

How I Do It

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Dr. Mike Beehner always impresses me with his attention to detail and striving for perfection. This is part one of his two articles on photo tips. To me, the before and after photos are the most important part of our practice. Yes, we might have done an excellent job turning a Class VI into a Class III, but what happens if the patient insists that he sees “no difference.” It has happened to me several times, mainly in women who had add-on density. My only weapon of self-defense was the before and after photos. Don’t miss the next issue when Dr. Beehner shares his experience in overcoming the white balance color distortion problem.



Photo tips: photographing white-haired patients

Michael Beehner, MD Saratoga Springs, New York, USA mlbeehner@spa.net

Over the past 3-4 years, my staff and I have used a dark cloth backdrop when photographing our patients with white hair or extremely light gray hair. We have found that this makes it much easier to visualize the patient’s scalp and hair than our traditional light blue background does. Figure 1 shows our setup, with one of the assistants holding the backdrop cloth behind the patient. We simply use a dark water-resistant sheet that is placed around a patient during a shampoo/hair wash to keep them dry. Similar rough-textured dark backdrop cloths are available at any of the large mail-order photo studios (e.g., B & H). Figures 2 shows a female patient, who is 1-year post-surgery, using either the light or the dark backdrop, and it is quite evident that her hair shows up much better against the darker background.

Figures 3 shows a gray-haired male patient in his 50s. I chose to photograph his “before” photos with the dark backdrop, because there was a preponderance of bare scalp and very light hair present in the main area I wanted to photograph, namely the frontal region. After he had one session, during which we moved a good amount of somewhat darker hair from the occipital region to the frontal region, I felt that the hair and scalp would show up fairly well against our traditional light blue background. If I am in doubt regarding a given patient, I will simply take the full set of photos with each background. ♦



Figure 1. Our photography setup with assistant holding backdrop.

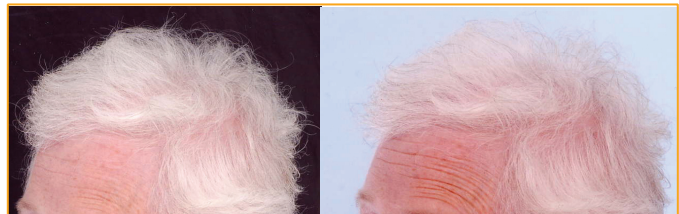


Figure 2. Post-surgical female patient against dark and light backgrounds.



Figure 3. Male patient against dark background for before photo and light background for after photograph.

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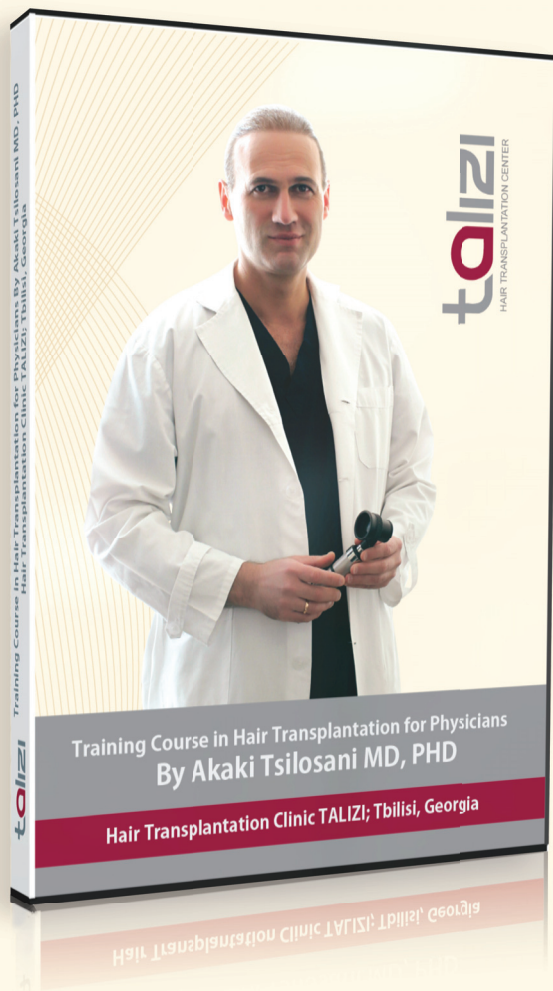
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Meetings and Studies

David Perez-Meza, MD *Mexico City, Mexico* DrDavidPM@permanenthairsolutions.com



Since 1995, the Orlando Live Surgery Workshop (OLSW) has been the place for knowledge, friendships, and camaraderie, and has contributed to the evolution of surgical techniques, the implementation of new instruments and devices, as well as the results and conclusions of different research studies. This year's meeting was no exception. More than 30% of the OLSW participants are beginners and, while primarily dedicated to the beginners in hair restoration, it is also intended to be a refresher for the intermediate and experienced surgeons.

2012 Orlando Live Surgery Workshop: celebrating 18 years

Wednesday, April 18, 2012
David Perez-Meza, MD
Mexico City, Mexico

Dr. David Perez-Meza started with his traditional lecture, "Hair Restoration for Dummies," a guide for beginners that was created originally a little over 11 years ago. It is an overview and orientation to all the new doctors interested in hair loss and hair restoration and included both medical and surgical treatments. He mentioned that the physician is responsible for all of the aspects of hair restoration and should be knowledgeable in all the steps of hair loss and hair transplant surgery. Every patient is different and, as surgeons, we need to customize our techniques and treatments (medical and/or surgical) for each patient. Dr. Perez-Meza noted that there are no Golden standards in surgical techniques in hair restoration surgery (HRS): one technique won't resolve all problems. He suggested that it is good practice to learn all the surgical techniques for both donor harvesting (donor strip and FUE) and recipient site creation (needles, blades, and implanters), and to get experience with all of them before deciding which technique or instrument is good in your hands. He closed this session with the "newbie" crowd stating: "Educate yourself—then your patient. Do not panic; start with small sessions and continue to read and learn."

