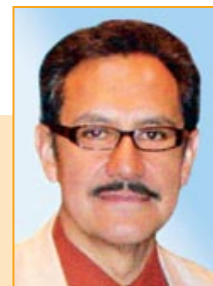


Meetings and Studies

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



The 4th Annual Saint Louis workshop was held at the excellent facilities of the Saint Louis University School of Medicine and organized by Dr. Sam Lam. It was another successful meeting. There were 74 participants including faculty, physicians, and assistants. It included the latest High Definition Live 3D lectures and surgery dissection, and an extensive hands-on Cadaver Workshop.

“Thank you” to Dr. Paul Cotterill for his excellent summary.

Review of the 4th Annual Saint Louis University Hair Transplant 360 Cadaver Workshop, November 15-18, 2012 • St. Louis, Missouri, USA

Paul Cotterill, MD Toronto, Ontario, Canada paul@drcotterill.com

The 4th Annual Saint Louis University Hair Transplant 360 Cadaver Workshop was organized by Dr. Sam Lam and was a big success. This year there were 74 attendees including physicians, faculty, and assistants. Nine countries were represented including Russia, Finland, Ecuador, and Brazil.

The meeting, which is aimed at the beginner and intermediate-level hair restoration surgeons and technicians, included an extra day this year to give added educational opportunities.

The first day included basic principle lectures on medications, hairline design and anatomy, the consultation and selection of appropriate patients, as well as how to select and train technicians. For the first time ever at a hair scientific meeting, Dr. Lam introduced the use of a 3-D high-definition camera system that used optics designed by James Cameron. This camera remained on the stage in front of the attendees in the audience and was used throughout the meeting both in the mornings and during the didactic lectures. On the first day of the meeting, Dr. Bessam Farjo had attendees with varying stages of hair loss brought up on stage to illustrate how to design a hairline utilizing the 3-D camera system. Audience members wore 3-D glasses during the demonstrations that provided a unique 3-D experience. During the first afternoon, two hours of high-definition video of Dr. Farjo's surgeries were presented using a stop-and-go format so that Dr. Farjo could explain the surgery and field questions.

Friday and Saturday continued with the use of the high-definition camera system during the didactic lectures in the morning to illustrate recipient site creation, hairline design, dissection techniques, and FUE and strip harvesting, as well as eyebrow and eyelash design. In the afternoons, the physicians and technical assistants were split into two groups. The physicians spent time in the hands-on cadaver lab with the physician faculty. They were able to use cadaver heads to design hairlines, remove



Bessam Farjo marking the hairline.



Workshop faculty and participants.

strip grafts, practice FUE, and practice surgical suture technique. Foam models and live participants were also utilized. In the adjoining room, the technicians each had stereoscopic microscopes that they were able to learn to use and to practice slivering and dissection techniques. They also practiced placing grafts. The entire setup at the Saint Louis University Practical Anatomy and Surgical Education lab was state-of-the-art.

Sunday morning was spent reviewing some of the major points that were brought up during the previous three days. The physician faculty was on stage to discuss the approach and handling of difficult cases as well as how to manage complications. In addition, there was a very good instructional segment that discussed how each faculty member performed a specific technique and their own individual approaches to hair restoration. This

enabled the attendees to see that there is variation in the practice of hair restoration surgery and that many roads can lead to an excellent result. An overriding principle that was maintained during the 3½ days was to present to the attendees ways of performing hair transplantation that would keep them out of trouble and to approach hair restoration in a safe, cosmetically appropriate manner. ♦

If you are interested in attending this year's workshop, go to:

<http://pa.slu.edu>

November 14-17, 2013

Letters to the Editors

Re: Help Hair. Does it grow hair? Giving new ideas a chance.

Jennifer H. Martinick, MBBS Perth, Western Australia
jennifer@martinick.com

At the Istanbul meeting in 2011, Dr. Larry Shapiro from Florida lectured on a specially treated whey protein concentrate with added known vitamins and herbs in conjunction with a low androgen profile, which, he alleged, when given to bodybuilders, could encourage muscle growth while not losing hair due to elevated DHT levels.

