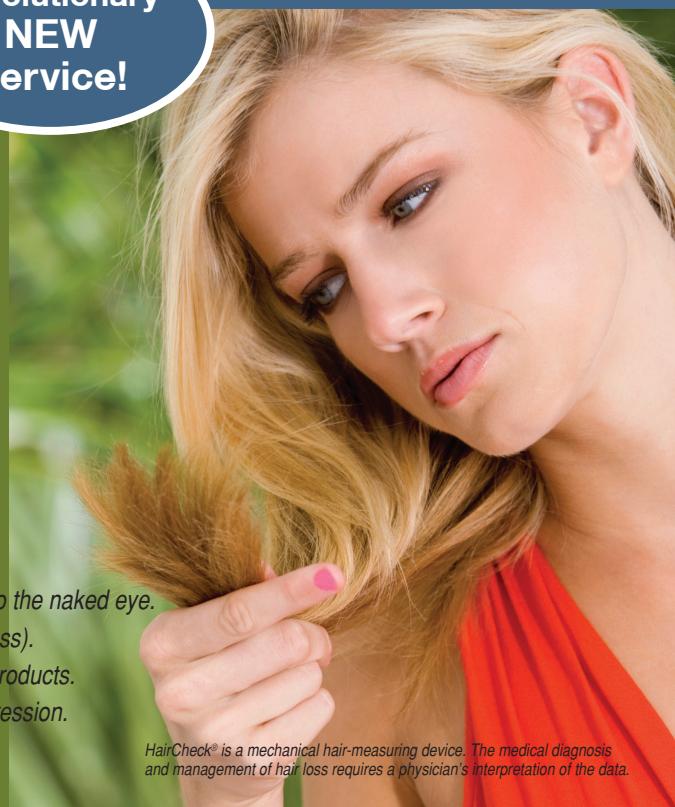


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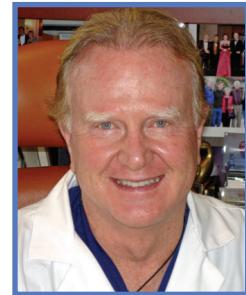
MESSAGE FROM MELVIN L. MAYER, MD, PROGRAM CHAIR OF THE 2011 ANNUAL MEETING

Dear colleagues:

Excitement is building for the 19th Annual Scientific Meeting of the International Society of Hair Restoration Surgery. Already we have received 136 abstracts for consideration. Excellent cutting-edge science with presentations from surgeons around the world will be presented. A big “thank you” to all of our ISHRS members who have put so much effort into making our scientific meetings so worthwhile.

This year’s theme is ***New Vistas & Trusted Techniques in Hair Transplantation***. Our 2011 keynote speakers will cover the following:

- Dr. Marty Sawaya will be updating us on the effects of inflammasome in androgenetic alopecia and inflammatory diseases of the scalp.
- Dr. Bill Ehringer will be discussing the latest information on storage solutions and additive agents in organ transplantation.
- Dr. Vera Price, founder of CARF (Cicatricial Alopecia Research Foundation), will be discussing new treatments for scarring alopecias.



The Workshop Directors are already busy organizing excellent morning WORKSHOPS that cover the following topics:

- Recipient Sites
- FUE: Different Technical Approaches
- Understanding Cell Therapy
- How to Compile a Patient Record and Proper Patient Photographs

In addition to scores of excellent topics at Breakfast with the Experts (offered on two days), we will offer 3 LUNCH SYMPOSIA on Friday afternoon from which you may choose. Topics include:

