

Meetings and Studies

Review of the 22nd Annual Scientific Meeting of the International Society of Hair Restoration Surgery October 8-11, 2014 • Kuala Lumpur, Malaysia

SURGICAL ASSISTANTS PROGRAM

Wednesday/October 8, 2014

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The 96 attendees of the Surgical Assistants Program enjoyed a fascinating program in Kuala Lumpur. Speakers were welcomed from many cities across the United States as well as from Thailand, Australia, Georgia, the Philippines, and the United Kingdom.

As the program chair, I started the morning off with an introduction to the day's agenda and encouraged all assistants to take full advantage of the opportunities available to the surgical assistants within the ISHRS organization. The first section of the program covered non-surgical considerations for the surgical assistant and our opening speaker, ISHRS attorney Scott Fintzen, emphasized that everything we do should be in the patient's best interest. He affirmed the assistant's responsibility to understand and adhere to his or her scope of practice, and pointed out the potential legal ramifications for assistants practicing outside that scope as well as their increased vulnerability if they are not covered under the physician's malpractice insurance. Sara Roberts gave a thorough overview of the clear, concise process and materials used in hiring, training, and communicating expectations to new staff members. Following Sara, Salome Vadachkoria highlighted strategies to improve surgical flow and increase efficiency during graft preparation and placement. She called to our attention how lack of efficiency among team members can easily add hours to the overall procedure time when performing large sessions. Next, Laura Burdine discussed the importance of infection control and how it relates to satisfied, return patients who promote our practices through positive word of mouth. She outlined clear methods to prevent cross contamination and surgical site infections. In his presentation on instrument care, Kenny Moriarty discussed the proper steps, solutions, and tools for cleaning surgical instruments. He also dispelled common misconceptions regarding surgical steel and mistakes to avoid when processing instruments. Our final speaker for this block was Helen Marzola, who walked us through several potential emergency situations we may encounter in the hair restoration clinic. She emphasized the importance of implementing safety measures and ensuring staff preparedness through proper training in all physician offices.

In the following segment of our program, Drs. Steven Gabel and Jerry Cooley covered topics related to hair science. Dr. Gabel began with a thought-provoking overview of the anatomy and physiology of the hair follicle. After discussing and demonstrating the various hair growth cycles, Dr. Gabel emphasized the importance of keeping all viable hair follicles intact, within their follicular unit groupings, when dissecting grafts in order to maximize hair counts and produce optimal patient results. Next, Dr. Cooley artfully explained the role of HypoThermosol, platelet rich plasma (PRP), ACell, and ATP in hair restoration.

Despite the capabilities of these bio-enhancements, Dr. Cooley drove home the important role the assistant plays in preventing what he feels is the biggest detriment to graft survival—physical trauma, especially at placement time.

In the final section of our program, video was used to evaluate different techniques of graft preparation and placement. To prevent desiccation during the slivering process, Patcharee Thienthaworn presented a slivering board that allows the strip to be submerged in saline while slivering occurs and Roxanna Barajas demonstrated her approach and tools used for slivering the donor strip. For the subsequent phase of graft preparation, Brandi Burgess covered key elements to aid graft dissection before sharing a video of graft cutting using both straight and angled forceps. In comparison, Bettina Penalosa then gave an overview of their set-up, instruments, and holding solutions concluding with a video of the means used to cut, count, sort, and track graft numbers during the hair transplant procedure. While examining methods for graft placement, Saranya Manochai demonstrated a two-handed style of graft insertion used to minimize graft trauma and Sara Roberts reviewed the use, loading procedure, set-up, roles, and flow between physician and assistant when using implanter pens for graft placement. This was followed by Kimberly Wallace and Tina Lardner who presented on the use of handheld and robotic machines for FUE procedures. They illustrated differences in instrumentation, patient positioning, surgical flow, and the role of the assistant. Felipe Reynoso then gave the closing presentation emphasizing the assistant's part in becoming familiar with pre-operative and post-operative instructions and the importance of effectively communicating these directions so that patients are well prepared for their surgery and know what to expect before, during, and after their procedure.

I would like to personally thank everyone who presented and attended as well as those behind the scenes who made our Surgical Assistant's program possible and contributed to the rich exchange of knowledge, experience, and passion for hair restoration. This is a truly remarkable field of medicine to be involved in. I thoroughly enjoyed my year as chair of our Surgical Assistant's Program and I look forward to the interchange of ideas and educational opportunities that await us at next year's Surgical Assistant's Program in Chicago, Illinois, September 9-13. Mark your calendars and plan to attend!



THURSDAY/OCTOBER 9, 2014

Paul McAndrews, MD, FISHS, Pasadena, California, USA

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The meeting started with a welcome from program chair, Dr. Damkerng Pathomvanich, and ISHRS president, Dr. Vincenzo Gambino.

There were rounds of talks on “hairline design” in various ethnic groups. Dr. Pathomvanich discussed the Asian hairline and the difference from Caucasians due to differences in facial features and contour of the skull. Asians have less frontal projection than Caucasians and the hairline appears more flat. In Asians, a hairline that is too high doesn't frame the face well as in Caucasians.

Dr. Russell Knudsen presented a voiceover video from Dr. Ron Shapiro that discussed the hairline in Caucasians. He stated that hairline parameters vary depending on degree of current hair loss, potential future hair loss, and donor density. Dr. Melvin Mayer noted that hairlines in African Americans are flatter and there is a need to place the donor hair down and forward.

Dr. Nilofer Farjo discussed how female hairlines are usually intact so no design is usually necessary, it is typically a matter of increasing the density in the existing area. However, when a woman's hairline is too high, it is necessary to bring it down, and usually female hairlines are flatter.

Dr. Russell Knudsen discussed hairlines in transsexuals. Transsexual hairline design is often a staged procedure with at least two sessions required. This is because generally the patient wants the transition from the male hairline to female hairline to be less obvious to others. In this scenario, the temporal hairline is first lowered to a non-balding male hairline. Once this has grown, a second session that includes temporal rounding and sometimes entire hairline lowering is then performed.