Since that time, it has been offered to men and women with hair loss, particularly those with post-menopausal and post-pregnancy thinning, and as a post-workout protein shake.

It contains no whey protein isolate or growth hormones that Dr. Shapiro feels can contribute to hair loss.

It is common knowledge that taking anabolic steroids and some other androgen supplements such as androstendione can cause hair loss in susceptible men. Dr. Shapiro also feels creatine, branch chain amino acids, and many other supplements can cause hair loss as well.

I reasoned that if, as I suspect, stress, smoking, regular marijuana use, and certain oral medications can cause hair loss, why shouldn't there be an alternative that actually makes hair grow?

Dr. Shapiro has obviously given many years to thinking about this and has a daunting biochemical chart that covers the different pathways how hair loss may happen. It is complex and I don't fully understand it now.

However, we are becoming more aware of other effects of the environment and epigenetics on our well-being, and it is only by having an open mind that we can consider whether something new will be beneficial or not.

My scepticism of Help Hair as a treatment has made me progress slowly in offering it to patients, just in case it may not benefit.

Over the past 18 months, this protein concentrate has been given to many men and women throughout the world complaining of hair loss. At this point in time there have been no proper scientific trials on its use; rather multiple doctors in various countries who are frustrated by the lack of proper treatment regimes, especially for women, have been giving it to their patients in the hope that some will benefit from it.

I believe that there is something to the components in this product. Some patients, in my experience, have had remarkable improvement in their hair and nail growth; some, little improvement. No medication can be a panacea for all hair loss.

Some outstanding results that I have personally observed:

1. A female with alopecia totalis of 12 years standing regrew three-quarters of her hair in the last nine months and now is feeling physically stronger leading to a more positive outlook on life.
2. One man who was transplanted in 2007 suffered rapid hair loss in late 2011 shortly after commencing a whey protein isolate in association with attending the gym. Four months after ceasing this product and taking Help Hair, his hair returned.

3. More hair continues to grow after transplant without passing through anagen effluvium.
4. If transplant patient has shock loss, it is followed by complete regrowth in 3 months.
5. Thicker, healthier hair and stronger nails in both men and women.

Patients on their own volition keep buying more as they feel the benefits.

I recognise that these results are anecdotal and may be due to some other factors, such as natural resolution or previous poor protein intake, but I now have commenced a proper clinical trial to establish scientific evidence of the above subjective observations:

That is: Can Help Hair assist some of our patients?

I would encourage other doctors throughout the world to undertake similar studies to attain a multi-centred result.

Editor's note: There is no doubt that external factors exert an effect on many body systems including hair growth and hair loss. There is now much in the literature about epigenetic effects, free radical effects, and other stress-related consequences. However, as doctors and scientists, we do need to have a reasonable measure of the effect of something that we advise our patients to take. The issue that I have with the description above by Dr. Martinick is that it is based on the perception of better growth without any tangible measurements. The results that have been seen so far have to be based at least on standardised global photography.

To address the examples of patients described in the letter:

As Dr. Martinick herself says, the first case of alopecia areata (AA) has no proof that this wasn't a spontaneous recovery and the patients "feeling stronger" could have been due to their more positive outlook once the hair had regrown. A placebo effect may conceivably have produced the same result. Also AA is not related to DHT levels so this doesn't explain why the supplement would work anyway. In the second case, the stopping of the WPI would surely have resulted in decreased hair loss anyway, so again there is no proof that the shake added any benefit. Point 3 needs to have some measures against it. How much "more" hair grows? Is there a baseline against which to judge this increase? Some photos I have seen from other doctors claiming hair growth following the shake are nothing more than the usual stubble that remains *in situ* and isn't expelled until new hair grows. And many of the photos shown as positive results are taken by patients themselves on phone cameras. As far as point 4, one would have to do hair counts and growth rate studies to prove that there is complete regrowth. Again for point 5, it would be nice to see proof of these claims with baseline measurements before and at time points after starting treatment. –NF♦

Message from the 2013 Annual Scientific Meeting Program Chair

Robert True, MD, MPH New York, New York, USA drtrue@hairlossdoctors.com



Plans for the San Francisco Annual Scientific Meeting in October are taking shape and promise interesting and stimulating educational opportunities. There's a lot to look forward to.

