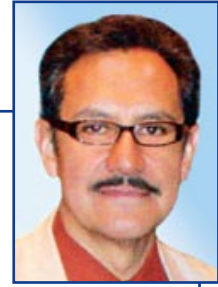


Meetings and Studies

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The Asian Association of Hair Restoration Surgeons (AAHRS–Asia) in conjunction with the Association of Hair Restoration Surgeons (AHRS–India) organized the 3rd Asian & 5th Indian Annual Meeting of Hair Restoration Surgeons—HAIRCON 2013. The theme of the meeting was “Hair 360°,” which included all aspects of hair loss and hair restoration. Donor harvesting with FUE manual and motorized devices and Restoration Robotics were some of the highlights. Kudos to the organizers and faculty and of this very successful meeting.

Review of the Joint 3rd Asian & 5th Indian Associations of Hair Restoration Meeting—HAIRCON 2013

Bengaluru, India • November 22-24, 2013

Kapil Dua, MD *New Delhi, India* drkapildua@gmail.com

The Asian Association of Hair Restoration Surgeons (AAHRS–Asia) and the Association of Hair Restoration Surgeons (AHRS–India) recently jointly held the 3rd Asian and 5th Indian Annual Meetings—HAIRCON 2013.

It was a very successful meeting; well appreciated by over 250 delegates from India, Asia, and other parts of the world. The theme of the conference, Hair Transplant 360°, covered all the aspects of Hair Restoration including hair anatomy, diagnosis of hair loss, medical management, FUT, FUE, and complications and innovations in the field of hair restoration. The guest faculty included Dr. Robert True from USA (who was also the ISHRS representative), Dr. Jose Lorenzo from Spain, and 50 more distinguished speakers from Asia and India. Dr. Sanjiv Vasa, Asian Society President, and Dr. Venkataram Mysore, AHRS President (both from India), were the Congress Chairmen.

The Scientific Program, chaired by Dr. Ali Abbasi from Iran and Dr. Kapil Dua from India, and assisted by Drs. Sandeep Sattur and Anil Garg, was a dynamic program that included basic and advanced courses, breakfast with experts, innovation and award paper sessions. The program covered such topics as body hair, beard hair, FUE mega sessions, platelet rich plasma, robotics, and the like.

November 22, 2013

The Basics Course, directed by Dr. Anil Garg, started with a lecture on Hair Anatomy & Hair Cycle delivered by Dr. Aman Dua. The beginners were given a glimpse of all types of hair loss in the lectures on medical management of patterned and unpatterned hair loss. Dr. Rajesh Rajput from India described in detail how to start a hair transplant practice, including the challenges faced by beginners. Special emphasis was given to the role of the surgical assistants and how to improve their skills.

In the video workshop, Dr. Sandeep Sattur highlighted which patients are candidates for hair transplantation and which patients should be refused surgery. Dr. Sanjiv Vasa discussed the role of magnification and instrumentation in the Operating Room. Dr. Ali



Lighting of the lamp to open the meeting

Abbasi from Iran shared his experiences about technique of anesthesia and anesthetic agents, their dose and their side effects. Dr. Damkerng Pathomvanich from Thailand discussed the finer details of strip harvesting. The master of FUE, Dr. Jose Lorenzo from Spain, shared tips and tricks of manual FUE. Dr. Kapil Dua spoke on motorized FUE. In addition, the legal aspects in surgery including documentation, photographs, and consent were examined.

The eight-hour Advanced Course headed by Dr. Sattur was for experienced hair restoration surgeons. Advances in management of hair loss utilizing newer tools for diagnosis and surgical planning were discussed. Dr. Venkataram Mysore, Congress President, reviewed scalp pathology and the role of biopsy in cicatricial alopecia.

Drs. Lorenzo and Aman Dua elucidated practical problems we encounter even when we are quite experienced in surgery: how to deal with grade II baldness in young age and vertex, mega and giga sessions, and female hair transplantation. Dr. Pathomvanich outlined refinements and finer nuances in all steps of strip surgery, ranging from managing a wide strip to planning a giga session. Videos by Drs. Lorenzo, Kapil Dua, Bishan Mahadevaiah, and Aman Dua were very effective in demonstrating detail in FUE, including different types of punches and mode of extraction, the application of FUE in non-scalp areas, and use of beard, chest, and pubic hair.

In a session on planning in difficult cases, Dr. Manoj Khanna, Immediate Past President of AHRS–India, illustrated his approach to implantation in scars, hair transplant in women, and hairline design. Dr. Pathomvanich defined design considerations in different ethnicities.

To round out the course, post-operative management and complications were discussed.

The advanced course would not have been complete without insights into the legal and commercial aspects of hair transplant practice provided by legal expert, Dr. Jayashree Venkataram, and Dr. Niteen Dhepe. The role of advertisement in hair transplant practice and the corporatization of the hair transplant practice were discussed in this session.

At the end of the day, the delegates of both courses got a glimpse of Robotic FUE through a half-hour video.

A program, “Dances of India,” showcasing dances from all over India, was the highlight of the evening celebration. A special presentation marked the release of “Baldness and Hair Restoration—Facts & Myths” written by the AHRS Board of Governors for public education.

November 23, 2013

Day 2 started off with Innovations and advancements. The session included a new hairline device by Dr. Pathomvanich, a new spreader forceps for strip harvesting by Dr. Kamran Jazayeri from Iran, a new FUE suction operated device by Dr. Anil Garg, and a multiple slit maker by Dr. Pradip Atadoria from India.

Dr. Sattur discussed medical hair restoration, including cell therapies, and Dr. Manas Chatterjee presented, “The New Age 5- α Reductase Inhibitors.”

A highlight of the day was the Vasa Golden Peacock Oration delivered by Dr. Robert True, in which he shared “Learnings & Yearnings in Hair Transplantation” from his three decades of experience in this field. He shared the journey of hair restoration from the days of scalp reductions to FUT to today’s FUE and body hair transplants.

In the Donor Management in FUT and FUE session, the role of hyaluronidase in increasing scalp laxity was discussed by Dr. True. Dr. Aman Dua contrasted different techniques of FUE. Dr. Lorenzo talked on FUE planning in advanced grades of baldness. Dr. True presented his approach to second session of FUE. Dr. Kuldeep Saxsena outlined FUE from body and scalp. Dr. Kapil Dua focussed on the limitations of FUE that are not usually discussed. And, echoing Dr. True’s presentation, Dr. Ramachandran shared his journey of three decades of hair transplant surgery from the era of plugs to FUT, to today, and how is he again back to FUE.