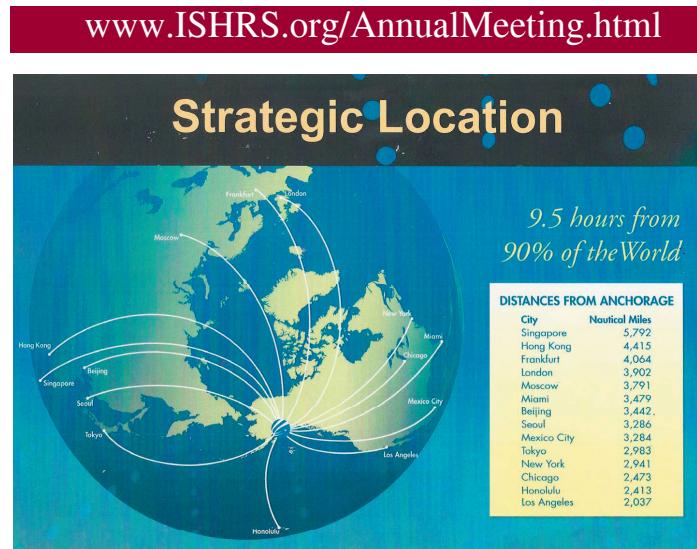
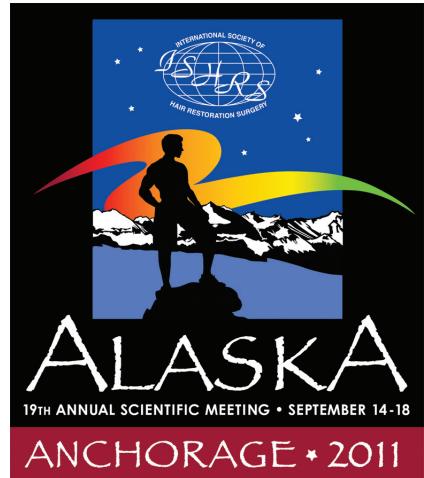
- Hairline Design
- Top Clinical Pearls to Achieve Best Results and Happy Patients
- Hair Duplication and Other Uses of Extracellular Matrix

We are going to be expanding the session on “Difficult and Atypical Cases,” so be sure to think about a case from your practice that you could share to enlighten our members.

Having grown up in the mountains of Utah, the vast wilderness of Alaska is going to be an exhilarating place for all of us to explore.

Warmest regards,

Melvin L. Mayer, MD, 2011 Program Chair



New Vistas and Trusted Techniques in Hair Transplant Surgery



Member Benefit—Exclusive to ISHRS Members!

Available until May 1, 2011

Powered FUE Session & Complications Session

(from Boston Annual Meeting)

Two popular sessions from the 2010 Boston Annual Meeting were recorded and are now available ONLINE exclusively to ISHRS Members at no charge until May 1, 2011.

Powered Systems for Follicular Unit Extraction – 59:17 running time

Faculty: James A. Harris, MD, Robert T. Leonard, Jr., DO, Robert H. True, MD, Jean Devroye, MD

Complications Panel: Correction of Spread Scars – 36:22 running time

Faculty: Mario Marzola, MBBS; Sharon A. Keene, MD; James A. Harris, MD; James E. Vogel, MD

→ Go to: www.ISHRS.org, Members Only section, to watch these streaming videos.

Then please tell us what you think.

Recording these two sessions is part of test project to help us determine the best way to meet members' educational needs. We will decide whether to proceed with additional recording projects such as this based on the number of members who view the links and the feedback they provide.

For example, we are interested to know:

- ⇒ Did you find value in the ISHRS providing this video recording to the membership?
- ⇒ Which link did you view? Did you attend the same live session in Boston?
- ⇒ Should the ISHRS provide more recorded sessions from the annual meeting, such as this?
- ⇒ How can we improve?

Please send your feedback to info@ISHRS.org.

Proposals for 2012 Regional Workshops

Applications Due: June 1, 2011

- Are you an educator?
- Do you have a good idea for a workshop?
- Can your surgery center host a live surgery workshop?

If you would like to partner with the ISHRS and host a local, live surgery workshop in 2012 or first quarter 2013, please submit your completed application to info@ishrs.org by **June 1, 2011**. Direct questions to CME Chair, Dr. Paul Cotterill or CME Director, Victoria Ceh at: paul@drcotterill.com or vceh@ISHRS.org.