Appropriate hair loss diagnosis is a key, yet difficult, task. Dr. Nicole Rogers spoke about hair loss etiologies including scarring and non-scarring alopecias. She recommended three questions to ask all patients to help accurately diagnosis their hair loss: 1) What is their duration of hair loss? Short-term hair loss (6-12 months) could be related to major physiologic stressors such as pregnancy, general anesthesia, crash diets, medications (Accutane, birth control), or precipitating telogen effluvium, while long-term hair loss (12 months or greater) could be the result of male or female pattern hair loss (FPHL) or chronic telogen effluvium. 2) What is their family history of hair loss? Mother, father, sisters, etc. 3) Are they experiencing any scalp symptoms or fatigue? It is important to check into thyroid problems, ferritin levels, vitamin D, and hormone levels. She pointed out that most women with FPHL have normal androgens levels. During the physical exam, you should look for distribution of hair loss, redness, flaking, and miniaturized hair follicles. She noted that it is a challenge to accurately diagnose hair loss in women. Treatments for FPHL include minoxidil 2% and 5%



OLSW faculty.

and for MPHL she recommended minoxidil 2% and 5% with finasteride 1mg daily as an option. Dutasteride is not FDA approved for hair loss. She reminded us the importance of recognizing scarring alopecia before deciding on any hair transplant surgery. It is critical to perform a full scalp evaluation of the hair loss patient including a scalp biopsy, if necessary. She presented very interesting clinical cases about lichen plano pilaris (LLP), frontal fibrosing alopecia, traction alopecia, chronic lupus,

and dissecting folliculitis. These entities must be treated and stabilized with no active recurrence for 2 or more years before deciding HTS is an option. However, there is no guarantee that the disease won't reactivate years later.

Dr. Carlos Puig spoke about the importance of ethical consultations in cosmetic and hair loss patients. He pointed out that the purpose of the consultation is to provide a patient with the information needed to make a thoroughly informed decision about having HTS. In addition, a physician's credentials and experience should be disclosed honestly and in detail.

Dr. David Josephitis spoke about the importance of having the right "tools" during the pre-operative, intra-operative, and post-operative phases. He recommended photos of patient examples, a high-quality camera as well as markers, rulers, combs, mirrors, etc. The surgery case may take 4-6 or more hours and, accordingly, it is important that a comfortable and adjustable surgical chair, as well as audiovisual stimulation (music, TV, and movies) are utilized. He addressed the use of microscopes for graft preparation and the use of different devices for FUE and recommended you have emergency equipment, including an AED (automated external defibrillator) in your office as it is best to be prepared for all possible complications that may arise. He spoke about the importance of the post-operative care, such as the hair wash, change of dressings, medications, and low level laser therapy for speeding the wound healing process. Dr. Josephitis summarized that the competent use of equipment and supplies ultimately will help to promote happy patients and foster productive practices.

Dr. Bernardino Arocha discussed hairline design, noting that the function of the hairline is to frame the face, connote gender, maximize styling options, convey frame of mind, sex appeal, and hygiene, and facilitate eye contact and attention. Hairline

goals during HTS are to be natural and undetectable. The relation between hair loss and donor area is critical for hairline design. Dr. Arocha described DaVinci's rule of facial proportions and noted that the shingling point is a great reference and guideline for hairline design placement.

Painless surgery, an important goal in HRS, was addressed by Dr. Roy Stoller who noted the purposes of anesthesia: relaxation, reducing and eliminating pain, homeostasis, reduction in swelling, and tumescence. He discussed differences between minimal, moderate, and deep sedation as well as the use of general anesthesia. He described the maximum dosage of local anesthetics (lidocaine and bupivacaine) and the amount of epinephrine concentration he uses for the tumescence effect in the donor and recipient areas. He pointed out that monitoring and patient safety should be priorities. Dr. Stoller addressed the use of pulse oximetry, oxygen, the crash cart, and the training in ACLS, BLS, and CPR. He described his technique for body hair anesthesia. He pointed out the importance of early detection of anesthetic toxicity to implement a quick response for the appropriate treatment. He finished by saying that, if the patient is not comfortable, neither will the physician be.

Dr. Alex Ginzburg spoke about the important and critical issues of graft preparation, storage, and placement. Dr. Ginzburg discussed the different cutting surfaces and instruments needed during surgery. For storage solutions, in addition to saline solution, the most commonly used, he recommended considering storage solutions containing amino acids, buffer solution, vitamins, salts, etc. Dr. Ginzburg presented excellent videos showing the different topics discussed.

Dr. John Schwinning discussed donor estimation, harvesting (strip and FUE), and closure. He noted that after he estimates the donor area he prefers narrow and longer strips versus shorter and wider ones for avoiding bad scars. His average surgery session is around 1,500 grafts.

According to Dr. Anthony Mollura, choosing the right tool for creating the recipient site is critical for obtaining superior results in hair restoration. He presented the evolution of the instruments: from 3mm and 4 mm punches, then 1mm and 2mm punches to small blades or needles (0.6-1.3mm) to create slits. Dr. Mollura mentioned methylene blue for staining the recipient sites to see the area much better.

Dr. Leavitt spoke about pre-op and post-op instructions and consent forms. These are very important topics that will make happy versus unhappy patients. He pointed out that the consultation is the key to the pre-operative preparation and recommended that the HT surgeon work very closely with the patient's primary doctor or specialists for additional evaluation as necessary. He emphasized the importance of having a fully informed and educated patient and of being available by phone during the post-operative period and answering any questions that the patient may have.

Dr. Perez-Meza presented complications in HTS including those from strip and FUE harvests, noting that complications are part of surgery and no surgeon is immune. In his opinion, the patient's expectations need to be discussed clearly in cosmetic



Drs. Carlos Puig, Matt Leavitt, and David Perez-Meza.

and HTS offices. He reiterated that it is the "surgeon's right" to say "no" when he or she believes that the patient is not a candidate for the surgery. In addition, he discussed specific red flags as well as body dysmorphic patients during the consultation. He described side effects and complications of both strip harvesting and FUE and pointed out that the surgeon is responsible from the beginning of to the end of the surgery case, including the post-operative follow-up. He emphasized that if a complication occurs, the most important thing is to

give support to the patient.

Dr. Edwin Suddleson discussed emergency preparedness in HT. He suggested making a list of emergency conditions that might arise in the office that would require immediate attention, and then make a plan to resolve the issues. He mentioned the three different levels of office-based surgery: Level 1—surgery performed under topical or local anesthesia; level 2—peri-operative medication and sedation are used; and level 3—general anesthesia is used. He recommended that the physician and the staff should be certified in BLS with AED (level 1) and ACLS (levels 2 and 3).

Dr. Ken Siporin lectured on how to incorporate hair transplantation into your existing cosmetic surgery practice. He recommended that physicians interested in incorporating HTS start to educate themselves by reading books, attending meetings and workshops, and visiting experienced colleagues. Then they can set up their offices with the appropriate equipment for hair transplantation and create the right marketing materials. Branding is key to getting the word out and keeping the message simple is a must. He emphasized the importance of patient, staff, and doctor comfort and suggested creating a harmonious atmosphere among the three.