A panel discussion on donor area depletion in FUT and FUE highlighted the limitations of both techniques. In the Recipient Area Issues session, Dr. Pathomvanich illuminated issues in vertex transplantation and Dr. Imagawa from Japan delineated techniques for transplantation into scars.

The Video Session presentations included “Direct Hair Transplantation” by Dr. Arika Bansal, “Suction Assisted Hair Transplant” by Dr. Kuldeep, “Hydrostatic Dissection of Follicles in Strip” by Dr. Vivek Saxsena, and “How to Correct the Hairline Using FUE” by Dr. Irene Lin from Taiwan.

The prestigious AHRS–India Oration by Dr. Manoj Khanna, recalled “pearls and pebbles” he encountered in his career. He shared the contribution of all the teachers who have played a role in his development as top-notch surgeon.

The Potpourri Session comprised presentations on grey hair, body dysmorphic disorder, and hair transplantation in Vitiligo, Alopecia Areata, and Frontal Fibrosing Alopecia.

“Trichophytic vs. Non-trichophytic Closure” by Dr. Niteen



Meeting attendees



International faculty

November 24, 2013

The final day started with Breakfast with Experts session. Eleven experts discussed important topics such as setting up a hair transplant clinic, manual FUE, motorized FUE, strip harvesting, body hair transplant, vertex planning, avoiding donor scarring, recipient insertion, internet, marketing, redo cases, mesotherapy, and stem cells.

This was followed by an Unconventional Donor Area session, which included body and beard hair by Dr. Aman Dua and eyelash transplantation by Dr. Ali Abbasi. Included in the operative care section were complications and post-op instructions by Dr. Kapil Dua, and monitoring of cases in HTS, by Dr. Sattur. Dr. Mysore delivered an interesting paper on patient satisfaction in hair restoration.

For the first time at a HAIRCON meeting, an award paper session was held in which a jury judged papers. This best paper prize went to Dr. Suresh for his paper, “Comparative Study on Trichoscan in Androgenetic Alopecia and Telogen Effluvium in Women.”

Adjunct therapies, such as vitamins, diet, and lasers, were discussed in the next session. New perspectives were discussed next. The talks included application of hyaluronidase by Dr. Wen Yi Wu from Taiwan; PRP in hair restoration by Dr. True; remodeling of FUE grafts by Dr. Suneet Soni, and facial hairs for hair transplantation by Dr. Ravi Kant Bhushan.

Dr. Mysore moderated an open topic panel, which addressed daily problems being faced by physicians but not covered in the sessions. The session was free and frank.

The last session in the program was a very interesting written quiz conducted by Dr. Patwardhan in multiple-choice question format. Dr. Mysore solved a first place tie between two of the delegates using an oral question.

The foreign faculty not only participated in the scientific program, but also got a chance to go through the palaces and sightsee. The Exhibitors were overwhelmed by the huge response of all the doctors. The feedback received by the delegates was very favorable. The largest hair restoration conference so far in five years ended on a highly satisfactory note. ♦

Regional Societies Profiles

It was my pleasure to meet Dr. Sandeep Sattur, MBBS, MS, MCh when I attended the HAIRCON 2013 meeting in Bangalore last November. I thought the meeting was very well done and I came away being excited about hair restoration surgery in India. It is my pleasure to share my interview with Dr. Sattur, who is the current President of the Association of Hair Restoration Surgeons–India.

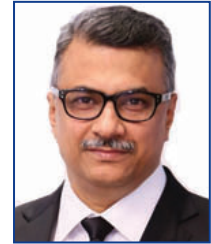
Dr. Sattur, located in Mumbai, is a plastic surgeon who has practiced hair restoration surgery almost exclusively for the past 14 years. He is a member of the ISHRS and one of the founders of the AHRs, India. He is very active in teaching and has authored book chapters and articles on hair restoration surgery. I can tell you, from firsthand experience, he is a top-notch lecturer. He can be reached at drsattur@hairrevive.com.

—Robert H. True, MD, MPH

Association of Hair Restoration Surgeons–India

RT: What is the name of your hair society and when was it founded?

SS: The Association of Hair Restoration Surgeons–India (AHRs). It was registered in October 2008 and came into being February 2009. The founding members were: Drs. Sanjiv Vasa, Tejinder Bhatti, Rajesh Rajput, Sandeep Sattur, Kapil Dua, Aman Dua, Mysore Venkatram, Ashok Vardhan Reddy, Lakshyajit Dhami, Ravi Joshi, K. Ramchandran, and Puli Ravindra Reddy.



Dr. Sandeep Sattur

RT: Who are the officers?

SS: For 2014, I am the President; Dr. Narendra Patwardhan, Vice President; Dr. Kapil Dua, Secretary; Dr. Ashok Vardhan Reddy, Treasurer; and Dr. Venkataram Mysore, Chairman Ethical Committee & Immediate Past President.

RT: Are there any medico-political issues in India?

SS: Medico-political problems as I understand, stem from untrained and/or unqualified doctors practicing hair transplantation. I think it is a universal problem. The medical council of India does not have specific guidelines for practice of hair restoration surgery. But, having a basic qualification of Bachelor of Medicine and Bachelor of Surgery (MBBS) is considered adequate for performing simple office-based surgical procedures on an outpatient basis. As an association, we mandate a minimum qualification as graduation from allopathic stream of medicine and surgery. We have among our members plastic surgeons, dermatologists, ENT surgeons, maxillo-facial surgeons, and MBBS graduates.

RT: What about advertising?

SS: According to the code of ethics formulated by the Medical Council of India, soliciting of patients directly or indirectly, by a physician, by a group of physicians, or by institutions or organizations is unethical. A medical practitioner is, however, permitted to make a formal announcement in the press when starting, joining, suspending, or resuming practice, changing of type of practice or address, or to declare charges.

Despite these regulations, doctors do advertise and some of them are quite misleading. As an association, we had complained to the local medical councils as well as the Advertising Standards Council (Dr. Rajesh Rajput was instrumental in initiating the complaints), but due to a lack of proper guidelines and poor enforcement, the doctors or clinics continue to advertise.

All of us agree that some kind of advertising would be ap-

propriate, but that the chief purpose of any advertisement for a doctor's services should be to present information

(about the doctor and his or her services) that is reasonably needed

by any patient to make an informed decision regarding his condition and the treatment required. This transparency actually augurs well for the entire health care system. If the purpose of advertisement is only to lure patients with misleading projections, then that is something that has to be condemned. As an association we are in the process of formulating guidelines for members regarding advertising their hair restoration practices.

RT: Tell us about hair restoration surgery in India.