Application materials may be obtained on the ISHRS website: www.ISHRS.org.

Login to the Members Only section, then in the right column, under "ISHRS Programs," click on "Regional Workshops Program."

Note: The following topics were the most popular for regional workshops as reported from the 2011 member needs assessment survey—FUE and non-scalp techniques. Regional Workshops focused on a specialty topic or audience level are usually the most successful. One goal of this program is to bring education to various parts of the world, and as such, to target physicians in your geographic region.

2011 Research Grant Application Deadline: June 30

Research Grants Available

The annual ISHRS research grants with amounts in the range of \$1,200 to \$2,400USD per grant.



The deadline for grant applications is

June 30, 2011

Further information and a full application can be obtained on the ISHRS website at
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CALL FOR NOMINATIONS

2011 Follicle Awards

GOLDEN FOLLICLE AWARD — Presented for outstanding and significant clinical contributions related to hair restoration surgery.

PLATINUM FOLLICLE AWARD — Presented for outstanding achievement in basic scientific or clinically-related research in hair pathophysiology or anatomy as it relates to hair restoration.

DISTINGUISHED ASSISTANT AWARD — Presented to a surgical assistant for exemplary service and outstanding accomplishments in the field of hair restoration surgery.



How to Submit a Nomination:

Include the following information in an e-mail to: info@ISHRS.org

- Your name,
- The person you are nominating,
- The award you are nominating the person for, and
- An explanation of why the person is deserving; include specific information and accomplishments.

Nominating deadline: July 1, 2011

See the Member home page on the ISHRS website at www.ISHRS.org for further nomination criteria. All awards will be presented during the Gala at the ISHRS 19th Annual Scientific Meeting, September 14-18, 2011, in Anchorage, Alaska, USA.



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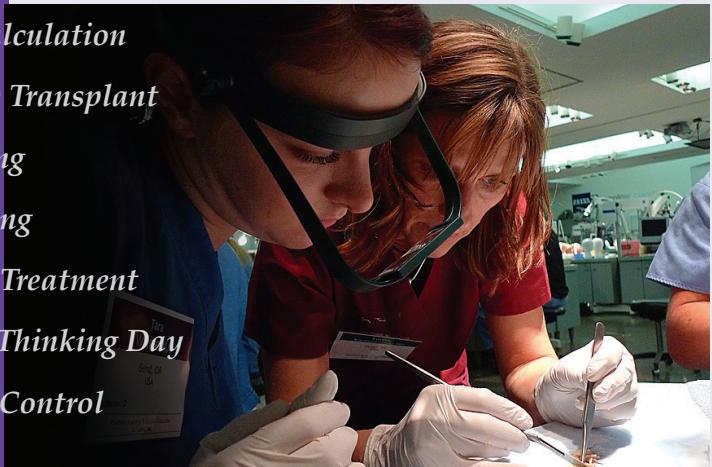


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MESSAGE FROM MARGARET DIETA, SURGICAL ASSISTANTS CHAIR OF THE 2011 ANNUAL MEETING

Hello Surgical Assistant Members:

It is with sincere excitement and honor that I serve as your Surgical Assistants Program Chair for the 2011 ISHRS meeting in Anchorage, Alaska, USA at the Dena'ina Civic and Convention Center from September 14-18, 2011.

I began working in the Hair Restoration industry in 1996. I have primarily worked with (and still do) Dr. Carlos Puig during this time. I have had the opportunity to travel all over our great nation to work with and learn from world-renowned hair restoration physicians. The ISHRS and the Orlando Workshops gave me the opportunity to teach in the Doctors Basic Courses and Surgical Assistants programs over the years as well. I absolutely enjoy what I do for a living!