Dr. Leavitt concluded the day with his "Pearls in HTS." He mentioned that the patients have become increasingly informed and do extensive research of the procedure, scrutinize the Internet, participate in message boards, and interview two or three physicians before they reach a level of comfort. He pointed out that excellent and natural results alone might not be enough for future surgeries and concluded that the difference in long-term satisfaction often may be subject to how well the "customer service" aspect of one's practice is perceived from the time of consultation through the entire surgical experience and post-op course.

Thursday, April 19, 2012

David Perez-Meza, MD Mexico City, Mexico

Dr. Matt Leavitt reiterated the OLSW goals: to advance the science of hair restoration, educate hair transplant physicians, and create lasting friendships, collegiality, and alliances. He pointed out that one additional goal is to promote scientific studies in hair loss and hair restoration.

Female Hair Loss Consultation Panel: Dr. Leavitt moderated the panel and reviewed female hair loss and its causes and hair restoration in women. He emphasized the value of the consultation, including scalp evaluation, any necessary lab tests, and scalp biopsy for the right hair loss diagnosis before deciding on the medical and/or surgical treatment. The importance of adequate

scalp evaluation during the consultation step was emphasized. Video-microscope was used to compare the donor and recipient areas, to illustrate what was a normal caliber hair vs. miniaturized hair, and to compare normal vs. pathological scalp (edema, hyperkeratosis and redness).

Male Hair Loss Consultation Panel:

Dr. Shelly Friedman moderated the panel and evaluated key points during the male hair loss consultation, including what has legal consequences during the consultation process and the need to inform the patient of all aspects of HTS. He pointed out that a thorough evaluation is critical including patient medical and surgical history, medications, and allergies. He recommended asking about the duration, rate, and location of hair loss and the family history, too. He stressed the importance of discussing realistic vs. unreasonable expectations and goals. Dr. Puig noted the importance of the patient consent form in hair restoration offices and emphasized our role as educators. Dr. Suddleson commented upon the importance of being warm, friendly, informative and honest with our patients. It was noted that we have options to evaluate and treat hair loss as well as the ability to stabilize hair loss with medications.

Hairline Design Panel: Dr. Parsley moderated the panel in which he reviewed hairline design techniques and pointed out that the decision to transplant a patient is dependent on weighing several important factors, such as the age of the patient, health history, degree of baldness, and quality of donor area, to the final hairline design that both the patient and doctor can agree on that will work now and for the future. He offered guidelines for hairline design and noted that once a basic template is designed, several patterns can be created. Dr. Shapiro concluded that today's patients expect an undetectable hairline that has enough substance (density) to stand on its own after one session. He stressed two key points: location of the hairline and making a natural hairline.

Donor Harvesting with Donor Strip Panel: Dr. Marcelo Gandelman moderated the session, noting that the donor strip harvest is one of the two techniques for donor harvesting; FUE is the other. Dr. Puig spoke about the MHR (Medical Hair Restoration) morphological graft grading, a key component of quality assurance in HRS.. The system grades grafts by looking for the anatomical qualities that protect vital structures during dissection and transfer. He and Dr. Alex Ginzberg spoke on trichophytic closures to camouflage the scar. Dr. Matt Leavitt spoke about his zipper technique for cosmetic donor closure. The technique is a two-layer closure, utilizing absorbable suture in the sub-q layer, and nylon sutures in the skin.

Donor Harvesting with FUE Panel: Dr. Perez-Meza moderated the session and mentioned that FUE is a great donor harvesting technique but that patients and doctors have been misled about the technique's not involving scalpels, scars, or complications. He also noted that FUE doesn't use a scalpel as has been mentioned in many ads, but it uses a round blade punch and the result is a circular scar with hypopigmentation in a moderate to high percentage of cases. He commented that FUE, as with the donor strip technique, has pros, cons, side effects, and complications, and that all of these should be learned by the doctors who



Dr. Parsley demonstrating his LED device.

can then educate the hair loss patient. Dr. Alex Ginzburg gave his opinion that it is inevitable that more surgeons will adopt the new technology, and he reviewed indications, contraindications, general considerations, and complications with the FUE technique.

Dr. James Harris spoke about performance of FUE utilizing the powered blunt punch and gave tips for successful extraction including magnification, patient position, and donor area preparation. He described the steps that need to

be mastered for using the powered, blunt FUE: shave the donor area, infiltrate the sub-q tissue, set the punch rotation speed, apply skin traction, engage and then advance the punch and finally remove the grafts. He finished with hints for power dissection: let the drill do the dissecting; do not force the handpiece, and begin with lower speed. Also, burial and transection of the graft require an adjustment of the insertion angle.

Dr. Roberto Trivellini presented his interesting device for donor harvesting: a powered, suction-assisted FUE drill.. Dr. Trivellini is still working with the device and hopes to show the updated version at the Bahamas meeting.

Dr. Perez-Meza spoke about a new device for FUE, the Robotic ARTAS system. The basic system operation includes sophisticated imaging and hair assessment algorithms, blunt dissection based on the SAFE system, target unit acquisition, dynamic tracking, and an easy to use physician interface. One of the most important facts about the system is the assessment of the angle of exit of the hair. The software also provides FU density per cm², and suggests potential target grafts. It uses the two-step SAFE system with a 1mm sharp needle and 1.2mm punch to obtain chubby grafts of good quality. The user interface permits the physician to control all of the parameters. Dr. Perez-Meza noted an 8% transection rate with the device and that the rate is trending lower. The graft production rate is 500-750 per hour and he noted that 300 patients have been included in the clinical trial with no adverse effects or complications. He concluded that as with any FUE device for donor harvesting, the patient should be informed of potential side effects and complications in the donor area such as punctiform and hypopigmented scars.

Dr. Craig Ziering noted that FUE requires a difficult learning curve with respect to graft quality and case size and the logistical integration of a new procedure into one's practice and noted that the recent introduction of robotic technology may address some of the issues.

Surgery Center

A cutting and placing station with two cadaver scalps offered a hands-on experience for attendees.

O.R. 1: FUT with donor harvesting with FUE with the Robotic ARTAS System. A 47-year-old male patient, Class IV, had had an ARTAS procedure on 5-10-11 with 900 grafts and came back for a second surgery to increase density. Dr. Ziering discussed donor area preparation and the use of the skin tensioner, the interface, and the appropriate settings between the device and the patient. There were 540 FUs harvested from the donor area. The grafts were chubby and of good quality, although the transection rate wasn't evaluated.