The next session's topic was storage solutions. Dr. John Cole stated that the survival rate using normal saline and Ringer's Lactate is excellent and very cost effective. He also stated that *there is no data* showing that other, more expensive solutions are better. Dr. Timothy Carman discussed the use of Plasmalyte A and Dr. Jerry Cooley discussed the uses of HypoThermosol. Dr. William Ehringer discussed the use of exogenous ATP can be used to decrease the effects of reperfusion injury. Dr. Pathomvanich discussed the use of Williams E Medium and the potential benefits in longer cases.

Dr. Mario Marzola moderated a round table discussion on inadequate growth of the transplanted grafts and the numerous potential causes.

The Advances in Hair Biology Lecture, by Dr. Desmond Tobin, was titled, “The Aging Scalp and Its Hallmark Gray Hair.” Dr. Tobin discussed how the hair follicle produces several different types of hair fiber during a normal lifetime—represented



Damkerng Pathomvanich, MD, FISHS, Chair of the Annual Scientific Meeting



Advances in Hair Biology Speaker Desmond J. Tobin, PhD, FSM, FRCPath, with panel members Mario Marzola, Francisco Jimenez and Ken Washenik



Conference attendees

by fine unpigmented lanugo hair in the fetus/neonate, short (mostly unpigmented) vellus hair or fine pigmented intermediate hairs during childhood, and long, thick terminal hair shafts in several body sites in the adult—before transforming, aging to either miniaturized hairs characteristic of pattern balding or depigmentation of robust terminal hairs. It appears that the melanocyte can be lost without too much negative consequence to hair fiber production. Much of the recent research has focused on both the oxidative stress that appears to increase with aging, and to which the hair follicle melanocytes appears especially sensitive, and the fate of hair follicle melanocyte stem cell capacity.

The next session, moderated by Dr. Fabio Rinaldi, was on platelet rich plasma (PRP) in hair restoration surgery. Dr. Carlos Puig presented a very interesting double blind, placebo controlled study on PRP on 39 females with female pattern hair loss (FPHL). In the end, the hair mass index (HMI) and hair counts did not show any statistical significance. He ended by saying PRP may have a role in FPHL but the study population for the next study must be larger to see if there is a statistical significance in the end points.

The following session, moderated by Dr. Paul McAndrews, was on the role of hair transplants in non-AGA and scarring alopecia. Dr. McAndrews discussed the need to make the specific diagnosis for symptoms of hair loss, which would then dictate the appropriate treatments. Unfortunately, for many forms of hair loss, there is not a perfect treatment. It was discussed that hair transplants for the secondary scarring alopecias are very appropriate; however, hair transplants for primary scarring alopecias are variable at

best. The recommendation was to wait for at least 2 years of quiescence of the active primary disease and then biopsy the scalp before considering hair transplant in primary cicatricial alopecia (and there was some thought to never transplant in these cases).

Dr. Edwin Epstein moderated a session on the management of donor wound closure. He discussed principles of donor closure to minimize scarring including evaluation of scalp elasticity, cautious donor widths for closure with minimal tension, minimizing follicular transection, and trichophytic techniques. Techniques using intra-operative follicular unit insertion into the closure were also discussed and may improve scar results. This technique was originally presented by Drs. Nicolas Lusicic and C. Alejandra Susacasa at the 2001 Orlando Live Surgery Workshop, and they noticed improvement of the donor scar.

The next session, moderated by Dr. Robert True, was on body hair transplants and included talks on eyebrow and eyelash transplantation.

Dr. William Rassman moderated a session discussing pearls for treating difficult and complicated hair transplants.

FRIDAY/OCTOBER 10, 2014

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The day began with the workshops that covered a variety of topics including bio-enhancements for hair restoration surgery, scalp micropigmentation, and the top 10 clinical pearls to achieve the best results and happy patients. I had the opportunity of attending the Scalp Micropigmentation workshop, conducted by Drs. William Rassman and Jino Kim, with additional faculty of Milena Lardi and Y.G. Ryu. The workshop gave an overview of the new modality of camouflage for hair loss patients and for those with visible scarring post hair transplantation.

The general sessions began with “The Roles of Ancillary Staff in the Operating Room,” moderated by Dr. Vincenzo Gambino. The session covered legal aspects of the roles of technicians and surgeons. It also noted what should be the standard of care in hair transplantation.

The next session, also moderated by Dr. Gambino, was dedicated to donor harvest using the strip technique and how it will stand the test of time. Even with a significant increase in demand for follicular extraction, strip surgery continues to be practiced in most hair transplant centers. The session addressed the different innovative ideas to improve donor harvest by strip technique and donor scarring. The session began with FUT highlight videos by Drs. Bradley Wolf and Robert Haber. These covered various aspects of donor harvest with strip technique. An assessment of scalp laxity and gliability and the use of innovative tools for accurate assessment of scalp laxity was presented by Dr. Jae Hyun Park. He emphasized the accurate way of measuring scalp laxity by fixing the galea and thereby eliminating scalp gliability. He reiterated that a better donor scar results by keeping the strip narrow and long as compared to shorter and wider. Another paper describing a new scalp laxity measurement tool was presented by Dr. Chinmanat Tangjaturonrusamee. A laser tool devised by Dr. Damkerng Pathomvanich to measure the scalp elasticity was compared with the conventional Mayer-Pauls technique in assessing the actual width of donor strip during surgery.

Dr. Robert True presented his experience with injecting human recombinant hyaluronidase (HRH) (in the donor area up to the level of galea), which helped in harvesting a wider strip with safety and without the risk of wide donor scar. Wide donor scars remain one of the most difficult issues to manage and one of the reasons patients tend to opt for follicular unit extraction. Dr. Wolf presented a study using sub-epidermal stainless steel sutures in cases of donor scar excision surgeries. These sutures (3,0 or 4,0) are placed in the sub-epidermal region and left behind permanently. He found the results to be encouraging when used to revise wide donor scars.