SS: The last five years has seen a change in perception of the public of hair restoration as a specialty. Skepticism has definitely given way to an improved acceptance, but we have a long way to go. Most doctors who have practices restricted to hair restoration are fairly busy. Other doctors who have a broader base of practice have to fit in hair restoration in their practice. We do not have practice census statistics, but a general estimate of most hair transplant practices would be 60% of surgeries are strip FUT and 40% FUE. Most hair transplant surgeons who started their practices a decade or more ago still have a bulk of their hair transplant surgeries with the strip technique. Doctors who have started their hair restoration practice more recently favor FUE. My observation is that doctors coming from nonsurgical backgrounds tend to choose FUE over strip surgery. Patients are increasingly demanding FUE over the strip surgery, as they perceive it as being less invasive. Both of these factors could be responsible for the growing popularity of FUE.

At present, there are no accurate statistics on the number of doctors in India offering hair restoration surgery. Many doctors offer hair transplantation as part of a more general practice. Most plastic surgeons and dermatologic surgeons offer hair restoration as one of their services, and some are not a part of mainstream hair restoration specialty practice. We have close to 200 members in our society and the numbers are growing.

RT: Are any robots used?

SS: As far as I am aware, there is no installation of ARTAS or any other robotic device in India. But doctors do promote suction-assisted devices used for FUE as "robotic hair transplantation."

RT: Is anybody investigating cell-based therapies?

SS: As of today, there are no clinical trials studying cell-based therapies for hair loss registered on the Clinical Trials Registry, India. However, one year ago, we had conducted a clinical trial evaluating the role of Human Platelet Lysate in hair loss management.

In our November 2013 newsletter, the AHRS published a position statement on cell-based treatments:

“The AHRS believes that with existing evidence ... and research stem cells, hair cloning and multiplication cannot be considered as acceptable treatments for any type of hair loss. Any physician wishing to practice such treatment should do so as an experimental treatment after obtaining proper ethical clearance and permission from appropriate governmental agencies as per standard guidelines for clinical trials. The association strongly disapproves of advertisements in this regard and cautions the public to beware of misleading claims.”

RT: Where is hair restoration headed in India?

SS: Hair restoration in India is on the cusp of an explosion. In the last two years, there has been a significant increase in the number of doctors, from varied specialties, wanting to get trained in hair transplantation. The number of clinics offering hair loss treatments has almost doubled in just the last two years. Even the advertisements for hair loss treatments, in local media, have increased sharply in the last couple of years. I feel it is one of the fastest growing subspecialties of medicine in India.

RT: Who are the doctors that are active in education in India and internationally?

SS: There are many who actively participate in our meetings. Those who are perhaps the most active include Drs. Sanjiv Vasa, Rajesh Rajput, Mysore Venkataram, Manoj Khanna, Sandeep Sattur, Kapil Dua, and Aman Dua. All are the national faculty. And Drs. Vasa, Rajput, and Kapil Dua have been faculty at ISHRS meetings. Most of them conduct routine training programs at their centers as well.

RT: Do you have regular meetings, conferences, and workshops?

SS: HAIRCON is the annual scientific meeting conducted under the aegis of AHRS-India. We are in the process of planning annual live surgery workshops. HAIRCON 2014 is scheduled for September 19-21, 2014, in beautiful Goa, at the Marriott Resort & Spa.

RT: What would you say are the strengths of your society?

SS: We are a young society formed with the objective of promoting the development of hair restoration surgery along sound, scientific, ethical, and progressive lines. If we look at member strength and the attendance for our annual meetings, there has been a membership increase of almost 20% per year. We are growing at fair pace. Our strength lies in the fact that we are adaptable to changing times and have the right mix of experience and youth to give direction to the association. We have, through our annual meetings, encouraged and provided a platform for upcoming hair restoration surgeons to present their work, research, and innovations at the national level. Last November at HAIRCON 2013, we launched the AHRS Hair News Bulletin (Dr. Anil K Garg, Editor), a quarterly periodical

for the association, and the development by Dr. Anil Garg of software for hair transplant surgeons.

RT: What can the ISHRS do to help the AHRS?

SS: The ISHRS can help by recognizing the regional society meetings, helping regional society meetings with visiting faculty from the ISHRS, and by supporting and endorsing regional workshops held under the aegis of the AHRS. Also, in continuation with our representation in the Global Council, we would like to reiterate our request to the ISHRS—to route membership applications for the ISHRS through the AHRS-India. ♦

Editors' note: As you all know, we are new at editing this journal, so last issue we omitted to publish the accompanying photograph of Dr. Buttafarro, president of the Italian Society of Hair Restoration (ISHR), with his interview regarding the Italian Society. Dr. Buttafarro has



Dr. Franco Buttafarro

been a gracious host to me and many other visiting ISHRS members, and has been instrumental in raising the standards of hair restoration in Italy. Dr. Buttafarro, along with Dr. Pietro Lorenzetti, will co-host the next ISHR conference to be held in Syracuse, Sicily, 26-29 June 2014.

Our apologies, Dr. Buttafarro, and all the best with your upcoming conference.

—Mario Marzola and Bob True

Letters to the Editors

Re: Standardization of the Terminology Used in FUE

Bertram Ng, MBBS Hong Kong bertram@hairtransplant.hk

Thanks to the ISHRS FUE Research Committee for their attempt to standardize the terms used in FUE. The articles (Parts I and II) that appeared in two issues—September/October 2013; 23(5):165 and November/December 2013; 23(6):210—were very well written, paying attention to every minor detail. Unfortunately, sometimes when we look too close at a tree, we miss the jungle. I was disappointed to find out that one of the most crucial and debatable term was missing—the meaning of a graft.

To my understanding, a graft is the transplanted unit, whether it is a minigraft or follicular unit. In the early era of FUE, the harvestable number of grafts per session was less than that in FUT. In order to create an illusion of competency, some FUE practitioners came up with a brilliant idea. They created a new unit for communication, hair: “Dr. X using FUT offers you 1,500 grafts; I can use FUE and give you 1,800 hairs.”

Also, “hair” made FUE appear to be more competitive in price: “Dr. Y charges you 3 USD per FUT graft, I only charge you 2 USD per FUE hair.” This misleading terminology is adopted by many hair transplant centers in Hong Kong and Mainland China.

The patients are not given fair piece of information to plan their procedure. Once, a 40-year-old Class V gentleman came for evaluation. Looking at his limited donor site I promised him around 2,500 grafts using FUT. He paid a deposit and scheduled a procedure. A few

days later he returned and demanded a refund. He accused me of incompetence as the other center promised him no less than 3,000 hairs.