I will put forth my best efforts along with our highly experienced Surgical Assistants Executive Faculty in making the 2011 meeting an exciting and educational adventure for all levels of assisting and front office staff. This meeting will present new and innovative developments in our field, as well as provide an opportunity to learn from and share knowledge with each other. I encourage assistants from around the world to come together and share their expertise. There are ample ways we invite you to participate and contribute. You may prefer speaking on a topic you are passionate about in the hair industry, write an article submission for the *Forum* and the Surgical Assistants Manual, teaching in or attending our Surgical Assistants Cadaver Workshop: Implanting & Dissecting, or serve on our Surgical Assistants Executive Committee.

Any and all suggestions are encouraged and welcome or if you want to be a part of the program, please contact me: Margaret@HairRestorationHouston.com. If you would like to submit pictures for the manual, please e-mail them with a brief explanation as well. I'm looking forward to hearing ideas and suggestions from each of you!

Margaret Dieta

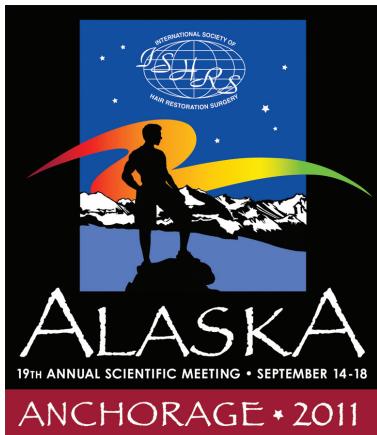


photo from www.anchorageconventioncenters.com

www.ISHRS.org/AnnualMeeting.html

New Vistas and Trusted Techniques in Hair Transplant Surgery

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

Contact info@ISHRS.org today!



Surgical Assistants Corner

Patrick Tafoya Orlando, Florida, USA patrickatafoya@yahoo.com

Greetings from Orlando, the site of the 17th Annual ISHRS Orlando Live Surgery Workshop! By the time you receive this issue, the workshop will already be over, but I guarantee everyone had a great time. This year we increased the cutting/placing workshop by adding presentations and practice sessions for beginners utilizing silicone strips with hair for dissection and silicone scalps for placing before applying their knowledge on cadaver tissue. In the next issue, we hope to have a review article written by one of the attendees of the Assistant's Workshop.

Please keep the great articles coming in!



Is it possible to accurately assess donor yield?

Sara Roberts, RN Manchester, United Kingdom sara@farjo.com

When assessing donor yield, the current practice within our clinic is for two experienced assistants to examine the harvested donor strip to make an estimate of the graft numbers. The surgeon makes an assessment of the donor before any removal takes place. This is calculated under the assumption that in the patient with average density you will yield 500 grafts from a strip of 6cm×1cm. Usually the surgeon is able to remove 1.2cm width in the supraauricular and occipital regions while reducing this to 1cm in the post-auricular scalp. Therefore, a strip of 28cm should yield about 2,500 grafts.

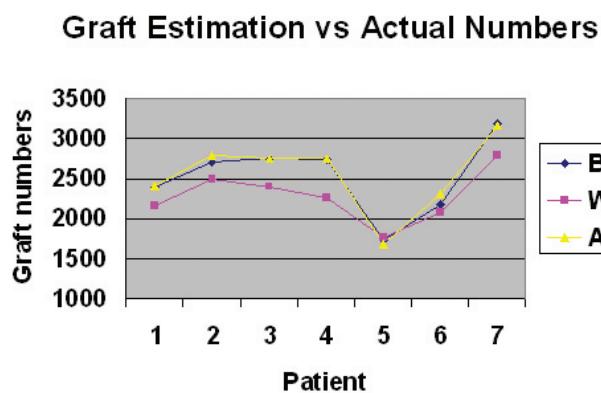
The donor strip is removed in sections to allow the assistants the opportunity to make a calculation of number of grafts before taking subsequent sections. For staff training and development, we decided to compile a study to examine more closely how we estimate the total graft numbers and to compare this to both the actual numbers obtained and to the surgeon's original estimate of expected numbers. This would then allow us to evaluate our current methods for accuracy as obviously having too few or too many grafts is not in the patient's interest and impacts on the smooth running of the procedure.