Featured Guest Speaker Rodney Sinclair, MBBS, MD



Dr. Parsa Mohebi moderates a discussion about donor harvesting via FUE.



Dr. Bill Rassman discusses scalp micropigmentation during Coffee with the Experts.

The next session was dedicated to the increasingly popular follicular unit extraction. In his video highlights, Dr. John Cole emphasized that the optimal benefits of FUE can be realized by clearly defining the goal of the procedure, selecting the appropriate punch, depth of penetration, etc. Dr. James Harris presented his new modification of the blunt punch—the hexagonal punch—and its advantages. Dr. Jean Devroye spoke about his journey in FUE and how he initially started out with sharp punches and went on to use blunt punches to his present technique where he uses both, depending upon the situation. This was followed by an interesting study presented by Dr. Wolf, who studied the genomics of hair follicles of grafts generated by FUE, strip harvest, and hair plucks. In terms of gene expression, there was no difference in the follicles of FUE and strip harvest but significantly different in the hair pluck group. The stem cell markers were prominently expressed in the follicles of FUE and FUT while the keratin genes were better expressed in hair pluck group. A significant finding was that there was no difference in the gene expression between the FUE and FUT group.

Dr. Dae Young Kim spoke on hidden transections in FUE. He evaluated the donor area after harvest using a digital videomicroscope and found that transections in the donor area were almost 10% more than that seen with the naked eye or surgical loupes, and he felt that more studies are needed to assess these hidden transections. Dr. Tejinder Bhatti talked about his experience with FUE and enumerated the pearls and pitfalls associated with the procedure. Dr. Conradin von Albertini emphasized underestimation of donor damage in FUE. It is not only the punch size but also the depth of penetration of the punch that is important. He recommended use of minimal depth penetration of the punch to avoid transections and donor damage. Dr. Devroye followed this up with the definition and nomenclature of follicular transection. He divided the transections into complete transections, partial transections, and total transections. Dr. Antonio Ruston outlined various factors that could help to reduce the surgical time and this included, accurate assessment, choosing correct tools, proper positioning of patient, depth control, and proper holding solutions and correct placement along with a good and efficient team.

After the sessions on strip harvest and extraction (FUE), the next session, logically, was dedicated to combination of the two techniques. This session, moderated by Dr. Devroye, began with a very elegant video by Dr. Marcio Crisostomo on the combination technique using strip harvest and extraction to increase the yield in patients with advanced hair loss. He followed it up with a paper on combination technique using minimal shaving

to ensure better patient acceptance. Dr. Emre Karadeniz, who uses a combination of two techniques for optimal yield, studied the graft quality, hair per graft, transection rates, etc., in both techniques. For long-term planning, he advocates a strip harvest first and later sessions as combination surgery. Dr. Suneet Soni reiterated the benefits of combining strip harvest with FUE for maximizing yield in a single session. The session concluded with Dr. Marwan Saifi's talk on sequential use of FUE and strip harvest in secondary procedures.

The Norwood Lecture, presented by Dr. Valerie Randall, was titled— "Is a Glaucoma Drug the Next Treatment for Hair Loss?" The lecture explored newer avenues for treating pattern hair loss including prostaglandin F 2 α or prostamide F (bimatoprost) related analogues. The alterations in signaling mechanisms within the follicle, responsible for hair growth, could be the future of hair treatments. She concluded that better understanding of follicle physiology in health and disease would lead to better and improved therapies for hair loss.

The post lunch session, moderated by Dr. Puig, looked at newer non-surgical therapies for androgenetic alopecia. Dr. Rodney Sinclair talked about the role of arrector pili muscle in hair loss. The arrector pili is classically known to help in the mammalian thermoregulation. The attachment between the stem cell population at the bulge and the muscle is crucial. It is observed to undergo changes during both cicatricial alopecia and potentially reversible hair loss. This was seen from various studies that showed that in miniaturized follicles of AGA, the attachment between the arrector pili muscle was lost but was maintained in the miniaturized follicles of alopecia areata. He mentioned that further studies are needed to assess the possible role of the arrector pili muscle in the induction and maintenance of hair growth. Dr. Ken Washenik updated the audience on the emerging modalities of treatment as well on the post-finasteride syndrome. He stated that though the incidence of this syndrome is not high, it is important to counsel patients about it before starting therapy. Dr. Sharon Keene presented recent evidence to support use of low level laser therapy (LLLT) in the treatment of androgenetic alopecia. She also mentioned the need for further studies, especially in terms of standardizing the specifications of the LLLT as well as its use in type 4-6 skin types.

The day's concluding session was Advanced Surgical Videos moderated by Dr. Tommy Hwang. Some of these were really interesting and had a lot of practical innovations. The videos included "Modification of Needles for Hair Transplantation" by Dr. Carlos Velasco, "Vertex Transplantation with Implanter" by Dr. Ji-sup Ahn, "Painless Anesthesia Techniques" by Dr. Francisco Jimenez, "Ambidextrous Implantation to Improve Ergonomics and Accuracy During Implantation" by Dr. Jae-Heon Jung, "Combination of FUE and FUT" by Dr. Sreedhar Pothula, and "Innovative Donor Scar Revision without Excision" by Dr. Yi-Jung Lin.

All in all, it was an interesting mix of topics pertaining to surgical and non-surgical restoration.



Valerie A. Randall, PhD, Norwood Lecturer

SATURDAY, OCTOBER 11, 2014

John D.N. Gillespie, MD, FISHRS

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As always, the Saturday session signals a wrap for the conference, and often there can be a real potpourri of information shared on the final day. Such was certainly the case at this meeting.