Many times patients with previous FUE procedures came for a second procedure. Less than expected density was always the issue. Even Class III patients had 3,000 to 4,000 units transplanted. When they asked how successful their last procedures were, I could not make any comment. Were they referring to grafts or hairs? Why can't we speak the same language? Can the committee do something about this? ♦

Note from Dr. John Cole on behalf of the FUE Terminology Committee:

The goal of the Terminology Subcommittee of the FUE Research Committee (FRC) is to define a terminology specific to FUE hair transplantation. We did not attempt to define generic terms such as hair nor graft, as neither is germane to the theme of our work. Both hair and graft are terms relevant to all forms of hair transplantation rather than specific to FUE.

We believe you have adequately addressed your concern with your well-constructed letter to the editor. Individual groups and physicians have manipulated the terms hair and graft for decades as a marketing and sales tool. Our purpose did not include the ethos of a moral compass. Thank you for adding your comments.



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Hair's the Question*

Sara Wasserbauer, MD Walnut Creek, California, USA drwasserbauer@californiahairsurgeon.com

*The questions presented by the author are not taken from the ABHRS item pool and accordingly will not be found on the ABHRS Certifying Examination.



Try this experiment: Place 20 grafts YOURSELF every day for the next week. Tough to even think about, right? Knowledge regarding the proper care and feeding of grafts is essential in our profession, yet several key components are often delegated to our technical staff—particularly graft placement. What are the best practices for the care and feeding of grafts during this critical phase of surgery? This column is dedicated to the theme of graft placement with emphasis on what damages grafts. So go ahead and test yourself (and maybe even your staff...)!

Graft Placement

- Which of the following injuries during placement is associated with poorest graft growth?
 - Desiccation
 - Crush injury
 - Transection
 - Excessive manipulation
- As a general rule, if they are placing grafts directly onto a gloved finger before placement, hair technicians should take ONLY the number of grafts that they can place within
 - 30 seconds
 - 1 minute
 - 1 minute 30 seconds
 - 2 minutes
- Which of the following is an issue that technicians who place grafts directly on their (gloved) fingers before placement should be aware of?
 - Grafts have a tendency to slip off gloves and into the placement site, so staff should only take a few grafts at a time.
 - All grafts should be lined up in the same direction to facilitate speed of placement.
 - Heat generated from their fingers will speed up the metabolism and desiccation of the grafts.
 - Grafts can absorb the saline (or holding solution) while on the finger, and thus any excess solution should be drained off before being taken for placement.
- Which of the following has been reported as a successful method for reducing popping during implantation WITHOUT excessive manipulation?
 - Use of implanter devices (Shiao implanters, Choi implanters, Lion implanters etc.)
 - Surgical Super Glue (cyanoacrylate surgical adhesive)
 - Two-handed technique using two forceps to guide the graft into place and pressure with a gauze pad in between
 - Tumescence with normal saline
- Which of the following has been reported as a successful method for managing “slippery grafts” during implantation?
 - Surgical Super Glue (cyanoacrylate surgical adhesive)
 - Use of implanter devices (Shiao implanters, Choi implanters, Lion implanters etc...)
 - Two-handed technique using two forceps to guide the graft into place and subsequent pressure with a gauze pad
 - Tumescence with normal saline
- Which of the following techniques to control bleeding may result in poor growth?
 - Pressure with a gauze pad after each graft is placed
 - The “Stick-and-Place” technique
 - Chubby grafts
 - Tumescence with “Superjuice” (1:25,000 epinephrine in saline)
- One of the advantages of using implanter devices (instead of hair technicians with forceps) to implant grafts is
 - Ability to plant graft fragments
 - Prevention of crush injury to the graft
 - Fewer staff needed in the OR
 - Prevention of popping when placing grafts at the hairline and other dense areas
- What is the fastest time (as reported in the *Forum*) that implanter devices have been documented to place grafts?
 - 100 grafts per hour
 - 500 grafts per hour
 - 1,000 grafts per hour
 - 1,500 grafts per hour
- Sparse and kinked hair growth has occurred in several of your patients 6-12 months after their surgeries. You suspect that several of your new hair technician staff may be
 - Causing crush injury to the grafts during implantation
 - Allowing the grafts to desiccate during placement
 - Placing grafts too deep below the surface
 - Placing a graft into a site where a graft has already been placed (piggybacking)
- Small pits surrounding the follicles of otherwise normal hair growth have occurred in several of your patients 6-12 months after their surgeries. You suspect that several of your new hair technician staff may be
 - Causing crush injury to the grafts during implantation
 - Allowing the grafts to desiccate during placement
 - Placing grafts too deep below the surface
 - Placing a graft into a site where a graft has already been placed (piggybacking)
- Ingrown hairs have become a problem in your practice and the pustules seem to be occurring on only one side of the recipient area for most patients. Assuming you have two technicians placing grafts and that they typically favor one side only

Hair's the Question from page 71

(i.e., Technician #1 places the right side while Technician #2 places the left), what should you look for during placing?

- Causing crush injury to the grafts during implantation
- Allowing the grafts to desiccate during placement
- Placing grafts too deep below the surface
- Placing a graft into a site where a graft has already been placed (piggybacking)

Answers

- A.** This one was a “lob” so you can hit at least one of these questions “out of the park,” but ALL of the answers result in graft injury and, in particular, are mistakes made by novice placers.
- A.** Desiccation happens faster than any of us realize—and these numbers were pointed out by Dr. Bill Rassman in the *Forum* years ago. Train your staff (or yourself) either to use a container that keeps the grafts as moist and as cold as possible, or to take fewer grafts more often. Losing the shine to a graft is a sign that it is drying out, and you can consider using humidifiers in the Operating Room as Dr. Jerry Cooley does to raise the ambient moisture level. The use of implanting devices can also reduce desiccation.
- C.** B is a good idea, too—it definitely speeds up the process to have them all lined up, but having them in random directions will not necessarily hurt them. Staff SHOULD only take a few at a time, if only to avoid the pitfalls in answer C, but slipping off the finger or absorbing holding solution are not major complicating issues.
- B.** I myself have never done this, but the case report is a great read (see references). The two-handed technique (answer C) is VERY useful, as is holding the graft in with a gauze pad while placing the next one, but it DOES involve additional manipulation of the grafts. Implanters reduce manipulation, but some reports show increased popping, especially when the grafts are placed close together initially (although going back for a second pass and interdigitating seems to help). Tumescence of any kind can increase popping.
- C.** Additional rinsing and modified forceps are also suggested methods of dealing with this rare but frustrating graft placement situation. I do not know of a situation where a surgeon has tried to solve the problem of slippery grafts with implanters, so any readers out there who have experience with this are welcome to send me comments! (drwasserbauer@californiahairsurgeon.com)
- D.** This is particularly true with frequent use as in a “megassession.” When hair remains in the area to be transplanted (as in many of our female patients), excessive shock loss may also result from this technique. Bleeding is often a sign of patient discomfort so employing excellent anesthesia, raising the patient from a prone position, uncrossing legs (which increases venous return and thus bleeding) and using some of the above techniques are all options to keep the graft placement part of the surgery on track.
- B.** Check out the videos on the www.ishrs.org website and YouTube to see how grafts can be loaded into the implanter device and you see how crush injury is avoided. You do need more staff, generally speaking, so C is incorrect. Popping is a commonly reported but often manageable problem with the use of implanter devices.
- D.** It takes a bunch of staff, but it can be done!