For newcomers, the Basics Course in Hair Restoration Surgery will again be expanded to a full-day schedule with hands-on stations and, for the first time, an FUE station.

If you are interested in getting some in-depth training on a particular extraction (FUE) device, you will have a chance with new non-CME hands-on mini-workshops on Wednesday, October 23, 2013.

Dr. Vera Price, world-renowned authority on alopecia areata and cicatricial alopecias, will participate in sessions on early recognition of non-AGA and when surgery is appropriate.

The popular Hairline Design Panel with Dr. Russell Knudsen will return with some new twists. Topics covered will include The Techniques and Pitfalls of Internet Consultation, Repair



San Francisco Travel Association photo by Phillip H. Coblenz

Strategies, and State-of-the-Art FUT and FUE.

Morning workshops and lunch symposia will again include a variety of in-depth discussions including HT Outcome Improvement (PRP, ACell, storage solutions), Social Media in Marketing, and Complications and Their Avoidance.

If you are interested in what's new around the corner, then you can look forward to the innovative research of Dr. Colin Jahoda's presentation, "Hair follicle cloning, regeneration, and other prospective developments for the transplant clinic—where are we now?" or the exciting insights from Dr. Cheng-Ming Chuong's talk, "Extra-follicular environmental modulation of hair regeneration."

Member participation is really the heart of the meeting and the Annual Scientific Meeting Committee will be reviewing abstracts in March and filling out and enriching the program with your contributions. ♦



2ND MEDITERRANEAN FUE WORKSHOP
Madrid 2013 May 24 - 26

España

ISHRS Regional Workshop
 Hosted by Dr. Lorenzo and Dr. Alex Grzybowski




2nd Mediterranean FUE Workshop

This 2 day workshop will focus on the specialized donor harvesting techniques of Follicular Unit Extraction (FUE). The live surgical procedures (FUE) will be oriented along with interaction with the experienced teachers.

Several FUE techniques, and techniques for hair removal will be discussed including both manual and motorized FUE.

Learning Objectives

- Understand the manual and motorized techniques and techniques for manual and motorized harvesting for scalp and non-scalp FUE.
- Describe the different techniques for hair removal.
- Explain the different techniques for hair removal.
- Explain the different techniques for hair removal.

Faculty

Endogan, Fernando, Grzybowski, Alex, Grzybowski, Lorenzo

Thomas, Grzybowski, Lorenzo

- Dr. Grzybowski, Alex
- Dr. Grzybowski, Alex
- Dr. Grzybowski, Alex
- Dr. Grzybowski, Alex

Register for Workshop

<http://www.2ndmediterraneanfueworkshop.com>

In fond memory of Arturo Sandoval-Camarena, MD, Guadalajara, Mexico

It is with heavy hearts that we inform the ISHRS membership of the passing of our dear friend and colleague, Dr. Arturo Sandoval, who passed away in January 2013. On behalf of the ISHRS Board of Governors, Past Presidents, and other ISHRS members and friends here are a few of the many tributes that were sent in to ISHRS headquarters:

It was such sad and unexpected news to hear of the passing of Arturo Sandoval. Arturo was one of the most creative, generous, humble and sociable leaders in our field. I met him before he was a hair surgeon when he had made a decision to specialize in hair restoration rather than be a facial plastic surgeon. He visited me and a number of the innovators in hair restoration to pick out a pathway for himself. He prophetically told me, even then, that my flap and expander work had limited application. He saw that follicular unit grafting would be his future and the future of the field. He incorporated and modified techniques and practice policy from everyone he visited. He eventually developed his own unique and successful practice and became one of our true leaders. His practice involved key roles for his family and friends. And, his unrelated employees were treated as family.