The day began with Dr. Bessam Farjo moderating the session on Recipient Sites. Dr. Bessam Farjo's

presentation on graft insertion was very thorough in discussing many techniques. He discussed premade slits with both a two-person and two-handed technique of placing. It is his belief that the two-person technique speeds placement particularly for beginners. This was demonstrated in a video taken during surgery. The stick-and-place method was also discussed using either one or two persons. Advantages included less bleeding and no missed sites. The disadvantages were that more training is required and there is less control over the pattern while often consuming more of the surgeon's time.

The use of implanters was reviewed. It is interesting that implanter use seems to be much more prevalent in Asia than in North America.

The importance of the placing process was emphasized. Care of the grafts prior to and during the placing was discussed. Concerns addressed were piggybacking, popping, poor direction and depth, and proper handling. Site spacing, site size, and clear visibility of sites by proper spraying were also highlighted.

Most importantly, Dr. Farjo stressed what has been documented in many previous studies, and that is that dehydration of the graft is the follicle's worst enemy!

Dr. Prapote (Pete) Asawaworarit then presented a one-person study of transplanting miniaturized hairs. Sixty-seven miniaturized hair grafts were placed into an isolated area of the vertex. Seven months after surgery, 55 of the 67 grafts were growing well. Dr. Asawaworarit's take home message was: "Do not discard miniaturized hairs."

Next, Dr. Tommy Hwang showed us a new device for depth controlled transplantation according to graft length. He spoke of the importance of placing grafts at the proper depth to prevent folliculitis, pitting, tenting, and cysts. Dr. Hwang has long advocated the importance of correct depth of the incisions in relation to the graft length. In the past, he has used vinyl-covered graph paper to measure graft lengths. The new device that he has developed easily allows the physician to measure and group each graft while in a storage solution, which prevents dehydration. The sites can then be made according to the graft lengths.

Dr. Mohammed Mohmand moderated the next session. Dr. Anastasios Vekras presented "A Novel Therapeutic Approach to Leukotrichia." Because laser hair removal does not work on white hair, he used FUE to excise the complete follicular unit. He presented 32 patients who had FUE to remove unwanted white hairs from the chest, neck, scalp, beard, and genital areas. He had successful permanent removal of white hairs in most patients in one session. There was minimal or no scarring, particularly on Caucasian patients.

Dr. Yun Joo Lee did a thorough analysis of Korean satisfaction after hair transplantation. As expected, males were more satisfied than females (75% vs. 60%). What was surprising was that men in their 20s were generally very satisfied. Men in their 60s were the most satisfied group.

Dr. Soo-ho Park presented four cases of women who had undergone hair transplant surgery with unsatisfactory results. Each of his four corrections resulted in dramatic improvement in their hairlines.

Dr. Antonio Ruston moderated a session on challenging patients. He acted as the consulting physician interacting with three different challenging patients (Note: Several physicians roleplayed these scenes):

1. A difficult Mrs. Farjo was unhappy that shock loss after her surgery almost ruined her long anticipated romantic cruise. She was forced to buy an expensive blonde wig to enable her to have dinner with the captain. She felt strongly that Dr. Ruston should pay for the expensive wig. He declined.
2. A 22-year-old Paul Cotterill accompanied by his parents Bessam and Nilofer, demanded an immediate hair transplant with a very low hairline. Dr. Ruston instead encouraged him to take finasteride and wait, but young Cotterill was consumed with the fear of erectile dysfunction and his parents were pushing for a transplant. The charming Dr. Ruston did finally convince young Paul to take finasteride and return in a few months.
3. Dr. Ruston then had to deal with an irate Sicilian who felt that his donor scar (although perfectly satisfactory) was unsightly. He was making negative comments on the internet and didn't want to listen to reason. He wanted more hair, a better scar, and his life back! Dr. Ruston suggested another physician do the scar revision on this dangerous patient.

A panel discussion followed on the difficulty of protecting oneself from internet attacks, and on the need for consent forms that cover all expected and unexpected complications.

After lunch, the featured speaker was Thomas L. Dawson Jr., PhD, a Principal Scientist for The Procter & Gamble Company. His subject was female aging hair and its care. He emphasized that hair is much more important to women than to men. How a woman looks reflects how a woman feels.

Dr. Dawson presented his studies showing that hair counts in women decrease from an early age but that the diameter of the hair shafts increase up to the age of 40. By the age of 45, both the hair count and hair diameters are decreasing. What is most important of course is the volume of a person's hair, and a decrease in volume starts in most women at this age. He discussed that hair breakage is common in women because of bad habits, and that most things that make a woman's hair look better also cause damage. An example was a flat iron heated to 200 degrees Celsius turns the water in hair into steam, damaging the hair. He was asked about sulphate-free shampoo and noted that he feels it is of no value.

The next portion of the afternoon focused on various methods of FUE. Dr. Jae Hyun Park presented his direct non-shaven FUE technique. He combs the hair upward and cuts the hair with the punch while taking the graft. He used a motorized FUE machine with a 1mm sharp punch. He feels the speed of extraction is



Thomas L. Dawson, Jr., PhD, Featured Guest Speaker



Fabio Rinaldi shares how he prepares his PRP during Coffee with the Experts

reduced in half, and while the transection rate may be somewhat higher, it is useful for those patients who are unwilling to shave their head. An audience member questioned whether the punch would dull more quickly. He said that he did not think so.

Dr. Sanusi Umar showed his technique for safe FUE extraction of kinky Afro textured hair. He used a non-rotating punch with a curved hand movement to follow the curve of the kinky hair.

Dr. Kapil Dua demonstrated body hair extraction with a sharp motorized punch.

Dr. Aman Dua also showed her technique of FUE without trimming the hairs. She emphasized that this technique may be more acceptable in women and in patients who do not wish to cut their hair.

Dr. Arika Bansal showed her technique of rapid harvesting of FUE using serrated sharp punches. She showed a video demonstrating rapid extraction of grafts with minimal transection rates. She harvested 100 grafts in less than 4 minutes.