O.R. 2: FUT with donor harvesting with donor strip technique. A 48-year-old male with progressive hair loss since age 20 who had had his first HTS at the 2011 OLSW, came back for increasing the density. The faculty demonstrated donor estimation, donor harvesting, and a donor closure technique including the use of the Puig ledge device for a trichophytic closure. Dr. Leavitt showed his zipper closure technique for the sub-q area using Biosyn 4-0. The old scar was removed and 1,454 grafts were obtained.

Dr. Ron Shapiro marked the hairline and the area for the creation of the recipient sites noting the importance of the selection of the right instrument for making the recipient sites.

O.R. 3: FUT with donor harvesting with donor strip technique. The patient was a 61-year-old, Norwood VI male with a history of baldness that had started at age 22 and no prior surgeries. A forelock design was marked and discussed by Dr. Krenitsky. A zipper technique was demonstrated and a TricoShave technique was shown for the trichophytic closure. Different recipient instruments were demonstrated for the creation of the recipient sites and 1,422 grafts were obtained.

O.R. 4: Female case with FUT- donor strip. A 66-year-old female with history of hair loss and one previous hair transplantation was scheduled for increasing her density further. 1,600 grafts were obtained from the donor strip after microscopic dissection. The faculty team showed and discussed about the different instruments for creating the recipient sites from 0.8 and 0.9mm chisel blades to the 1mm and 1.3mm Minde.



Drs. Ron Shapiro and Glenn Charles

allows him to achieve a higher pH and less painful injections and emphasized the importance of matching the size and depth of the recipient sites to the grafts and using the best grafts in the frontal forelock region. The benefits of coronal sites were enumerated by Dr. Shelly Friedman. He discussed the superior density, more acute angles, and less tendency for popping that he feels he has achieved with coronally oriented sites. Dr. Carlos Puig stressed the importance of anticipating long-term changes when

planning and prioritizing areas to transplant: the parietal bridge, the frontal forelock/hairline zone, and the crown.

Special Cases #1 Panel: Moderated by Dr. Gabriel Krenitsky, we were treated to a very detailed presentation of the anatomy and unique aspects of eyelashes by Dr. Ali Abassi. He discussed the similarities and differences between scalp hair and eyelashes, as well as the differences between upper and lower lashes and inner and outer lashes. Dr. Bernardino Arocha presented several cases of less commonly performed hair transplants to eyebrows, temporal points, eyelashes, and beards. Variations in the natural patterns and surgical designs of crown whorls were nicely demonstrated by Dr. Krenitsky. He cautioned against the use of large grafts, and recommended an angle of 30°-45° or less for the creation of the recipient sites. He emphasized that the patient should be over 40 years of age, and/or their final pattern well established. Dr. Samir Ibrahim presented cases of various non-scalp hair transplants.

Special Cases #2 Panel: The new wave of complications ushered in by the FU era (FUT and FUE) was addressed by Dr. Marc Avram, who reminded us that there is a lingering perception among the public that hair transplants look unnatural. Our ability to change that perception in the FUT (donor strip or FUE) era will depend upon our respect for basic principles including patient selection, hairline design that anticipates future losses, and donor harvesting.

Dr. Francisco Jimenez shared his innovative technique for administering “painless anesthesia” using a 27 gauge, 40cm Pix’L Cannula, a blunt microcannula that has been used in Europe for the past 2 years with great success for dermal filler injections. Dr. Jimenez starts with deep sub-q infiltration of lidocaine followed by intradermal infiltration with a 30 gauge needle that affords his patients 4-6 hours of anesthesia without the need for bupivacaine or re-injection. Also, he has noticed less bruising and less risk for breaking blood vessels.

Dr. Parsley reviewed the history of magnification in hair restoration surgery and mentioned that the next step may well be cross polarization, a technique that reduces glare and allows limited visibility into skin.

Dr. Alex Ginzburg, declaring his willingness to put hair “anyplace on the body that needs hair!” shared some very unusual cases of patients with very unusual requests. Dr. Jonathan Ballon discussed some of the challenges posed by neurosurgical patients with calvarial defects and/or various types of cranial foreign bodies (cranioplasty materials, ventricular shunts, and other devices) beneath the scalp. He pointed out the importance of full scalp and medical evaluations in those types of patients before deciding upon HTS.

Friday, April 20, 2012

**Jon Ballon, MD Atlanta, Georgia, USA;
David Perez-Meza, MD Mexico City, Mexico**

Dr. Matt Leavitt’s “Eyelash and Latisse® Update” started the day. He explained that the eyelash hair cycle is different from that of scalp hair. He noted that the anagen (growth) phase lasts 1-2 months, telogen 4-9 months, and catagen 15 days, and 41% of the upper eyelid eyelash follicles are active at any given time. He pointed out that eyelash thinning (decreased hair diameter, length, and pigment) over time are linked to the aging process. He presented the eyelash multicenter and double blinded study with Latisse (bimatoprost 0.03%), a prostaglandin analog, vs. placebo for treating eyelash hypotrichosis. It consisted of two groups (278 patients) with daily application bimatoprost or vehicle/placebo for 4 months.

The results showed that the patients in the bimatoprost had thicker, longer, and darker eyelashes vs. vehicle. The most frequently reported adverse events (AE) were 23 patients of the bimatoprost group vs. 6 patients of the placebo group with complaints of eye pruritus, conjunctival hyperemia, skin hyperpigmentation, eye irritation, dry eye, and erythema of eyelid. Dr. Leavitt pointed out that none of the patients of the Latisse group had iris discoloration and Latisse is the only FDA-approved product for the treatment of eyelash hypotrichosis.

Recipient Sites and Surgical Plan Panel

Dr. William Parsley spoke about recipient sites. He mentioned that mixing his own lidocaine and epinephrine solution

Growth Factors and Platelet Rich Plasma Panel

Moderator Dr. David Perez-Meza noted that growth factors (PDGF, EGF, VEGF, IGF, TGF β) play a critical role in hair formation. He pointed out that platelet growth factors are usable for clinical applications and discussed their past, present, 1st, and 2nd generations and discussed the uses of autologous PRP (platelet rich plasma), PPP (platelet poor plasma), and PRF (platelet rich fibrin that doesn't need anticoagulants or bovine thrombin). He reviewed his studies in growth factors in wound healing and revascularization of the hair grafts since 1997. He discussed the possible benefit of PRP in the neovascularization process during the critical first 96-120 hours following a transplant. He found that his patients in a study done in 2003 experienced less pain and faster healing. Although initial growth may have been faster, there was no significant difference in final growth or in the width of the donor scar at 1-year follow-up. Dr. Robert Reese shared his 7-year experience with the only FDA-approved PRP, Cytomedix's AutoGel. He stressed the fact that not all PRP is the same. The FDA hasn't yet approved the use of PRP in hair loss and HTS. Dr. Glenn Charles presented a case of identical twins, one whom had both the donor wound and the grafts treated with PRP. No significant difference in growth was reported by the PRP twin, and the scars appeared about the same. Dr. Charles does not claim any better results for PRP when speaking with his patients prospectively.