Our method in carrying out the study was slightly modified from the outline above to include up to 3 less experienced assistants in the assessment process. Again each section was examined by the assistants by using one of two methods—either purely a visual estimate or by estimating the total number of slivers within the strip and multiplying this by the estimated number of follicular units per sliver. Each assistant documented their assessment prior to the commencement of cutting.

Patient	Best Est.	Worst Est.	Actual Total	Best Difference	Worst Difference
1	-19	-259	2,419	2,400 -	2,160 -
2	-93	-293	2,793	2,700 -	2,500 -
3	-8	-358	2,758	2,750 -	2,400 -
4	-16	-490	2,746	2,730 -	2,256 -
5	+48	+68	1,682	1,738 +	1,758 +
6	-133	-228	2,313	2,180 -	2,085 -
7	+41	-359	3,159	3,200 +	2,800 -

All the estimates were then tabulated to compare estimates from the cutters against the actual numbers obtained. The following table and graph correlate the results and highlight the closest estimate to the furthest estimate where “-” illustrates an underestimate and “+” an over estimate.

After looking at the results from the initial 7 patients, certain patterns began to emerge. It became apparent that in the majority of cases we were underestimating the total numbers. We were also much more accurate when estimating smaller sections of donor and also more accurate once we estimated the 3rd and 4th sections. This could be that the cutting of the first strips had begun and the assistants were influenced in their assessments by the



number of grafts per sliver already cut. Patients with scarring and white hair also influenced the efficiency of donor evaluation. More accurate estimations were consistently made by the most experienced assistants and as their assessment of yield was the one used during the procedure, in the majority of cases the patient received the required number of grafts.

It soon became apparent that the information being gathered was very useful in using a team approach toward estimating donor. It allowed for greater input from less experienced members and promoted an environment of much closer monitoring of what each individual was cutting. Following discussions we will be continuing with this form of yield assessment but agree that we require further statistical information to precisely answer the question whether it is entirely possible to accurately estimate donor yield.♦

Classified Ads

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Excellent opportunity for Physicians to join Ziering, an established and expanding international hair restoration practice.

Looking for physicians with commitment to quality care and excellent results for opportunities in the

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To place a Classified Ad in the *Forum*, simply e-mail cduckler@ISHRS.org. In your email, please include the text of what you'd like your ad to read—include both a heading, such as "Tech Wanted," and the specifics of the ad, such as what you offer, the qualities you're looking for, and how to respond to you. In addition, please include your billing address.

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WE NEED YOUR SUBMISSIONS!

ISHRS CICATRICAL ALOPECIA REGISTRY

Nina Otberg, MD, Chair, Ad Hoc Committee on Database of Transplantation Results on Patients with Cicatricial Alopecia

Please contribute to this database for the collection of **hair restoration results on patients with cicatricial alopecia and hair diseases other than androgenetic alopecia**.

We are asking every ISHRS member to help to create a database of hair restoration results on patients with these difficult scalp disorders. The database will help us to optimize patient selection, treatment outcome, and patient satisfaction. It will help us to create guidelines for the surgical treatment of each scalp disorder and will allow us to be more confident in managing patients with cicatricial alopecia and other rare hair diseases.

You may obtain the details and download the registration form at:

www.ISHRS.org/cicatricial_alopecia_data_collection_form.php

Thank you.

New Vistas & Trusted Techniques in Hair Transplantation

Anchorage, a modern city set amidst the vast expanse of Alaskan wilderness, will host this year's premier international conference on hair transplant surgery.