- A.** You should look for crush injuries to the grafts during implantation.
- C.** Ingrown hairs or cysts might also form as a result of this.
- D.** An argument could be made that C is also a factor, so I will accept that answer, too. Have your staff mark where they placed on a map of the head; this way, you can trace problems back to individuals quickly and correct poor habits early!

References

- Beehner, M.L. Comparison of survival of FU grafts trimmed chubby, medium, and skeletonized. *Hair Transplant Forum Int'l.* 2010; 20(1):1.
- Bernstein, R.M., and W.R. Rassman. Limiting epinephrine in large hair transplant sessions. *Hair Transplant Forum Int'l.* 2000; 10(2):39-42.
- Caroli, S., et al. How to manage intra-operative slippery grafts. *Hair Transplant Forum Int'l.* 2011; 21(2):38-40.
- Karamanovski, E. Quality control pertinent to surgical assistant tasks. *Hair Transplant Forum Int'l.* 2010; 20(2):69.
- Keene, S.A. Cyberspace Chat: Techniques to improve density and limit shock loss when operating on female pattern hair loss patients. *Hair Transplant Forum Int'l.* 2010; 20(5):158-160.
- Ng, B. How to place 1,500 grafts per hour using Choi implanters. *Hair Transplant Forum Int'l.* 2010; 20(3):92-93.
- Pimentel, L.A.S. Use of cyanoacrylate surgical adhesive for graft popping control: a case report. *Hair Transplant Forum Int'l.* 2010; 20(6):186-187.
- Ruston, A. Small details can make a great difference. *Hair Transplant Forum Int'l.* 2010; 20(5):141, 146-150.
- Tafoya, P. Placing strategies: part 1. *Hair Transplant Forum Int'l.* 2010; 20(3):105. ♦



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Message from the 2014 Annual Scientific Meeting Program Chair

Damkerng Pathomvanich, MD *Bangkok, Thailand* path_d@hotmail.com

Our president, Dr. Vincenzo Gambino, recently informed ISHRS membership regarding the cancellation of the Bangkok meeting due to unforeseen political unrest in the area. My heart broke and I was in tears when I received the message. I have spent time to prepare the AAHRS Live Surgery Workshop to coordinate with the ISHRS Annual Scientific Meeting, since it's a win-win situation for both societies. I know Victoria Ceh and her team worked very hard to switch the Bangkok venue to Kuala Lumpur for our 2014 meeting.

Despite the venue change, I can assure you that this year's meeting is going to be the top educational event in hair restoration surgery, and it is not to be missed. It will be very scientific, from basic sciences to advances in technology, new instruments, etc., in hair restoration surgery. We are inviting guest speakers to give us an update and new research on basic sciences, including stem cells and cloning. The newcomer to the field of hair restoration surgery needs to know not only FUE, but he or she should also be able to do FUT. There is no question that FUT has stood the test of time for the last decade with good results in the majority of patients. However, wide strip scars are of concern to the patients and the public, as well as the surgeons, since the patients are unable to cut their hair too short or the scar will be exposed. I believe FUT needs to be taught by experienced surgeons in the

field so that others can learn the skills to achieve minimal or acceptable donor scars. This year we decided to add a workshop on FUT only for intermediate and experienced surgeons. FUE is on the rise, the workshops on FUE will remain as last year. Using a combination of FUE and FUT has gained in popularity over the past few years, and whether this should be continue will be extensively discussed.

We will have educational lunch symposiums daily and a boxed lunch will be provided. We welcome you to submit a video, which can be related to new techniques or devices that are useful in your clinical practice. There have been some complaints about "Breakfast with the Experts" being too early due to traveling and time changes, so this year we will not have the breakfast meeting with the expert though "Coffee with the Experts" will remain. I invite all of you to continue to be involved and submit up to two abstracts for consideration for presentation. The deadline to submit an abstract is April 16, 2014, and details can be found on the ISHRS website at www.ishrs.org/AnnualMeeting.html. We are aiming to refine the selected abstract even more, and we will not accept abstracts that say "results pending," etc. Please mark on your calendar the 2014 meeting has changed to October 8-11, 2014, to be held in Kuala Lumpur, Malaysia. ♦



Message from the 2014 Surgical Assistants Program Chair

Aileen Ullrich *Hillsboro, Oregon, USA* aileen@gabelcenter.com

I hope everyone's New Year is off to a successful and productive start. Our Surgical Assistants committee is in the midst of creating an educational, engaging agenda with expert speakers for our assistant's program.

On the 2013 ISHRS post-meeting evaluation, we asked physicians what they would like their assistants to learn during our program. The key themes that came through were related to graft survival/growth, interaction with patients, and infection control. These are vital topics to understand and essential to our success as hair transplant technicians.

We will be incorporating these important subjects as well



Photo from the Surgical Assistants Workshop at the 2013 Annual Scientific Meeting in San Francisco.

as many others into our program. Our goal is not only to enhance the participant's knowledge base, but also to provide timely, valuable tools and resources that can be used to improve job performance.

I encourage all physicians and assistants to contact me with topic ideas or if you would like to be a part of the program. This is going to be a memorable meeting that you are not going to want to miss. Please join us for the 2014 ISHRS Annual Scientific Meeting. ♦



NEW VENUE!
NEW DATES!



Mark Your Calendar!

Review of the Literature

Nicole E. Rogers, MD *Metairie, Louisiana, USA* nicolerogers11@yahoo.com



Can Finasteride Affect Fertility? New Data Says “Yes”

Samplaski, M.K., et al. Finasteride use in the male infertility population: effects on semen and hormone parameters. *Fertility and Sterility*. 2013; 100:1542-1546.