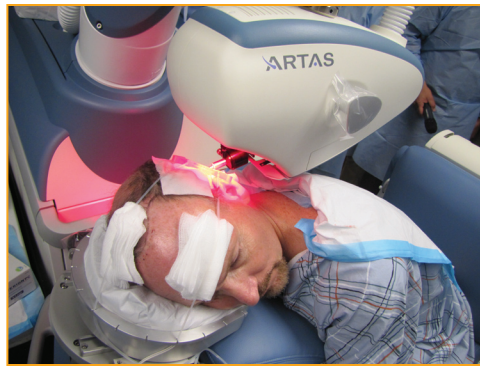
Research Update Panel

The controversy surrounding the use of finasteride in women was discussed by Dr. Abassi. Dr. Ken Washenik addressed some of the recent and much-publicized concern regarding the sexual side effects of finasteride. He pointed out that this concern has been based upon post-marketing reports and telephone surveys and that there has been no scientifically valid study to support the claims made in the *Journal of Sexual Medicine*. In 7 million patient years of treatment with finasteride, there have been only 59 reported cases of side effects lasting more than 3 months after discontinuation of the drug. It was noted that the Sexual Medicine Society of North America recognizes "an association" between the use of finasteride and loss of libido/erectile dysfunction, but that it is impossible to establish a causal relationship due to the prevalence of sexual dysfunction in the general public (50% of men over 40).

An excellent review of the anatomy and morphology of the hair follicle, based upon his microscopic analysis of hundreds of follicles, was presented by Dr. Francisco Jimenez. He discussed the implications for trichophytic closure (e.g., damage to the bulge if deeper than 0.8-1.0 mm). He also noted that when scalp is used for STSG (split thickness skin graft), the hair always grows back because the thickness of the graft is only about 0.7mm.

Dr. Grant Koher presented the findings of his study on LLLT in women as well as some of the regulatory hurdles he faced in conducting such a study. He found that 40 of 55 subjects achieved an increase in hair counts of 20% or greater at 26 weeks, and none experienced any further loss of hair.

Dr. Parsley concluded the session talking about graft storage solutions. He noted that not everybody obtains the 95%



Donor harvesting using ARTAS.

survival rate claimed by the hair restoration community. He reviewed the qualities of the ideal storage solution, types of additives used, and the role of hypothermia. Dr. Parsley has concluded that HypoThermosol seems to be the best storage solution available but suggested either Lactated Ringer's solution or PlasmaLyte A as cheaper and good pending further research.

Surgery Cases

O.R. 1: FUT with donor harvesting by FUE technique. A 51-year-old male,

Class V, first ARTAS procedure on 6-9-11 with 892 grafts, now brought in for second hair transplant procedure. The patient had a successful HTS and came for increasing density. The good donor area showed tiny punctiform, hypopigmented scars from the previous FUE extractions.

Dr. Ed Suddleson showed the results of the patient after the first HTS. He discussed the importance of adequate shaving of the donor area for excellent donor harvesting and the application of the skin tensioner. The tensioner defines a 3cm² area to be harvested by the ARTAS system. The device is moved as needed to a new area. Dr. Suddleson explained the patient's positioning for the extractions. If the patient moves, the robot stops automatically and then will continue with the extractions according to the pre-existing plan. Dr. Jim Harris commented about the case based on his experience with the robot. As with the previous demonstration, the monitor showed great graft quality and chubby grafts, which were evaluated by Drs. Parsley and Perez-Meza. The monitor also shows the surgery time and graft production time. In the average patient, the robot can make around 1,500-2,000 extractions in 3-4 hours. The Robot has a 1mm needle for scoring the graft and a 1.2mm dull punch for the extraction. There were 500 FUE grafts extracted. Dr. Suddleson made the recipient sites using Minde blades.

O.R. 2: Male surgery case with FUT strip. A 50-year-old male patient with previous HTS at the 2011 OLSW came back for increasing his density. Prior to starting the case, 20cc of venous blood was obtained from the patient to prepare PRP with the AutoGel device (Cytomedix). The centrifuge spins only for 1 minute and then after several steps the PRP is obtained. Dr. Ziering evaluated, estimated, and marked the donor area. Dr. Jimenez's protocol was utilized to anesthetize the donor with the blunt cannula; the same protocol was followed in the recipient area later on. The donor strip was removed and divided in half for storage in saline solution and PRP, respectively. Dr. Ziering demonstrated his technique for reducing tension of the closure by making small vertical channels with scissors into the upper and lower flap before employing a two-layer closure (Biosyn and nylon). 1,385 grafts were obtained. The hairline was marked and the surgical plan was discussed again. Dr. Ziering used 18-gauge needle for creating the recipient sites in the hairline and SP-89 for the front and mid-scalp. The grafts with the PRP were placed in one half of the scalp and grafts with saline in the other half.

O.R. 3: FUT with donor strip harvesting. This was a 58-year-old, Norwood class III-IV male with progressive hair loss since age 28 who had applied Rogaine 5% for a few months only. He had excellent donor and the surgical plan was to start the hair

restoration of the hairline and anterior frontal forelock; 1,885 grafts were obtained. The chisel blade and Minde blades were used and demonstrated for making the recipient sites. The importance of post-operative care was also discussed.

O.R. 4: FUT with donor harvesting with FUE technique. A 30-year-old male patient with thinning and diffuse hair loss in the hairline and frontal forelock was selected for the surgery. After the initial evaluation and discussion of the case, the recipient area was anesthetized and the 1.3mm Minde blade was used for creating the recipient sites. The donor area was shaved and marked for the FUE extractions. Dr. Gabriel Krenitsky employed the SAFE system for FUE harvesting using a 1mm punch. Dr. Alex Ginzburg discussed a cordless FUE device with 0.9mm punch. A total of 844 grafts were harvested.



Drs. Nicole Rogers, Eugene Rodillo, and Ken Washenik.