Arturo saw fit to give back to those who inspired him with his master's workshops. He was kind enough to invite me to three of his workshops where I met so many of you "younger guys". I can state that Arturo's workshop/meetings were the finest educational experiences of my career. He also did pro bono work at his workshops and in between them. I travelled to Guadalajara on 4 occasions to consult and participate with reconstructive pro bono cases that were completed or demonstrated at the workshops. Arturo combined sound clinical, business and marketing principles along with these charitable works. We also learned a great deal about Mexican culture, cuisine and hospitality. The faculty dinners and entertainment have given us lifetime memories.

Amongst the "pearls" I have taken home from Arturo's workshops are the mosquito clamp separation of the donor strip (the predecessor and inspiration for the Haber Spreader), the three section donor strip harvest, the dimensions of cutting room stations, the concept and execution of staged reexpansions of the scalp, and the intensity of the inquisitive and productive minds of John Cole, Tony Mangubat, Ron Shapiro, Bill Parsley, Jerry Cooley, Bill Rassman, Walter Unger, Patrick Frechet, Jung Chul Kim, Jim Arnold, Bob Haber, Marcelo Gandelman, Paul Rose and Russell Knudsen. The friendships I developed will last my lifetime. They would not have developed without Arturo.

My deepest sympathies to Cristina, the children and Arturo's nephew, Hector, who will undoubtedly carry on Arturo's practice.

Sheldon S. Kabaker



Like Shelly, I remember Arturo's first Masters Meeting as one of the best learning experiences ever. A true leader that was much respected by his senior peers but perhaps under-recognized by the ISHRS.

He was always in the discussions for the Follicles but didn't get across the line somehow.

Arturo and Christina were wonderful hosts and he will be very much missed.

Condolences from Anne and me.

Russell Knudsen



I have such fond memories of the one meeting I attended in Guadalajara. Watching Arturo's clinic in action with all the staff, listening to Arturo's jokes, and the phenomenal mariachi band performance he arranged for us... unforgettable! I've enjoyed getting to know Hector a little bit and hope he gets more involved in the ISHRS; he will no doubt keep the Sandoval name and reputation alive in Mexico. I offer my condolences as well and wish them the best in this difficult time.

Jerry Cooley



Arturo with his wife, Cristina, with their children in California, August 2008.

Horrific and devastating few days. A scary and sobering story.
Every time Arturo saw me, without fail he would break into song of "Besame Mucho."
Cristina just smiled as she always does. I'm smiling now as I'm remembering this.
Our hearts go out to the whole family.

Bessam & Nilofer Farjo



It's hard to believe. He gave so much to our field—far more than the newer members realize. Many of the techniques used all over the world started in his office and in his Master's meetings, and I always felt he never received the honors that he so richly deserved. He will be missed.

Bill Parsley



He was a visionary. The Haber Spreader was born from Arturo's cleverness. Our field is diminished with his absence.

Bob Haber



I of course echo the accolades and warm memories already expressed. Arturo was a special person and I have even used his "shingle" area concept in discussions with patients and in practice. He is already missed.

This is yet another example of why we should not sweat the small things and enjoy our precious opportunities and friends and family while we are able to do so

Jim Vogel



I am saddened to hear of Arturo's passing.

Although I haven't seen him in two years, I have fond memories of many insightful discussions on how to improve techniques; in particular was a lunch with Bill Rassman where we worked out how to carry out FUE without shaving the donor area completely—by shaving in thin horizontal rows.

It's amazing how these pearls of wisdom stay with you and although not Earth shattering, help to make for happier patients.

Arturo had one of those brains that could "think outside the box." I will miss him.

My sincere condolences to Cristina and his family.

Jennifer Martinick



Arturo Sandoval, Mari Carmen Morales de Bournigal and Bessam Farjo, Cancun, February 2012.