Dr. Robert Bernstein gave an excellent presentation on robotic recipient site creation. The physician designs the hairline and uses software to specify incision direction, angle, and depth. The total number of incisions and the depth can also be programmed. Multiple photographs are taken to produce a 3D model of the scalp. The robot can create up to 2,000 sites per hour and is able to avoid existing terminal hair. To expedite the process, Dr. Bernstein has the robot create the sites prior to extracting the grafts. The robot can extract the grafts and make the sites. When it can place the grafts also, we can finally retire.

Dr. Jim Harris did a study on follicular unit distribution in robot-assisted FUE cases. He found that the ARTAS® Robotic System tends to favor grafts with 3 or 4 hairs. There have been many studies that show that in manual FUE, the operator also tends to favor grafts with 3 or 4 hairs. In strip surgery, the number of 1- and 2-hair grafts will likely represent the usual distribution of follicular units. It is not surprising that the operator of a manual FUE device will select larger FUEs (this will still result in satisfactory grafts in case of slight transection). As robots are now approaching human intelligence, we should not be surprised that they want to select larger grafts to hide transection rates also. Dr. Harris is worried that this bias selection depletes the donor area faster.

The program ended with live patient viewing from various doctors. The Saturday session always had a special feeling as we gather to finalize our time together and look forward to the next meeting. See you at the next meeting! ♦

2014 Annual Scientific Meeting Committee

Thank you to the 2014 Annual Scientific Meeting Committee for a great conference!

2014 Annual Scientific Meeting Committee

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Dr. Vincenzo Gambino congratulates Dr. Damkerng Pathomvanich for his efforts in chairing the 2014 Annual Scientific Meeting.



The many technicians who participated on the Course Prep Team.

THANK YOU to the 2014 Course Prep Team and their Physicians!
Felipe Reynoso of Dr. Alan Bauman's office; Diana Carmona Baez of Dr. Timothy Carman's office; Laura Burdine of Dr. Robert Elliott's office; Aileen Ullrich of Dr. Steven Gabel's office; Tina Lardner of Dr. Jim Harris's office; Saranya Manochai and Patcharee Thienthaworn of Dr. Damkerng Pathomvanich's office; Chin-Hui Tseng and Jessica Shiao of Dr. T.K. Shiao's office; Salome Vadachkoria of Dr. Vazha Vadachkoria's office; Roxanna Barajs of Dr. Sara Wasserbauer's office.



Members of the 2014 Annual Scientific Meeting Committee receiving plaques from Dr. Gambino, with Executive Director Victoria Ceh. (L to R) Victoria Ceh, Michael Vories, Damkerng Pathomvanich, Gholamali Abbasi, Scott Boden, Vincenzo Gambino, Aileen Ullrich, and Russell Knudsen

THANK YOU
to volunteer photographers
Dr. Bob Haber and
Dr. and Mrs. Kuniyoshi Yagyu!

Dr. Gambino thanks Victoria Ceh, Executive Director, for all of her work during his presidency.



ISHRS Leadership

October 8-11, 2014 • Kuala, Lumpur, Malaysia



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Back (L to R): Victoria Ceh-Executive Director, Arthur Tykocinski, Francisco Jimenez, Melvin Mayer, Bessam Farjo, Robert Haber, Paul Cotterill, Robert Leonard, Paul Straub, James Harris, Edwin Epstein, Scott Fitzen-Attorney

Front (L to R): Paul McAndrews, Ken Washenik, Sharon Keene, Vincenzo Gambino, Kuniyoshi Yagyu, Carlos Puig, Sungjoo Tommy Hwang



Global Council of Hair Restoration Surgery Societies

Back (L to R): Victoria Ceh (ISHRS), Nilofer Farjo (British), Scott Boden (ABHRS), Edwin Epstein (ISHRS), Greg Williams (British), Luis Ortega Peña (Iberic Latin American), John Gillespie (Canadian), Mario Marzola (ISHRS Forum), Russell Knudsen (Australasian), Venkataram Mysore, MD (AHRs-India), Jerzy Kolasinski (Polish), Kapil Dua (AHRs-India), Rajesh Rajput (AHRs-India) Antonio Ruston (Brazilian)

Front (L to R): Sungjoo Tommy Hwang (Korean), Emily Valerius (ABHRS), Damkerng Pathomvanich (AAHRS), Bessam Farjo (British, ISHRS Ambassador), Sharon Keene (ISHRS), Vincenzo Gambino (Italy, ISHRS) Andrea Marliani (Italy-SiTri),Tahir Sheikh (Pakistan), Sandeep Sattur, MS, MCh (AHRs-India), Carlos Puig (ISHRS), Kuniyoshi Yagyu (Japan, ISHRS), Arthur Tykocinski (Brazilian)



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2014 ISHRS Research Grant Recipients



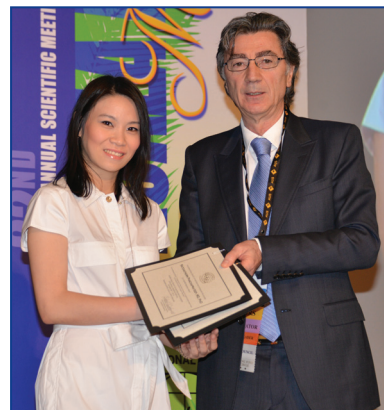
Comparison of Time for Wound Healing and Degree of Scarring Following FUE (Follicular Unit Extraction) by Blunt Punch Versus the Sharp Punch
Arika Bansal, MD



Methylene Blue: Its Efficacy and Safety as a Storage Solution in Hair Transplantation
Damkerng Pathomvanich, MD (*center*) with Research Team Member Chinmanat Tangiaturonrusamee, MD (*left*) and ISHRS President Dr. Gambino (*right*)

Surface Area Response to FUE
John P. Cole, MD
(No photo available)

The Effect on Hair Growth of the Injection of Autologous Serum Rich in Growth Factors in Androgenetic Alopecia: A Pilot Clinical Trial
Francisco Jimenez, MD
(No photo available)



Combination of Fractional Non-Ablative Laser and Mesotherapy Using Autologous Platelet-Rich Plasma in Treatment and Molecular Mechanisms of Low Level Laser Therapy for the Treatment of Androgenetic Alopecia
Ratchathorn Panchaprateep, MD, PhD

The Efficacy of Autologous Platelet Rich Plasma on Non-Transplanted Miniaturized Hair in Different Norwood Scale Grades of Androgenetic Alopecia
Marie Andree Schambach, MD
(No photo available)

2014 ISHRS Poster Awards

Dr. Jerry Cooley, representing the Scientific Research, Grants, and Awards Committee, presents the poster awards.