Saturday, April 21, 2012

Nicole Rogers, MD Metairie, Louisiana, USA

Dr. Alfonso Barrera lecture entitled "Preventing Donor Site Complications" described how complications can happen even in experienced hands when the donor site closure is just too tight. This can result in ischemia and necrosis, which results in scarring alopecia, shock hair loss, and at the very least a widened unsightly scar. The risk of a tight closure is reduced by harvesting narrow (1cm) and long donor strips, depending on the number of grafts needed and dimension of the donor areas up to 30-32cm in length. But for when the unplanned circumstance of tightness at the closure occurs, Dr. Barrera offered suggestions to alleviate the tension and rescue both the patient and the physician: First, undermine the wound edges in a cephalic and caudal direction for 1cm or even a few centimeters. The scalp can be very inelastic, and if you continue dissecting in a further cephalic direction it still may not relieve the tension. He stated that what really works and allows him to close without tension is a subcutaneous undermining a bit further caudally until he is past the mastoid process. Once he is caudal to this, invariably he can recruit and advance skin from the neck allowing for a tension free closure. This may require dissecting to the mid upper neck but it is very safe and effective. The key for safety is to stay in the right plane—subcutaneously—which prevents injury to important structures such as the 11th cranial nerve (Spinal Accessory).

Dr. Ricardo Mejia presented several interesting cases where poor planning in the donor area made for difficulty in subsequent harvesting. Various complications included round scars from punch graft harvesting, donor scars becoming visible as balding progressed, and also hairlines placed too low that became unattractively apparent as the natural hairline moved back. He also encouraged the physician participants to do their own consultations as frequently as possible.

Dr. Shelly Friedman covered a common problem in patients with oily scalp: the formation of pimples that can occur 2-3 months after HTS. He explained that it happens after the follicle has started back into the anagen phase but before the hair has penetrated the skin surface to create a new orifice. He recommended a technique he has used successfully, which is to shampoo with Hibiclens®, leaving it on for 5 minutes while in the shower, and then to apply a clean warm wet towel for 30

minutes. Immediately after removing the last towel, the patient should apply alcohol. When asked if he had ever gotten positive cultures, he said no.

Dr. Samir Ibrahim then spoke about repairing bad HT cases. He had observed some doctors performing 4 and 5mm punch grafts and telling patients these were FUE grafts. He showed a picture of a 35-year-old male who had received cornrows in 2008 with a very pluggy appearance. He used a 2mm punch to remove and recycle the oversized grafts.

This technique provided 1,728 grafts and after 3 surgeries the audience saw much better results.

Dr. Matt Leavitt discussed the Hair Foundation, which is the only non-profit charity dedicated to educating and increasing awareness about hair loss and hair care. It was founded in 2005 and educates over 300,000 domestic cosmetology students. There are many organizations and corporations that are involved in supporting the Hair Foundation. They are inviting experts to help populate blog entries to increase awareness and learning on the part of the public. Already the site has received 1.2 million visitors for the past year. The goal of the Hair Foundation is to be a trusted media resource for several TV channels and magazines. The proceeds from Dr. Leavitt's book, "Women and Hair Loss," go to the Hair Foundation. The website to get involved in this group is www.hairfoundation.org.

Dr. Bill Parsely then discussed various camouflage techniques. He showed some of the various products including Topplik®, Fullmore®, Hair Magic, and DermMatch®. He recommended using an atomizer to help spread the product evenly over the scalp. He explained that there is an art to it because too much product results in clumping and too little results in a very sparse appearance. He then discussed micropigmentation, which is the tattooing of tiny dots on the scalp in black or brown to create the appearance of very short scalp hair. He discussed how this is a good option for patients who had a bad hair transplant, who want to cover scars in the donor area, or who are bald and just want a light coverage.

Dr. Barrera then showed a video that showed his dramatic technique for a facelift and hair transplant as a single procedure. He explained how, with the patient under sedation, he removes a strip from the back and then begins the facelift while his staff is separating grafts. He described how he uses the stick-and-place method for graft placement. He showed a video of using a scalp expander to treat a burn, a repair of a cleft lip by a mustache transplant, and sideburn reconstruction. Dr. Anthony Mollura followed with discussing his treatment of facelift scarring and his approach to the re-creation of temporal points with HT. Dr. Fernando Basto then described the importance of creating an irregular anterior hairline with a study of 19 men and 24 women, 95% of whom had very irregular hairlines.

Dr. Ed Suddleson spoke about Polycystic Ovarian Syndrome (PCOS). He described a 33-year-old female with thinning hair since the age of 18, who also had a history of infertility. She had diabetes, was obese, had hypertension, and was placed on oral contraceptives and then spironolactone by her dermatologist. He discussed how this is a hard diagnosis to make, especially when not all the signs and symptoms are present. Metabolic syndrome can be present and involve obe-

sity, cardiac disease, or diabetes. Various books are available including "PCOS for Dummies" and "It's Your Hormones" by Geoffrey Redmond.

Dr. Leavitt gave a talk on "lotions and potions" for hair. He discussed how hair loss is a \$7 billion market. He noted how various products combine minoxidil (known to grow hair) with other less-proven ingredients such as saw palmetto (Avacor), parthenol (Scalp-Med), aminexil sp94, retinol, nanosomes, and copper complex (Spectral DNC), Folliguard, Hair Advantage, and Corvinox. Saw palmetto is included in a number of herbal/botanical hair products such as Procerin™, Provillus™, Revivogen, and Crinagen, but it has not been shown to affect serum testosterone, DHT, or PSA. There is no proof that saw palmetto helps with hair. Some copper-containing products are Tricomin® and GraftCyte, and there is some basic science data to support their use but this may be more helpful for wound healing than actual graft growth. He tends to prefer sulfate-free shampoo. P&G recently bought Nioxin®, which is a product sold in hair salons across the country, but they rolled back the claims made previously about hair growth. He discussed how one small study did show ketoconazole to help with hair thinning, but reinforced that there is no "secret" solution for hair loss, and, if there were, it would work in more than one study and for more than one investigator. Minoxidil and finasteride are still the best way to slow down hair loss.

Live Surgery Center

O.R. 1: Dr. Ricardo Mejia performed FUT strip hair transplant surgery on an African American female with traction alopecia on both sides of her scalp. He harvested a single donor



Dr. Leavitt, Dr. Rogers and participants.

strip from the occipital region but did not use trichophytic closure because he has concerns about ingrown hairs in African American patients. He explained about recipient site creation and graft size in this type of patient. He made his sites in the temporal areas of thinning with SP-88 and SP-89 blades.

O.R. 2: Dr. Leavitt performed an FUT strip corrective surgery on a 41-year-old male with a Norwood V pattern and isolated, slightly oversized grafts in the frontal one-third of his scalp with a pluggy hairline due to a previous surgery. The patient also

had some pitting where the grafts were placed too deeply. The compression of the surrounding skin results in a sinking of the graft that makes it look tufted. Two months prior to the surgery, Drs. Leavitt and Eugene Rodillo had removed several of the oversized grafts using a 3mm punch biopsy and sutured them closed. It is wise to explain that the reason for not transplanting the vertex is that it would do the patient a disservice to place grafts in a place that would not look right in the long term.