Previous research has shown that low dose (1mg) finasteride in healthy men with normal spermatogenesis has not been shown to affect sperm parameters. That being said, there have been isolated case reports of impaired fertility in this same patient population. This led researchers in Toronto to examine the changes in hormone parameters of men taking finasteride, before and after cessation of therapy. They identified 27 men out of 4,400 seen in the Mount Sinai Fertility Clinic who had been on finasteride. The mean duration of treatment was 57.4 months, at a mean dose of 1.04mg/day. They found an average 11.6-fold increase in sperm counts after finasteride discontinuation. No man had a decrease in sperm count. Likewise, there was no change in hormone parameters, sperm motility, or sperm

morphology. *Readers should note that this study only included men who presented for infertility treatment. One cannot assume that all men who take finasteride will have the same decrease in sperm count and subsequent increase when they get off the medication.*

Comment: Often during a hair loss consultation our patients ask whether taking Propecia® will affect their ability to have children. Knowing that there are no teratogenic effects linked to a MAN taking finasteride, we enthusiastically reassure them that it is fine to have children. This article suggests that we should include a caveat that if they ARE having difficulties with fertility, they should stop the finasteride before going on to more expensive or invasive therapies. ♦



New Breast Safety Data on Finasteride

Bird, S.T., et al. Male breast cancer and 5 α -reductase inhibitors finasteride and dutasteride. *J Urol*. 2013; 190:1811-1814.

The post-marketing experience for Propecia® included reports of breast tenderness, breast enlargement, and even breast cancer. This has presented an issue in terms of whether to prescribe finasteride for hair loss in women, especially women who have a personal or family history of breast cancer. Recently, a retrospective study was published in the Journal of Urology to help answer this question, at least in men. The authors examined men enrolled in the U.S. IMS LifeLink™ Health Plan claims database between 2001 and 2009 to better understand the link between breast changes and 5-AR inhibitors. They included men 40-85 years old, who had a primary breast cancer diagnosis on two different dates, and who had undergone mastectomy or lumpectomy with evidence of continuous care (radiation or chemotherapy). They compared these men with controls within 5 years of age

(20 controls per case) via logistic regression to see if there was a difference in the rate of 5-AR inhibitor usage. They identified 339 breast cancer cases, matched to 6,780 controls. There was no statistically significant association observed between the use of 5-AR inhibitors and the occurrence of breast cancer.

Comment: Although this study was limited to men, the authors concluded that the development of breast cancer should not influence the prescribing of 5AR-inhibitor therapy. It certainly lets us breathe a little easier when prescribing this class of drugs to women with a family or personal history of breast cancer. Obviously, we must still avoid prescribing to women of child-bearing age given the severe risk of teratogenicity. And for those still in doubt, it will never hurt to recommend annual mammograms. ♦



New Enzymatic Assay Predicts Efficacy of Minoxidil

Goren, A., et al. Novel enzymatic assay predicts minoxidil response in the treatment of androgenetic alopecia. *Dermatologic Ther*. 2013(Nov). Epub ahead of print.

One problem with recommending topical minoxidil is that it does not work the same for all people. This is because the enzyme minoxidil sulfotransferase is necessary (in the outer root sheath of the hair follicle) to convert minoxidil to minoxidil sulfate, which is the active ingredient. Researchers in Italy are working on a new assay to help predict which patients will respond best to minoxidil. The enzyme works by coupling the conversion of minoxidil to minoxidil sulfate with p-nitrophenyl sulfate to p-nitrophenyl, which can be quantified by optical absorbance at 405nm, using

a spectrophotometer. Thirty-four patients were included in this initial retrospective study, but the authors are working on a larger prospective study to further validate the assay.

Comment: Although this enzyme still appears to be several years away, its use will be helpful not only for physicians, in knowing what treatments to recommend, but also for patients, so that they may save time and money avoiding a medication that may not work for them. ♦

⇒ bottom of next page

Surgical Assistants Corner

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



The first article I ever read in the Assistants Corner of the *Forum* was in 1999 when I was first beginning this journey as a Hair Transplant Assistant. Dr. Bob Limmer's assistant, Carole Lindsay, wrote it about ergonomic cutting. It was in an old *Forum* from 1995 that Dr. Cooley gave to me. I always had a sore neck and a back ache along with cramps in my hands and knew it was related to assisting but really didn't know what to do about it. The article led me to research the stools we used and led us to buying new stools with backs. Of course, back then we were using light boxes the majority of the time so the problem was multi-faceted to say the least! This article led me to marathon reading of the Assistants Corner. I had not been to a conference at this point so I quickly became addicted to this section of the *Forum*! I learned who contributed, and I learned who worked for which doctor and which topics were thought-provoking and which techniques were familiar.

There was an article written by Helen Marzola in June of 1998 covering the ever changing and evolving role of the Assistant. Now, that was truly thought provoking! Helen mentioned that each time she wrote for the *Forum*, she was astounded by the depth of our field. In this *Forum*, she featured an article that was contributed by a French physician written about his assistant of 25 years. This article pointed out how essential a nurse was to the surgeon. At the time his nurse started to work with him, she knew nothing about transplants but quickly proved her ability and her skill. He acknowledged that her "tricks" were what made his surgeries successful and helped his practice grow.

I read and reread these old *Forums*. I could go on and on and pick an article from all of them because they were all things that pertain to what a Hair Transplant Assistant does. It amazed me how many contributions there were from office managers and physicians who wanted to get the word out. The very foundation of the ISHRS is sharing knowledge...the conferences are the cornerstone in building open communication and the *Forum* is the voice of the assistants and doctors to keep the knowledge growing.

I began my tenure as the Editor for the Surgical Assistants Corner in the *Forum* a little over a year ago. I was a little unsure on how to move forward, and my first submission dealt with CHANGE! As we all know, change is always upon us, and this year we will see some changes to the Surgical Assistants' program at the Annual Scientific Meeting and in our contributions to this journal.

Please allow me to thank all of you for your confidence in me; for reading the articles that I have written over the years and for submitting articles to our section while I represented you. I also want to take a personal moment to thank my surgeon, Dr. Jerry Cooley, for having confidence in my ability, for encouraging me to contribute to the *Forum*, and for taking me to conferences. Last but NOT least, I want to thank all of you, my fellow assistants and supporting physicians, for my award, The Distinguished Assistant Award. It is a true honor. ♦

From the Literature from bottom of page 74

Book Review

Hair Transplantation: The Art of Follicular Unit Micrografting and Minigrafting, 2nd Edition

Editors: Alfonso Barrera and Carlos Oscar Uebel

2014 Quality Medical Publishing, St. Louis, Missouri

ISBN: 978-1576263723

It has now been 10 years since the first edition of this beautiful textbook was published by Drs. Alfonso Barrera and Carlos Uebel. These dynamic plastic surgeons, both highly skilled in hair transplant surgery, have teamed up to create another momentous hair transplant textbook that summarizes the most cutting edge techniques. In 20 chapters, spread out over 450 pages, the book moves from Fundamentals (Part I) to Techniques (Part II) to Special Problems (Part III) to New Directions (Part IV). Every chapter is packed with beautiful illustrations and very interesting and instructive photographs.