Hair Transplant 360 Workshop

Comprehensive Hair Transplant Course & FUE Hands-On Course

November 14-17, 2013 | St. Louis, MO, USA

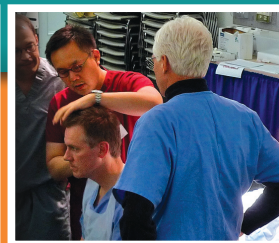
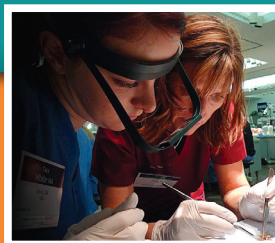
- ▶ Hairline Design
- ▶ Donor Harvest/Closure
- ▶ Recipient Site Creation
- ▶ Graft Dissection
- ▶ Graft Placement
- ▶ Crown Design
- ▶ Female Hairline Design
- ▶ Temporal Point Design
- ▶ Graft Calculation
- ▶ Eyebrow Transplant
- ▶ Marketing
- ▶ Consulting
- ▶ Medical Treatment
- ▶ Critical Thinking Day
- ▶ Quality Control
- ▶ FUE

Course Director:
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Physician Faculty:
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Glenn Charles, DO
James A. Harris, MD, FACS
Robert P. Niedbalski, DO
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Lawrence E. Samuels, MD
Ken L. Williams, Jr, DO
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- New, Expanded Course Format
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- Extensive, Hands-on Cadaver Workshop with Low Student-to-Faculty Ratio
- New, Fast-Track Stand Alone or Combined Full-Day FUE Course

Register on-line at <http://pa.slu.edu>

Select: Continuing Medical Education (Hands-On Cadaver Workshops)
Select: 2013 Fall Workshop Schedule

Find Course of Interest to gain access to complete course information. This workshop will be held at the PASE Learning Center at 3839 Lindell Boulevard, St. Louis, MO 63108



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Surgical Assistants Corner

Ailene Russell, NCMA Charlotte, North Carolina, USA arussell@haircenter.com



All offices struggle with some similar issues. Time management is always a challenge. Time is important for many reasons, but from the perspective of the practice management, it is a matter of cost effectiveness. In my opinion, this is a balancing act for the supervisors who deal with the employees and their personal problems. It becomes an issue of the human element vs. the idea of being a part of the working machine.

The following is a submission from Deirdre Cullen who works with the HRBR Ltd group in Dublin. Deirdre has been a nurse at HRBR Ltd for just over 2 years and is Deputy Transplant Manager and part of the transplant team. She also manages a team of technicians by taking part in all tasks from design to supporting the purchasing department, and is in charge of stock control and operating theatre.

HRBR has implemented the "Lean Healthcare" technique into their hair transplant clinic. This is a brief overview of how they feel it improved their efficiency and CHANGED their clinic. ♦

Hair transplant surgery and continuous improvement of processes using Lean Healthcare methodologies

Deirdre Cullen, RN Dublin, Ireland Deirdre@hrbr.ie

With a view to continuous improvement at our clinic, we have introduced the principles and methodologies of Lean Healthcare. Lean thinking was developed in the 1960s from the Toyota Production System in Japan, since then it has successfully been applied to non-manufacturing industries such as financial and healthcare areas. It was introduced to the Western world in 1991.¹

Lean Thinking

Lean thinking is defined as "a systematic approach to identifying and eliminating waste or non-value-added activities in a process through continuous improvement." This means that by reviewing every step in a process and identifying any wasteful steps or duplication and removing these steps from a process, it will bring about a more efficient process.

Applying Lean in any hair transplant surgery process will utilize less:

- Human effort
- Operational Space
- Capital Investment
- Materials and services
- Time

Applying Lean Thinking

During a hair transplant procedure, most human effort and time is involved in the cutting and planting of grafts. If these processes are critically examined and wasteful steps are identified, graft numbers can be increased and human effort decreased thus benefiting the patient and the staff involved.

It is widely documented that the quicker the grafts are transplanted and returned to the body, the better their survival rate is; therefore, all effort that can speed up these processes will benefit the patient.

We first introduced Lean Thinking in the "cutting" areas, and several steps of the cutting process were improved by rearranging supplies in a "Pull System" and creating flow. The Pull System is a core principle of Lean, where all supplies are arranged and stored in sync with how they are used.