1st Place: Auto-Hairpiece to Camouflage the Post-operative Effluvium After a Female Hair Transplant
Marcio Crisostomo, MD



2nd Place: Safe Surgery in Patients with Ischemic Heart Disease
Kuniyoshi Yagyu, MD



Best Practical Tip: Dynamic Hydration Follicle Dissection Board—An Innovated Device
Anil Kumar Garg, MD

2014 Awards & Recognition

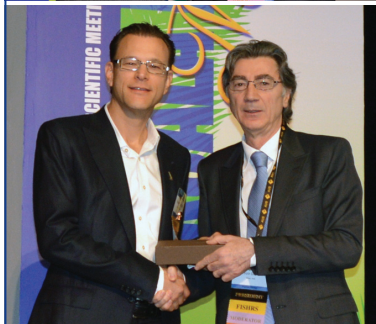


2014 Platinum Follicle Award
 For outstanding achievement in basic science or clinically-related research in hair pathophysiology or anatomy as it relates to hair restoration
 Ken Washenik, MD, PhD (left)

2014 Manfred Lucas Award
 Lifetime achievement
 Russell G. Knudsen, MBBS, FISHRS (center)

2014 Golden Follicle Award
 For outstanding and significant clinical contributions related to hair restoration surgery
 James A. Harris, MD (right)

2014 Distinguished Assistant Award
 Presented to a surgical assistant for exemplary service and outstanding accomplishments in the field of hair restoration surgery
 Lauren Gorham, RN
 (No photo available)



Appreciation pens are presented to past-presidents Dr. Bessam Farjo (top) and Dr. Robert Haber (bottom) for their service on the ISHRS Board of Governors.



Dr. Vincenzo Gambino accepts the president's award and pin from Immediate Past-President, Dr. Carlos Puig.



Dr. Sharon Keene accepts a plaque for service as Vice President.



Dr. Kuniyoshi Yagyuu accepts a plaque for service as Secretary for the past two years.



Last Man Standing Club: Attended All 22 Meetings!
 The following members were acknowledged as having attended all 22 ISHRS Annual Scientific Meetings. (L to R) Bob Haber, Paul Straub, Russell Knudsen, Bob Leonard, Paul Cotterill, John Gillespie, Ivan Cohen, Ed Epstein, Bessam Farjo, Mario Marzola

We gratefully acknowledge the Corporate Supporters and in-kind supporters of the meeting!

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Congratulations to the Daily Evaluation Winners

The following were randomly selected as the winners of the Chicago-themed daily evaluation incentive prize drawings:

Thursday: Sergey V. Fedorov, MD • Friday: Seema Garg, MBBS • Saturday: Krittaya Jantaragoon, MD

The online Overall Evaluation winner received \$250 off of the 2015 Chicago Annual Meeting:

Overall Eval: Chilukuri Krishnapriya, MBBS

Thank you to everyone who completed the evaluations.

We appreciate your feedback and suggestions so we can continue to improve the Annual Scientific Meeting.

See You in Chicago!

Regional Societies Profiles

In this issue, your editors are very pleased to highlight the Polish Society of Hair Restoration Surgery. Drs. Jerzy Kolasinski and Malgorzata Kolenda have guided this society for 15 years collectively. They and their society have been a beacon of light coming from Eastern Europe, helping to lift the knowledge and the patient outcomes in this area of the world. They have held local and international conferences, and they continue to grow and cater for new doctors entering the field. We thank Dr. Kolenda for providing the highlights below.

Congratulations to all involved in the Polish Society of Hair Restoration Surgery, may you prosper and continue your good work. —MM

Polish Society of Hair Restoration Surgery

The Polish Society of Hair Restoration Surgery (PSHRS) was founded in 2000 by 15 medical professionals. The leading members were Drs. Jerzy Kolasinski, Malgorzata Kolenda, and Wojciech Zielinski, all of whom are surgeons. The rest of the founding members included 4 surgeons, 6 dermatologists, and 2 anaesthesiologists. All 15 founding members still perform hair transplantation in their practice.

Dr. Kolasinski served as president of PSHRS until 2008. Dr. Kolenda has served as president since that time, with Dr. Kolasinski in the post of past president. For several years, the PSHRS organized meetings focused on research presentations with the goal of sharing experiences in medical practice. There was no reason initially to organize regular conferences and workshops. However, Dr. Kolasinski twice organized female hair loss workshops, titled "Chopin Mazurkas," sponsored by the International Society of Hair Restoration Surgery. On June 16, 2014, the PSHRS hosted a meeting of the society with Dr. Ron Shapiro as guest speaker.

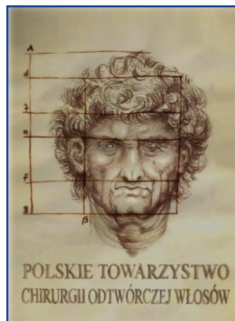
Two years ago, Dr. Kolasinski founded TCE (Trichology Clinical Education), a teaching organization working in cooperation with the PSHRS. TCE has organized courses and workshops for doctors and trichologists. Since 2012, more than 10 workshops have been conducted.

