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 Kuala Lumpur
OCT 8-11 2014
 Kuala Lumpur, Malaysia

CALL FOR ABSTRACTS
Deadline: April 16, 2014

The Art and Craft of Recipient Site Creation and Graft Placement

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The hair transplantation process consists of two parts: 1) removing the donor follicles, and 2) placing them back into the skin. Both are rate-limiting steps of the process. The patient pays a great price, monetarily, for us to do both of these tasks. If done properly, however, he or she need not pay a large price in sacrificed follicles. Much is said and written about the first part, follicle removal from the donor area. In the most recent meetings of the ISHRS, much time has been spent on the removal process, debating the merits and disadvantages of follicle removal using strip versus FUE. In this article I will discuss the other and equally important half of the procedure, the process of replacing the follicles into the skin.

Traditionally, physicians make the recipient sites into which grafts are placed. I have heard of unlicensed medical assistants doing this task. In the state of Ohio, where I practice, making an incision is the practice of medicine and cannot be delegated to an unlicensed assistant.¹ If medical assistants made recipient sites in Ohio, they would be committing a felony—the unlicensed practice of medicine—while the physician would be guilty of aiding and abetting the unlicensed practice of medicine, also a felony. If there are questions about the delegation of medical tasks in your jurisdiction, I suggest you consult your local medical authority.

Traditionally, medical assistants place grafts into the skin, most commonly, the scalp. Although this task can legally be delegated in most jurisdictions, that doesn't diminish the importance of this process—returning the follicles to the skin. It isn't difficult to get hair to grow in the fertile scalp; however, much care must be taken to approach cosmetic density and leave the scalp surface unaltered and normal in appearance. Grafts must be placed into recipient sites; making of the recipient sites greatly influences the success of the placement.

If recipient sites are perfectly made, good placing can make up for bad cutting, while good cutting cannot make up for bad placing. If the follicle is intact from skin to dermal papilla, but the graft is irregularly shaped, too big, or too small, good placing can salvage these follicles. If the follicles are not intact due to poor cutting, good placing cannot salvage follicles.

Over the years that I have performed hair transplant surgery, I've noticed a wide range in the quality of graft placement. I've observed physicians who take the utmost care in removing and preserving follicles only to hand them off to placers who leave them half hanging out of the scalp with little chance of survival. I've talked with physicians about differential graft placement (assessing every follicle in every graft and placing the graft in the scalp where it would have the greatest positive effect) asking them if their placers do this, only to be met with blank stares. While I have placed many grafts over the years, over the past four years, I began placing approximately half the grafts myself in every case. My only other assistant, who has worked with me for over 13 years, places the remaining grafts. While spending many hours making incisions and placing grafts, I have had time to contemplate and comprehend the smallest details, subtleties, and finesse necessary to get excellent growth and natural results. In so doing, I have made the observations and developed the theories described below.

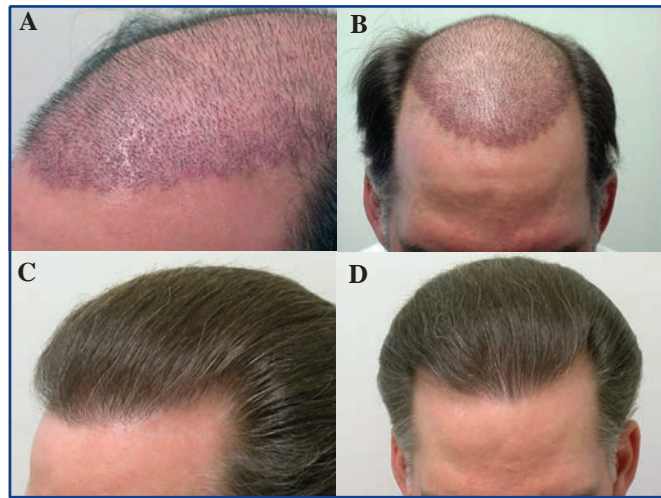


Figure 1. A: (top left) 12 days post-op: 3,000 grafts; B: (top right) 12 days post-op: 3,000 grafts; C: (bottom left) 1 year post-op: 3,000 grafts; D: (bottom right) 1 year post-op: 3,000 grafts

With each surgery, my goals are: 1) 100% growth of placed follicles, 2) natural distribution of transplanted follicles, 3) natural growth angles, 4) unaltered scalp surface after healing (do no harm), and 5) the best results possible (Figure 1). To reach these goals, I have found