The process of cutting a graft was critically examined. We found that by doing one long cut at a time along the surplus tissue that was being trimmed, instead of several small cuts, we can reduce steps in the process and thus reduce time.

In relation to the planting of grafts, by creating the role of a coordinator to collect grafts from each cutting station and deliver the grafts directly to the hand of the "planter," we were able to reduce the overall time needed to plant all the grafts.

This analysis can be applied to any process in hair transplant surgery, such as donor strip removal, stitch removal, and the design process.

Our latest Lean project involved the process of ordering, stocking, and storing supplies. This has proven to be very successful. Using Lean tools, such as "Kanban," "5S," and "Value Stream Mapping," the process of ordering and storing supplies has been streamlined by the removal of several "non-value-added" steps. This has led to reduced costs, more consistency of ordering, reduced inventory, and fewer invoices, which has positively impacted administration, increased supplier input, and allowed for appropriate storage.

Figure 1 shows how lean thinking has helped create an orderly

→ continued bottom of next page



Figure 1. First floor stock room before (left) and after (right) Lean Thinking.

Message from the 2013 Surgical Assistants Program Chair

Diana Carmona La Jolla, California, USA karis_137@yahoo.com

I am putting together this year's San Francisco Surgical Assistants Program. I am really excited about this workshop! I believe you will find it interesting and informative. The meeting will be filled with amazing new concepts, helpful hints for both basic and new techniques from our experienced panel. Below are some pictures from this past meeting.



experienced or new to this field.

I know there are many helpful hints waiting to be shared!



I welcome any suggestions as to what you think should be included in this program. If you would like to be a part

Remember to also sign up for the Surgical Assistants Hands-on Workshop where you will get to experience all aspects needed for a successful career as a Hair Restoration Surgical Assistant. You will benefit from this workshop whether you are

of this program or have ideas to share, please contact me at Karis_137@yahoo.com.

In addition, we always welcome articles to be included in the Surgical Assistants Corner of the *Forum*. ♦



system for storing inventory. The Pull System ensures inventory is only ordered as needed in keeping with Lean Thinking. Each item is easily seen and the "Kanban" card, which lets everyone know how much of the item should be in stock, at what point it should be reordered, and how much of the item should be ordered.

This streamlined ordering process has lead to reduced time spent counting stock, and has removed the need to regularly check to ensure there is enough stock for the upcoming surgeries. In addition, it also eliminated the problem of keeping excess stock on hand and the resulting shortage of space.

Since the introduction of Lean Thinking into this area, the ordering of supplies only takes place once every two weeks and the number of suppliers has been reduced by liaising with the most efficient suppliers. Requests for monthly rather than weekly invoices have also reduced the workload for administration staff. The new layout of the storage areas was essential to the

overall success of the project as it allowed each item to be easily visible and correctly stored to ensure items were only ordered as required.

Our small team of nurses, technicians, and administration staff, who were involved in this project, concluded that Lean Healthcare can have a very positive impact on hair transplant surgery as in any other area of healthcare.

The multidisciplinary team led to a cross-sectional view of the problems identified, and ensured all aspects of the ordering process were incorporated in the project ensuring compliance with new changes. This is essential to the success of any project.

References

1. Womack, J.P., D.T. Jones, and D. Roos. *The Machine That Changed the World: The Story of Lean Production—Toyota's Secret Weapon in the Global Car Wars That Is Now Revolutionizing World Industry*. Free Press, New York. 1990. ♦

Classified Ads

Seeking Surgical Technicians/Medical Assistants

Ziering Medical is seeking experienced surgical technicians/medical assistants to join our team.

Excellent working environment, compensation, salary and benefits.

Searching for Full Time, Part Time and Independent Contractors. Willingness to travel a plus.

Upcoming positions available in Atlanta, Beverly Hills, Chicago, Detroit, Newport Beach, New York, Philadelphia, and Texas.

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Experienced hair transplant technician needed at Anti-Aging & Aesthetic Medical Center near Raleigh, NC.