In the past two years, the number of hair transplantation practitioners grew slightly in Poland. According to latest data, there are 33 physicians of different specializations who perform hair transplantation, including those using the FUE technique; 25 of these physicians are members of the PSHRS. This year, the PSHRS Board made the decision to found a trichologist section in the Society. So in the near future, the PSHRS expects to increase its number of members to 100.

Fortunately, Poland has avoided any major medico-political problems. Poland has rules for medical advertising similar to many other countries. The society is able to publish articles in newspapers, and there are special programs such as reality shows and live surgeries on TV about aesthetic surgery and hair transplantation. All physicians have their own websites where patients can find all the information they seek about the clinic, staff, procedures, and possible complications.

There has been a huge expansion of aesthetic medicine and the number of physicians performing this kind of medicine continues to grow. Polish citizens are increasingly well educated and demand for these services is expanding from year to year.

Klinika Kolasinski, the oldest clinic in Poland, is celebrating its 30th anniversary. The clinic performs more FUT than FUE,



but has noted an increase in use of the FUE technique. This is especially the case among new practitioners, most of whom have obtained SAFE machines and they do only FUE. There are 13 such machines in Poland, but doctors are still on the beginning level in using them.

Next June 19-20, the PSHRS will host a major international conference titled "Hair Medicine and Aesthetics." This will be a multispecialty conference based on genetics, immunology, dermatology, endocrinology, hair restoration surgery, psychology, and trichology. More than 600 participants are expected to attend this event. The PSHRS would also like to invite its colleagues from the ISHRS to this meeting.



Malgorzata Kolenda, MD,
FISHS



Jerzy R. Kolasinski, MD,
PhD, FISHS

Dr. Malgorzata Kolenda, a surgeon who has been cooperating with the Kolasinski Clinic since 1994, is a founder and current president of the Polish Society of Hair Restoration Surgery, a member of the International Society of Hair Restoration Surgery, and a board member of the Polish Society of Anti-Aging Medicine. Her 20-year experience in aesthetic surgery includes numerous surgeries of hair transplantation, ear correction, breast augmentation and reduction, and abdominoplasty and liposuction aimed at modeling body shape. She has participated in many professional trainings in the field of breast surgeries, chemical abrasion of the skin, and the treatment of facial wrinkles both in the United States and Western Europe. In addition to performing many FUT and FUE procedures, Dr. Kolenda has performed many surgeries of renewing of skin such as chemical and mechanic peelings, Blue Peel peeling, botox injections, and filling wrinkles with various wrinkle fillers.

Dr. Kolenda has authored and/or coauthored many papers published in Polish and foreign magazines devoted to hair restoration and aesthetic surgery. She also lectures at the College of Cosmetology in Poznań on aesthetic surgery.

In 2013, Dr. Kolenda earned the designation of Fellow of the International Society of Hair Restoration Surgery, which recognizes physicians who met its exceptional educational criteria. ♦

Join us on March 28-29, 2015 ...

BE PART OF THE TEAM OF THE OUTSTANDING NAMES IN THE WORLD OF HAIR RESTORATION SURGERY...

"REFINING FUE AND FUT TO ADVANCE THE ART AND SCIENCE OF HAIR TRANSPLANTATION"

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 PHYSICIAN NON MEMBER \$1100 USD
 NON-PHYSICIAN MUST ACCOMPANIED BY A DOCTOR \$ 500 USD



AAHRS 4TH ANNUAL SCIENTIFIC MEETING & LIVE SURGERY WORKSHOP

51's WORLD'S RENOWNED SURGEONS

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 AMES HARRIS
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VENUE: SOFITEL SUKHUMVIT HOTEL BANGKOK, THAILAND

Please submit your abstracts to drabiabbasi@yahoo.com contact: infoaahrs@gmail.com visit our [website @ aahrs.asia](http://www.aahrs.asia)

Live Surgery Workshop

In this new edition of the Mediterranean FUE Workshop we will continue to study the FUE Technique. 10 procedures, 8 ways to perform them, 5 different motorized devices, 3 distinct manual techniques.

Take three days to enjoy Istanbul, the city bridging two continents.

- Examine the factors that influence the survival of the grafts in FUE technique.
- Evaluate the capacity of the donor area to avoid his depletion throughout different procedures
- Discuss surgical extraction strategies for patients with advanced alopecia using FUE techniques
- Identify possible complications and disadvantages in the donor and recipient area related to FUE
- Comparing and evaluating FUT and FUE: pros and cons of these two methods of donor harvesting



ISHRS Regional Live Surgery Workshop hosted by:

Koray Erdogan, MD,
 Alex Ginzburg, MD, and José Lorenzo, MD

International Faculty:

J. Cole MD, J. Devroye MD, FISHRS, K. Erdogan MD,
 A. Ginzburg MD, J. Harris, MD, FISHRS,
 J. Lorenzo MD, E. Lupanzula MD, R. True MD, FISHRS

Who should attend:

Physicians with intermediate or advanced experience in hair restoration surgery

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THE WORKSHOP

June 26-28 /2015 Istanbul, TR



www.3rdmediterraneanfueworkshop.com

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Letter to the Editors

Re: MFU Grafts and Strip Harvesting

Michael L. Beehner, MD *Saratoga Springs, New York, USA*
mlbeehner@saratogahair.com

Over the years I have written many things in the *Forum*, some of it controversial, much of it probably pretty boring; and only occasionally would I receive feedback from my colleagues. So I must say I was blown away and overwhelmed with the response I received from my recent Editor Emeritus column (Vol. 24, No. 4; pp. 125-126) entitled, “MFU Grafts and Strip Harvesting—We Hardly Knew Ye.” There was a common theme in all of these responses: each and every one shared my trepidation that FUE is a runaway train that no one seems capable of stopping or slowing down, and that its momentum is driven largely by commercial forces and internet buzz by persons who seemingly just echo and re-echo the technique’s praises. And, more importantly, they felt FUE grafts and the clinical results from their use were inferior to using grafts microscopically dissected from a strip. The replies came from ordinary, under-the-radar hair surgeons as well as several very prominent surgeons at the forefront of our profession. All of the responders agreed with the points I made and expressed their gratitude for my putting into writing what all of them were thinking. Many of the concerns I brought up in my column were also eloquently stated by Russell Knudsen in his Editor Emeritus column last month.