While novices will have plenty to learn from this book, it also provides an overview of advanced techniques, such as combining face and neck lifts with hair transplantation, and combining follicular unit extraction with strip surgery for an "untouched

strip technique." One especially instructive chapter was on the use of hair transplant surgery to enhance reconstruction of the face and scalp. This is a mostly surgical book with relatively little emphasis on diagnosis of hair loss or medical treatment of various forms of hair loss.

While the text is very forward thinking, it is also somewhat conservative in its cautionary notes, such as the descriptive photos showing less protective fat around grafts harvested by FUE. Even physicians who don't want to "read" a heavy text will have fun with this new publication. So much can be learned simply flipping through the beautiful color photos and reading the outstanding illustrations and captions. No matter whether your interest lies in hairline design or donor harvesting, you will definitely learn a lot from this book. ♦

In fond memory of Dr. Ken Siporin



Ken Siporin was a board certified plastic and reconstructive surgeon with more than 20 years of experience. He added hair restoration surgery to his practice and became an ISHRS member in 2007. Dr. Siporin was an ISHRS OPERATION RESTORE physician, too. As a plastic surgeon, he traveled to Guatemala and Ecuador to treat underprivileged patients with cleft lips, cleft palates, and other deformities. He passed away on December 19, 2013.

I had the great pleasure of working and playing with Ken. On the work side, Ken did an abbreviated fellowship with me and we worked out of several offices together in Beverly Hills. Professionally, Ken was an extremely talented and meticulous surgeon. He had some of the best hands I have witnessed in my 25 years of hair transplantation and cosmetic surgery. He also had incredible artistic judgment. Perhaps what was most special about Ken is that he was a 100% patient advocate and always made patients feel at ease with this combination of wit, intelligence, and caring.

From the time I initially met Ken until his most recent visit to Orlando, I was blessed to spend many hours enjoying life with Ken. Ken made me laugh. He had an incredible smile, a sense of humor, and found the good in everything he touched. Ken lived life to make others enjoy life.

I miss Ken already, but every time I think of him I will smile because he always made me smile.

Matt L. Leavitt, DO



I was in shock when I learned that Kenny had passed away. I still remember when Matt introduced us in the San Francisco office back in the early 2000s. We immediately bonded, discussing his interest in adding hair restoration to his plastic surgery office and talking about the many issues involving hair loss. Kenny was an MHR fellow and we would see each other frequently at MHR, ISHRS, or OLSW meetings, having dinner or sharing conversation during the events.

We had invited him to join the OLSW Faculty and he finally accepted, contacting me in his humble and honest way: "David, I would love to be part of the OLSW Faculty and I would like to present something. I don't know what topic to present or how I can make the PowerPoint presentation."

We exchanged emails several times and I suggested the topic, "How to Include Hair Restoration into Your Cosmetic or Plastic Surgery Practice." Kenny loved the idea and was very excited to share his experiences and lecture at the OLSW Basic Course. It was a great experience for him and all of those that participated. He frequently thanked us for the opportunity, but we were grateful to see another side of our friend: his personality as an educator.

The perfectionist that he was, Kenny asked to come back as faculty for the OLSW the following year. His presentations were always transparent, humble, and helpful. He would present to us what worked and what hadn't, allowing new doctors to learn from his experience. He was a very caring doctor with his patients and his professional life was dedicated to excellence in plastic and hair restoration surgery. He will be missed. Rest in peace.

David Perez-Meza, MD



I know that all those who knew Dr. Kenneth Siporin are deeply saddened to hear that he has passed away.

On a personal level, I cannot even begin to express the pain in my heart I now carry since the passing away of my dear friend Kenny. Since the day we met at the ISHRS conference in Puerto Vallarta, Mexico, in 2001, there was a special bond between us. Kenny was a very unique individual who loved life, adored his friends and family, and always had a strong desire for helping others, including all of his patients.

We spoke several times a week about everything from how our medical practices were doing, concerns for each other's families, and when the next time would be that we could meet up at a conference or vacation. He was the funniest person I had ever known, and I will continue to think about him every day.

Kenny had many hobbies but was very passionate about traveling to new places, music, and surfing.

Even when experiencing tough times, he always put a positive spin on things. He had an uncanny ability to make others feel good about themselves.

I hope that with time I will learn to cope with Kenny not being here physically, but I know that I will never forget him.

Glenn Charles, DO





Dr. David Perez-Meza (L) and Dr. Matt Leavitt (R) with Dr. Ken Siporin (center)

Dr. Kenny Siporin on the surface was a highly accomplished facial plastic and hair transplant surgeon. He was hand-picked by Dr. Matt Leavitt to join the Medical Hair Restoration group.

Over the years, I heard reports related by the younger hair techs of the cool doc in California, who listened to hip hop during surgery. I always enjoyed catching up with Kenny at the yearly ISHRS conferences. I told him that sometimes with so much information bombarding me all the time, I felt like I had ADD, and he replied, “Yes, me too; but isn't it great for surgery?”

We became Facebook friends, allowing us to stay in touch and make an occasional comment on each other's post or wall. Last year, at the San Francisco ISHRS, meeting Kenny gave me a “man hug” when we ran into each other in the hallway.

I clearly remember a lot about Kenny, as his many grief-stricken friends and family called him, since his passing. He travelled to Central America to perform needed but Pro Bono surgeries. Kenny, at 51, had not lost his “cool,” he continued to live life bold—surfing and still listening to Tupac. We all hear the bell tolling and indeed it tolls for us!

Bernardino Arocha, MD



I had the pleasure of spending a day with Kenny on a tour of Napa Valley during the last ISHRS meeting. It was a delightful tour with my colleagues, but most importantly it was Kenny's charm and sense of humor that made the trip memorable. If I could sum it up, Kenny was always looking for the fun in life. When I look at pictures from the tour, I am reminded what a funny, charming guy Kenny was. He taught us all to keep life in perspective and to have a great time any chance we get. I am honored to have learned from him.

Ricardo Mejia, MD



Ask anyone about Kenny and they will all say the same thing: “What a great guy! Always smiling, enjoying life, and willing to do anything to help out a friend.” As a surgeon, Kenny was talented and compassionate. He was taken from us far too early. Kenny will be missed by his family, friends, patients, and all those who came in contact with. I am glad that I can call Kenny both a respected colleague and a friend. I will miss him.

Craig Ziering, DO



Dr. Siporin was a caring doctor and wonderful person, but above all, he was a great friend. He always had a way to make a bad situation better and always made things seem funny. He will forever be in our hearts!