Flexible hours. Great working environment and benefits. Great pay. Moving Expenses.

All inquiries are completely confidential.

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Our rate sheet can be found at the following link: <http://www.ishrs.org/ishrs-advertising.htm>

PHYSICIAN PRACTICE ALERT!



The ISHRS is a nonprofit corporation, exempt from federal income tax pursuant to Internal Revenue Code Section 501(c)(3). The ISHRS seeks to advance the art and science of hair restoration by licensed, experienced physicians; educate and increase the level of knowledge of physicians and their assistants regarding hair restoration techniques, procedures, and related issues; encourage and facilitate the free interchange of ideas, knowledge, and experience among physicians and assistants providing hair restoration; and encourage professional excellence and patient safety in connection with hair restoration surgery.

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Tel: 1-630-262-5399 | Fax: 1-630-262-1520 | info@ishrs.org
www.ISHRS.org

The International Society of Hair Restoration Surgery (ISHRS) recently reviewed advertisements and other marketing materials directed at dermatologists, plastic surgeons, cosmetic surgeons, family practitioners, gynecologists, otolaryngologists, and other physicians encouraging them to incorporate hair restoration surgery into their practice via a proposed "turnkey" technology. **The ISHRS is concerned that the marketing materials jeopardize patient safety and place physicians at risk.**

The marketing materials offer to sell a mechanized device and provide technicians to perform hair restoration surgery with minimal input from a physician. Hair restoration surgery is a complex cosmetic procedure requiring attention to detail and proper long term treatment planning to ensure patient safety and achieve optimal results. While using non-physician personnel/technicians to perform hair restoration surgery may have economic benefits for a practice, doing so may jeopardize patient safety and create legal liability for physicians. In many if not all States, the harvesting of scalp tissue is considered surgery and/or the practice of medicine. In those jurisdictions, such action by non-physician personnel may constitute the unlicensed practice of medicine, potentially subjecting said personnel, the responsible physician(s), and the practice to civil and/or criminal liability. Furthermore, physicians utilizing non-physician personnel to perform procedures, who fail to notify their professional liability insurance carriers of the same, may jeopardize their coverage in the event of a claim.

Like all surgical procedures, hair restoration surgery must be taken seriously and should be performed only by physicians with the appropriate education, training, experience, and proven competence. Hair restoration surgery can be very rewarding to both patients and surgeons. If you are a physician interested in offering hair restoration surgery to patients, the ISHRS encourages you to diligently pursue the education, training and experience necessary to properly and competently perform hair restoration surgery.

Plan to Attend

Bridging Technology and Art in Hair Restoration Surgery

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

GENERAL SESSIONS

- State of the Art Hair Restoration Techniques
- Small Group Discussion Tables on a Variety of Topics
- Approaches to Difficult Cases
- Finasteride Symposium
- Practice Tips and Surgical Gems to Achieve the Best Results
- Advances in Hair Biology
- Hairline Design Panel
- Live Patient Viewing

MORNING WORKSHOPS

- What the Hair Restoration Surgeon Needs to Know – Medical & Surgical Management of Non-Androgenetic Alopecia
Directors: Vera Price, MD & Marcelo Pitchon, MD
- Corrective Surgery & Strategies
Director: Jerzy Kolasinski, MD, PhD
- Hairline Design & Recipient Area Planning
Director: Tony Ruston, MD
- Body Hair FUE
Director: Alex Ginzburg, MD
- Ethnic Considerations in Hair Restoration
Director: Kapil Dua, MD

LUNCH SYMPOSIA

- Hair Transplant Complications & Their Avoidance
Director: Michael L. Beehner, MD
- Question the Experts
Director: Sharon A. Keene, MD
- Hair Transplant Marketing Strategies
Director: Bessam K. Farjo, MBChB
- Hair Transplant Outcome Improvements (PRP, Storage Solutions, ECM UBM, etc.),
Director: Francisco Jimenez, MD