O.R. 3: Dr. Craig Ziering conducted a crown FUT strip hair transplantation in a 60-year-old man with a 20-year history of thinning but only in the vertex. He discussed various whorl patterns extensively noting that this patient had a right-sided S. He made sites using an SP89 and kept the orientation consistent with the existing vellus hair. Also, he noted how it is possible to orient the hairs less acutely (and more perpendicularly) in the very vertex of the scalp.

O.R. 4: Dr. Edwin Suddleson performed FUT strip hair transplantation on a 42-year-old Norwood V male who had hair loss starting at age 30. The goal was 1,500 grafts and the sites were all made sagittally using a Minde 1.3mm blade. ♦



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2012 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, 2012

Further information and a full application can be obtained on the ISHRS website at www.ISHRS.org/member-grants.htm

CALL FOR NOMINATIONS

2012 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.

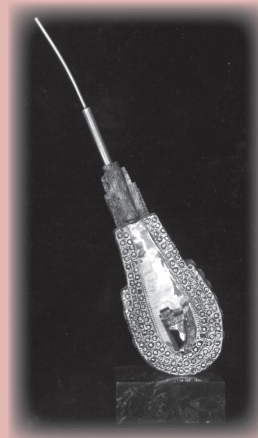
How to Submit a Nomination:

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.

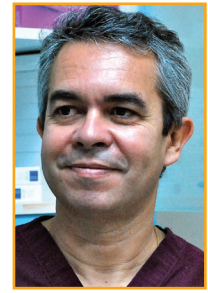
Nominating deadline: June 30, 2012

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 20th Annual Scientific Meeting, October 17-21, 2012, Paradise Island, Bahamas.



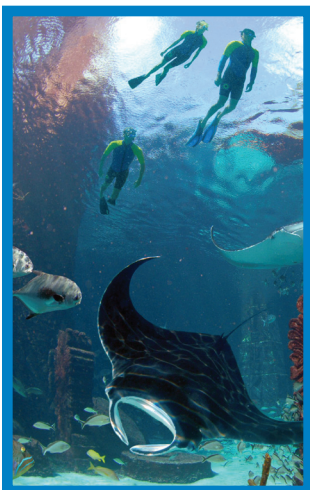
Message from the Program Chair of the 2012 ISHRS Annual Scientific Meeting

Francisco Jimenez, MD Las Palmas de Gran Canaria, Canary Islands, Spain fjimenez@clinicadelpelo.com



Ten good reasons to come to the next ISHRS meeting in the Bahamas

1. Newcomers to this field are always welcome to our meetings. We are delighted once again to offer them the opportunity to participate in the Meeting Newcomers Program, as well as to register for the Basics Course.
2. A new 4-hour hands-on workshop on FUE will be held the day before the meeting starts. It will allow those who attend the opportunity to practice with different equipment under the guidance of FUE experts.
3. If you are interested in finding out more about one of the hottest topics in hair research, you won't be disappointed. This year we have invited Professor Bruce Morgan from Harvard University as the Biology Lecturer. He will review for us the basic mechanisms that drive follicular stem cells to grow hair. His lecture is entitled "From Stem to Hair: Deciphering and Exploiting the Instruction Set That Guides Follicle Regeneration."
4. Do you want to know which new therapies under investigation might play a role in hair restoration in the near future? This year we are setting up an ambitious session/discussion panel with a number of guest speakers that will be moderated by the always brilliant Dr. Ralf Paus from the University of Lübeck (Germany). In this session there will be a critical analysis of different strategies to induce hair growth—including cell-based therapies, de novo hair follicle formation, scalp injection of growth factors, and so on.
5. We have been passive witnesses of an alarming negative campaign driven by the Internet forums about permanent side effects of finasteride: What is fiction and what is reality? Do we really need to be concerned about those side effects? Dr. Freedland, a world-renowned expert in this field from Duke University's Department of Urology, has kindly accepted our invitation to participate in a finasteride symposium, led by Dr. Dow Stough, that will debate these issues.
6. There is no better way to learn a technique than by watching how the procedure is done on real patients. For this reason, one of our priorities for this meeting is to show "How I Do It" videos, so that you can observe the application of hair grafting in unusual clinical situations, new devices/techniques that can be incorporated in your practices, and interesting surgical pearls that you won't find in textbooks.
7. To attend the session "Hot Topics in HRS." New technology and developments lead invariably to controversy. Topics such as robotic hair harvesting and donor area safety in FUE are just a couple examples of topics that will be debated in this session by speakers with differing viewpoints.
8. In order to build a successful HT practice, it is important to have knowledge of practice management and marketing. Internal/external marketing strategies, advanced Internet marketing, and how to run multiple office locations effectively are a few examples of the topics that will be covered in two lunch symposiums.
9. As usual, a variety of attractive topics will be covered in greater detail in the morning workshops. This year we have included topics as diverse as eyebrow hair transplantation and scalp microtattooing.
10. If the above doesn't seem sufficiently attractive, then just lay back, take off your shoes, and enjoy the beaches of the Bahamas and the incredible facilities that you and your family can enjoy at the Atlantis Hotel, Paradise Island. ♦



Surgical Assistants Corner

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

The Surgical Assistants Corner can be a very useful tool to help train new staff and provide new ideas and solutions to our usual dilemmas in hair surgery. I encourage all nursing and technical hair staff to share their point of view on hair transplant surgery.

I am looking forward to the ISHRS Scientific Meeting in the Bahamas this fall! Hope to see EVERYONE there!



Role of administration function in the hair transplant surgery process

Beverley Barbour, HRBR Ltd Dublin, Ireland beverley@hrbr.ie

The decision to contact a clinic to book an appointment and to speak with someone who can give advice on the hair loss process and its remedies can be one of the most difficult decisions a prospective patient has to make.

The press works hard to present the razzmatazz and results of hair transplant surgery. The results, both good and bad, serve to wrap the process in an air of mystery and myth and are often perceived to be for the rich, famous, and vain. The Internet provides constant access to lotions, potions, and notions that can confuse and often distress anyone looking for a remedy for their personal hair loss. The societal clamour for the elixir of youth in cosmetic surgery adds to the mounting pressure on the individual's self-esteem, self-efficacy, and self-image.