Thiago Talpo, Hair Technician



Working with Dr. Siporin was always a pleasure because he was so much fun and knowledgeable at the same time, I learned a lot from him. It is so sad that such a wonderful person left us too soon. I will miss his jokes, his energy and his music! Dr. Siporin, we miss you...

Marina Diaz, Hair Technician

Classified Ads

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Please call: 239-963-4780

Fellow of the ISHRS (FISHRS)

After several years of consideration by the Board of Governors followed by ratification by the membership of the International Society of Hair Restoration Surgery (ISHRS), the designation of Fellow has been established in order to recognize members who meet its exceptional educational criteria. In order to be considered, the hair restoration surgeon must achieve a specific level of points in a system of various educational parameters such as serving in leadership positions, American Board of Hair Restoration (ABHRS) certification, writing of scientific papers, and/or teaching at scientific programs, among others.

It is a great honor for a member to achieve the Fellow designation of the International Society of Hair Restoration Surgery (FISHRS). This recognizes the surgeon who strives for excellence in this specialized field. To maintain this status, the surgeon must continue to meet established educational criteria over time. Fellows may vote and hold office in the Society, and they may use the ISHRS Fellows logo on their websites and in other promotional materials.

We encourage all Physician Members to consider applying for Fellow status.

Qualifications and process can be found in the Members Only section of ISHRS website at:

<http://www.ishrs.org/members-only/ishrs-fellow-category>



Congratulations to the first class of FISHRS! As of October 23, 2013

Mohammed A. Abushawareb, MBChB, FISHRS
Ji-sup Ahn, MD, PhD, FISHRS
Bernardino A. Arocha, MD, FISHRS
Fernando Basto Jr., MD, FISHRS
Robert M. Bernstein, MD, FISHRS
Scott Boden, MD, FISHRS
Patricia Cahuzac, MD, FISHRS
Timothy Carman, MD, FISHRS
Ivan Cohen, MD, FISHRS
Paul Cotterill, MD, FISHRS
Jean Devroye, MD, FISHRS
Mark DiStefano, MD, FISHRS
Vance Elliott, MD, FISHRS
Edwin S. Epstein, MD, FISHRS
Bessam Farjo, MBChB, FISHRS
Nilofer Farjo, MBChB, FISHRS
Cary Scott Feldman, MD, FISHRS
Shelly A. Friedman, DO, FISHRS
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John D. Gillespie, MD, FISHRS
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James A. Harris, MD, FISHRS
Kenichiro Imagawa, MD, FISHRS
Francisco Jimenez, MD, FISHRS
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Wen Yi Wu, MD, FISHRS
Kuniyoshi Yagy, MD, FISHRS
Craig L. Ziering, DO, FISHRS

OCT 8-11
2014



IMPORTANT NOTICE

Relocation of 2014 Bangkok ISHRS Annual Scientific Meeting

We have canceled the Bangkok annual meeting scheduled for November 2014, and we have relocated the 2014 ISHRS Annual Scientific Meeting to Kuala Lumpur, Malaysia for October 8-11, 2014.

This decision was made because of the increasing political unrest in Bangkok and recent outbreaks of violence resulting in multiple injuries and deaths. Thirty-four countries have issued travel alerts for travel to Thailand, particularly to Bangkok. Hong Kong has issued their highest “black level” alert warning their citizens not to travel to Bangkok.

The February 2 elections in Bangkok did not resolve the problems. The country of Thailand issued a 60-day emergency decree. Some felt the situation will be fine by the time of the November meeting. Others felt there is instability and high risk for personal safety.

Now and in the coming months are when members make the decision of whether to attend, submit an abstract, make travel arrangements, etc. As such, we could not wait on this decision. Because the safety of our meeting attendees is of the utmost importance, we felt this was the prudent decision.

It is a shame because we really wanted to hold the meeting in Bangkok—such a beautiful and interesting city. We do hope to bring the ISHRS Annual Scientific Meeting to Bangkok perhaps in 2019, which is the next time the ISHRS annual meeting plans to rotate to Asia. In 5 years’ time it is the hope that everything will be back to the usual peaceful state.

In any case, we are thrilled to bring the meeting to Kuala Lumpur. Please mark your calendars and plan to attend!

Thank you and sincere regards,

Vincenzo Gambino, MD, President
Victoria Ceh, MPA, Executive Director
International Society of Hair Restoration Surgery



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

2014: 22nd ASM
October 8-11, 2014
Kuala Lumpur, Malaysia

2015: 23rd ASM
September 9-13, 2015
Chicago, Illinois, USA

2016: 24th ASM
October 2016
Central America (TBC)



HAIR TRANSPLANT
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Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
May 20-23, 2014	University Diploma of Scalp Pathology and Surgery Paris, France	University of Paris VI www.hair-surgery-diploma-paris.com	Tel: 33 (0)1 + 42 16 13 09 sylvie.gaillard@upmc.fr
May 21-24, 2014	5th Brazilian Meeting of Hair Restoration Surgery Maresias Beach, Sao Paulo, Brazil	Brazilian Society of Hair Restoration Surgery (ABCRC) www.abcrc.com.br/congresso	Arthur Tykocinski, MD, Program Chair arthur@cabelo.med.br
June 13-15, 2014	ISHRS European Hair Transplant Workshop Brussels, Belgium	International Society of Hair Restoration Surgery Hosted by Jean Devroye, MD	www.European-Hair-Transplant-Workshop.com workshop2014@drdevroye.com
June 26-29, 2014	XV ISHR International Meeting: Advancing in Hair Restoration Siracusa (Sicily), Italy	Italian Society of Hair Restoration Hosted by Franco Buttafarro, MD & Pietro Lorenzetti, MD	lorenzettipietro@virgilio.it francobuttafarro@gmail.com www.ishr2014.com
October 8-11, 2014	22nd Annual Scientific Meeting of the International Society of Hair Restoration Surgery Kuala Lumpur, Malaysia	International Society of Hair Restoration Surgery www.ishrs.org	Tel: 1-630-262-5399 Fax: 1-630-262-1520
October 23-26, 2014	6th 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 23-24, 2014	19th Annual Meeting of the JSCHR Okayama, Japan	Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Shinsaku Kawada, MD	Shinsaku Kawada, MD, Program Chair kawada@kawada-keisei.gr.jp www.jschr.org
December 5-6, 2015	20th Annual Meeting of the JSCHR Kochi, Japan	Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Ryuichiro Kuwana, MD	Ryuichiro Kuwana, MD, Program Chair der-r-kuwana@mte.biglobe.ne.jp www.jschr.org