OTHER OFFERINGS

- FUE (Follicular Unit Extraction) Hands-On Courses on Specific Devices
- Basics in Hair Restoration Surgery Course – full day with hands-on stations
- Advanced/Review Course – full day
- Surgical Assistants Program and Dissecting & Implanting Workshop
- Networking Luncheon
- Social program including
 - Optional tours and activities in San Francisco
 - Welcome Reception
 - Annual Giving Fund Reception and Saturday Evening Gala Dinner/Dance
 - After Hours Party & Jam Session

San Francisco 2013



ISHRS 21ST ANNUAL SCIENTIFIC MEETING

October 23-26

Hyatt Regency San Francisco

NEWCOMERS ARE WELCOME! We 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.

2013 ANNUAL SCIENTIFIC MEETING COMMITTEE

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Diana Carmona Baez, *Surgical Assistants Chair*



www.ISHRS.org/AnnualMeeting.html

International Society of Hair Restoration Surgery
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HAIR TRANSPLANT FORUM INTERNATIONAL

International Society of Hair Restoration Surgery

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

- 2013: 21st ASM
October 23-26, 2013
San Francisco, California, USA
- 2014: 22nd ASM
November 12-16, 2014
Bangkok, Thailand
- 2015: 23rd ASM
September 8-13, 2015
Chicago, IL, USA
- 2016: 24th ASM
September 2016
Rio de Janeiro, Brazil



Advancing the art and
science of hair restoration

Upcoming Events

| Date(s) | Event/Venue | Sponsoring Organization(s) | Contact Information |
|----------------------|--|--|--|
| April 17-20, 2013 | OLSW: 19th Annual Live Surgery Workshop ISHRS Regional Workshop Orlando, Florida, USA | International Society of Hair Restoration Surgery Hosted by Matt L. Leavitt, DO | Valarie Montalbano, Coordinator 407-373-0700 ext. 103 HValarieM@leavittmgt.com |
| April 29-30, 2013 | Patient Selection and Hairline Design ISHRS Regional Live Surgery Workshop Manchester, England | International Society of Hair Restoration Surgery Hosted by Bessam K. Farjo, MBChB www.ukhairsurgeryworkshop.com | Tel: +44(161)237-3517 dr.bessam@farjo.com |
| May 4-6, 2013 | 7th World Congress for Hair Research Edinburgh, Scotland | European Hair Research Society www.hair2013.org | hair2013@meetingmakers.co.uk |
| May 24-26, 2013 | 2nd Mediterranean FUE Workshop ISHRS Regional Workshop Madrid, Spain | International Society of Hair Restoration Surgery Hosted by Alex Ginzburg, MD & José Lorenzo, MD http://www.2ndmediterraneanfueworkshop.com | Regarding the Program: joselorenzo@inertocapilar.com Tel: +34-610-0444-033 Regarding Registration: info@ishrs.org Tel: 1-630-262-5399 |
| August 3-4, 2013 | 2013 FUE Palooza ISHRS Regional Workshop Denver, Colorado, USA | 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 23-26, 2013 | 21st Annual Scientific Meeting of the International Society of Hair Restoration Surgery San Francisco, California, USA | International Society of Hair Restoration Surgery www.ishrs.org | Tel: 630-262-5399 Fax: 630-262-1520 |
| October 27-28, 2013 | Beautiful Brows ISHRS Regional Workshop San Francisco, California, USA | International Society of Hair Restoration Surgery Hosted by Sara Wasserbauer, MD www.ishrs.org | To Come |
| November 14-17, 2013 | 5th Annual Hair Restoration Surgery Cadaver Workshop St. Louis, Missouri, USA | 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 22-24, 2013 | AAHRS 2013 and Haircon 2013 (Joint meeting of AHRS and AAHRS) Hotel Le Méridien, Bangalore, Karnataka, India | Association of Hair Restoration Surgeons (India) and Asian Society of Hair Restoration Surgeons www.haircon2013.com | mysorevenkat@hotmail.com drvasa@gmail.com drkapildua@gmail.com pradeep@vacationsexotica.com |