An individual's self-esteem is intertwined with an appraisal and opinion of one's self-image, is key to a positive outlook in life, and impacts one's interrelationship with other people. Self-image is the formation of body image that plays a determining role in the start of presenting one's self to others. Self-efficacy, which is also intertwined with self image and self esteem, is "an individual's beliefs about their capabilities to produce effects."

"No one can make you feel inferior without your consent," said Eleanor Roosevelt, yet self-esteem and a positive self-image can help to refuse giving consent!

Thus, the physician and the supporting staff provide a vital and important service in their communication with the prospective patient by offering 1) empathy from first contact; 2) a belief in the product (surgical, medical, and psychological); 3) a clear, concise understanding of the process (from appointment to surgery); and 4) a patient-centred approach

The primary role of the Administrative Function in a hair loss clinic is to ensure that the initial and subsequent contact with the prospective patient effectively communicates the message and ethos of the clinic in a caring and consistent manner based upon these principles.

For example, a key aspect of the role of the surgery manager at our clinic is to act and communicate as the "Patient's Champion." Once a patient has scheduled surgery, this vital function aims to treat each patient with dignity, respect, and confidentiality, while providing a personal access point for each individual patient on his or her journey through surgery and subsequent post-operative care.

Our clinic manager's role is to convey the clinic's image of flexibility and full understanding of the prospective patient's

needs in order to book a consultation appointment. Effective management of the clinic's diary and efficient use of the surgeon's time allows the patient access to the surgeon at a mutually suitable time. Ensuring the privacy of patient files, maintenance of records and accounts, and even counselling are additional functions done by the supporting administration.

An optimal list of services might include:

- An hour long consultation with a qualified and experienced surgeon
- Advice on hair loss, general health, and possible solutions (medical or surgical or psychological or medical referrals)
- Individual waiting rooms to safeguard personal privacy
- Personally scheduled appointments to prepare for follow-up, review, or surgery (if appropriate)
- Pre-operative health check (ECG, blood pressure, surgery design)
- A "full team" on surgery day (surgeons, nurses, technicians)
- Lifetime aftercare services, free of charge (covered by surgery fee)
- A confidant who will listen and represent the patient's needs and concerns
- A repeat visits reminder (medical prescription and/or review or post-op visit)

These efforts in conveying a consistent, caring message are delivered to a patient base with diverse needs that can widely vary across the age groups, genders, and ethnic groups, from the archetypal man of 40+ with male pattern hair loss to the young man under 25 with hair loss to the young child with hair loss due to illness, birth defect, or violence, or to the young women of 30 suffering from diffuse hair loss to the older women of 60 suffering with hair thinning. It is vitally important that empathy is established with each person from this diverse group from the onset. Such an empathic approach to the individual needs of the patient, both aesthetically and psychologically, communicates that subsequent treatment options would be tailored to their requirements. Once empathy has been established through listening to the key components of the patient's concerns, the role of the Administration Function is to convey the services of the clinic without a "hard sell" and to conclude the patient's experience with the patient fully informed of the options available. ♦

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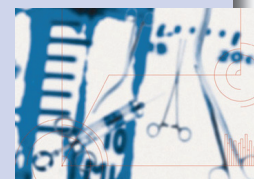
Going Viral: Unlocking the Secrets of Social Media for Hair Transplant Patient Education and Beyond

Intro to Biostatistics & Evidence Based Medicine

“Grow Hair Grow!”—Minimizing Poor Growth in Hair Transplants, and New Ways to Max It Out

<http://www.ishrs.org/for-hair-doctors.htm>

Under “Educational Products”, click
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20TH ANNUAL SCIENTIFIC MEETING

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2012

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New Trends in Hair Restoration: Surgery and Science

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The ISHRS's annual scientific meeting is THE premiere meeting of hair transplant surgeons and their staff. *You don't want to miss it.*

NEWCOMERS ARE WELCOME!

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.

EMERGING THERAPIES
Different Strategies to Induce Hair Growth

GRAFT SURVIVAL – FUT vs FUE

FINASTERIDE SYMPOSIUM
"So tell me doctor, are there any side effects?"

TO TRANSPLANT OR NOT TO
TRANSPLANT CASES

PRACTICE TIPS AND SURGICAL GEMS
Top Pearls to Achieve the Best Results

ROBOTIC HAIR HARVESTING

ADVANCES IN HAIR BIOLOGY
The role of follicular stem cells in
hair cycle regeneration

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www.ISHRS.org/AnnualMeeting.html



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Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
DIPLOMAS Academic Year 2012–2013	Diploma of Scalp Pathology & Surgery U.F.R. de Stomatologie et de Chirurgie Maxillo-faciale; <i>Paris, France</i>	<i>Coordinator:</i> Pr. P. Goudot <i>Directors:</i> 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 2012	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
June 21-23, 2012	16th Annual Meeting of the European Hair Research Society <i>Barcelona, Spain</i>	European Hair Research Society www.ehrs.org	Elena Lagalante Tel: 00 34 607 260 684 Fax: 00 34 93 212 09 70 e.lagalante@gmail.com
July 6-7, 2012	5th Brazilian Congress of Hair Restoration <i>São Paulo, Brazil</i>	Brazilian Association of Hair Restoration Surgery (ABCRC)	www.perfectaeventos.com.br/capilar capilar@perfectaeventos.com.br
August 4-5, 2012	FUE-Palooza ISHRS Regional Workshop <i>Denver, Colorado, USA</i>	International Society of Hair Restoration Surgery Hosted by James A. Harris, MD Clinic Sponsor: Hair Sciences Center of Colorado www.fue-palooza.org	jlmccasky@hscolorado.com
October 17-21, 2012	20th Annual Scientific Meeting of the International Society of Hair Restoration Surgery <i>Paradise Island, Bahamas</i>	International Society of Hair Restoration Surgery www.ishrs.org	Tel: 630-262-5399 Fax: 630-262-1520
November 15-18, 2012	4th Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i>	Practical Anatomy & Surgical Education (PASE), 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 22-23, 2012	17th Annual Congress of the Japan Society of Clinical Hair Restoration <i>Toyko, Japan</i>	Japan Society of Clinical Hair Restoration www.jschr.org	Tel: 81-4-2995-1511 ext.3692 Fax: 81-4-2997-5156 Prof. Tomoharu Kiyosawa, MD xoo@ndmc.ac.jp
May 4-6, 2013	7th World Congress for Hair Research <i>Edinburgh, Scotland</i>	European Hair Research Society www.hair2013.org	hair2013@meetingmakers.co.uk

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

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

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

2014: 22nd ASM
November 2014
Bangkok, Thailand