SEPTEMBER 14-18, 2011



PLAN TO ATTEND: www.ISHRS.org/AnnualMeeting.html

Surgeons and staff will not want to miss this robust conference of thought leaders on the frontiers of best practices. The refreshing and friendly atmosphere of Alaska will invigorate each day of the conference. Pristine waters and breathtaking views of the Chugach Mountains and Mt. McKinley are the backdrop for up close wildlife adventures and glacier excursions, visionary lectures, hands-on workshops and networking events. **Inspired by nature's wild beauty and the highest caliber of educational presentations, this year's event promises to be a trip of a lifetime!**

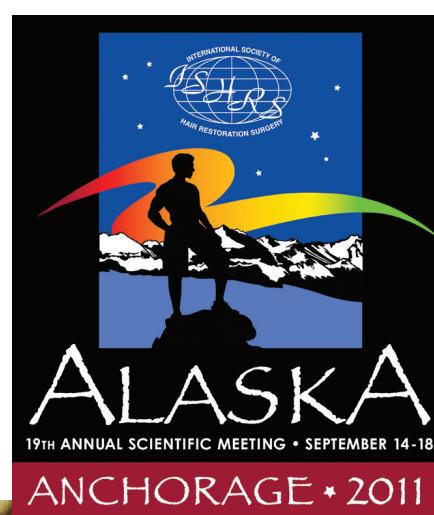
Newcomers Are Welcome!

As a result of the positive feedback from the past two annual meetings, 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.

Many exciting formats and topics are being planned for the 19th Annual Scientific Meeting, including a full day, hands-on **Basics Course** in Hair Restoration Surgery utilizing cadaver scalp, a full day **Advanced/Board Review Course**, a full day **Surgical Assistants Program**, several **morning workshop** on specific topics, a **Surgical Assistant Cutting/Placing Workshop** utilizing cadaver scalp, **lunch symposiums**, **Breakfast with the Experts** table discussion groups, **Live Patient Viewing**, several **controversy panels**, a **high definition surgical video theater**, a **hairline design panel**, use of an **audience response system** to keep the sessions exciting and dynamic, a full **exhibits** program, and many opportunities for **socializing and networking**.

Plan Your Pre- And Post-Meeting Activities Early!

Wildlife and Glacier Cruises • Flight seeing – glaciers, Denali • Sea kayaking, River rafting, float trips • Dog sledding • Rainforest and alpine hiking, glacier hiking • Bear viewing • ATV tours • Fishing • Canyoneering, rock climbing, ice climbing



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 • info@ishrs.org • www.ISHRS.org



Advancing the art and science of hair restoration

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; Paris, France	<i>Coordinator:</i> Pr. P. Goudot <i>Directors:</i> P. Bouhana, MD, and M. Divaris, MD Director: Pr. J. Ch. Bertrand	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	<i>Coordinator:</i> 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
March 16-19, 2011	ISHRS Regional Workshop 17th Annual Live Surgery Workshop Orlando, Florida, USA	International Society of Hair Restoration Surgery Hosted by Matt L. Leavitt, DO www.ISHRS.org/2011OLS.htm	Valarie Montalbano, Coordinator 407-373-0700 ext. 103 HValarieM@leavittmgt.com
May 13-15, 2011	ISHRS Regional Workshop The Next Big Thing: Hair Research and Advanced Live Surgery with a Focus on FUE Method Istanbul, Turkey	International Society of Hair Restoration Surgery Hosted by Melike Kulahci, MD www.thenextbigthing2011.com/	thenextbigthing2011@transmed.com.tr
June 24-26, 2011	1st Annual Asian Association of Hair Restoration Surgeons Scientific Meeting Pratumnak Princess, Bangkok, Thailand	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 Anchorage, Alaska, USA	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 St. Louis, Missouri, USA	Practical Anatomy & Surgical Education, Center for Anatomical Science and Education, Saint Louis University School of Medicine in collaboration with the International Society of Hair Restoration Surgery http://pa.slu.edu	http://pa.slu.edu
November 12-13, 2011	3rd Annual Meeting of the Association of Hair Restoration Surgeons of India (HAIRCON-2011) Mumbai, India	Association of Hair Restoration Surgeons of India www.ahrsindia.org	Tel: + 91-9821308411 drajeshrajput@gmail.com

HAIR TRANSPLANT FORUM INTERNATIONAL

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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