On the subject of the disappearing art of utilizing MFU grafts, I had two well-known surgeons from the West Coast contact me, each with a similar story of having gotten into hair transplantation only ten years ago and thus knew nothing about how to use MFU grafts and, after reading my article, wanted to learn more and consider including them in their repertoire. They were curious as to how MFU grafts are produced, what the recipient sites are made with, and, finally, whether they could come and visit me at my office to watch it being done. Only then did it dawn on me that we have a whole generation of hair surgeons who have had no exposure to even the possibility of including this type of graft in their hair transplant patient plans.

But the main thrust of all the communications I received were on the subject of FUE. The central message I heard from virtually all of these physicians was that they couldn’t believe what was happening, in light of their personal experience with FUE grafts. As I mentioned, there was a sense of powerlessness in the face of all this. They have felt compelled to follow along because of public opinion and because of the huge public advertising push by the companies marketing various automated FUE machines. They see the disparity between all the hype on one hand, and their clinical experience on the other, with many of the grafts stripped of covering tissue and spotty growth in many patients. The final irony is that FUE is advertised in airline magazines and elsewhere as “scar-less surgery,” which couldn’t be further from the truth, in light of the thousands of white dots that necessarily result from this method of donor harvest.

To give the readership a sample of the comments I received, I will include a few of them here below verbatim. The identity of the authors of these comments will, of course, be kept confidential:

Physician #1: “The evolution of FUE vs. FUT transplants strip is profit and business driven. I appreciate you keeping us real.”

Physician #2: “I’ve been performing FUE regularly since 2000 and can attest to everything you wrote about. Whichever doctor claims the growth yields are the same as strip is simply wrong. Question is, does he know this?”

“You were also dead on about the resultant scarring from this ‘scar-free’ surgery. I’ve noticed bad scarring in my own mega-session FUE patients, which is why I stopped doing them years ago. Not only are white dots prominent, but it causes patchiness of the donor area as well. Nasty.

“Thanks again for your article. It was nice to read the truth and common sense about FUE.”

Physician #3: “Just wanted to say “Bravo!” on your MFU and FUE piece. Very well written and I agree 1000%!!!”

Physician #4: “Almost in defense we jumped on board via the (brand name withheld) system since we needed to be different and didn’t want to kill our business. We’ve not had it long enough to gauge its success yet but feel like we’ve ridden some of the Internet craze with FUE by having it... Thanks for your comments and stance on the appropriateness of FUE and FUT. Especially your urge for everyone to slow the FUE rush and evaluate what is in the best interest of the patient.”

Physician #5: “I just wanted to thank you for once again being a voice of reason in the wilderness. Like you, I feel that FUE would be the preferred method of donor harvesting for only a very small number of patients that I see... I could blindfold my most junior tech, and give her a butter knife, and she could cut better grafts than I have been able to obtain using FUE.

“It seems to me that with all the online hysteria over FUE, people (both surgeons and their prospective patients) have completely lost sight of the fact that we are simply talking about different techniques for obtaining follicles from the donor area (or outside the donor area)! Graft quality, graft survival, and the surgeon’s skill and artistry in managing the recipient area, have all become of secondary concern. I, too, believe that the willy-nilly flocking of poorly trained or untrained physicians to FUE surgery is going to set our specialty back 30 years. It’s a ticking time bomb.”

My only purpose in writing this letter is to bring attention to the fact that a large number of our colleagues have severe misgivings concerning the dizzying pace with which FUE is being sold to the public and other non-hair-transplant physicians as a panacea and stand-alone method for all hair transplant patients. I concur with these concerns and think we should all put the brakes on until the results of scientific studies are put before us, both actual survival studies and clinical studies showing cosmetic density and whether the donor area’s appearance is relatively undetectable or not. Only then can we properly and honestly inform the patient about the choice he is making in choosing FUE over strip harvest and microscopic dissection of grafts. ♦

Message from the 2015 Annual Scientific Meeting Program Chair

Nilofer P. Farjo, MBChB, FISHRS *Manchester, UK* dr.nilofer@farjo.com

Happy New Year! As part of your New Year resolutions, I hope that you have planned to attend the 23rd ISHRS Annual Scientific Meeting to be held in Chicago, Illinois, September 9-13, 2015. We have been working hard already in planning the meeting to be the best conference yet. With the convenient location and great facilities, we expect there to be a record number of attendees.

The Annual Scientific Meeting Committee (ASM)

Along with the CME Committee, the Annual Scientific Meeting Committee has been helping me in putting together ideas for the program. This is based on feedback from last year's meeting, suggestions from the membership, and CME guidelines from ACCME (Accreditation Council for Continuing Medical Education). The ASM Committee is made up of the following members:

Advanced Board Review Course: Sara Wasserbauer (chair), USA; Ratchathorn Prateep (co-chair), Thailand
Basics Course: Nicole Rogers (chair), USA; Aman Dua (co-chair), India
Workshops: Sam Lam (chair), USA
Live Patient Viewing: Marcio Cristostomo (chair), Brazil
Newcomers Chair: Jennifer Martinick (Australia)
Morbidity & Mortality Conference: Marco Barusco (chair), USA
Surgical Assistants Program: Janna Shafer (chair), USA; John Gillespie (Physician co-chair), Canada
Other members: Piero Tesauro, Italy; Jeffrey Donovan, Canada

Abstracts

Abstract submission **will close on February 11, 2015**. Following the deadline, the abstracts will be rated blindly by the ASM Committee after which you will be contacted to let you know if your abstract has been successful. Due to the limited number of spaces for talks, we will have to turn down a number of abstracts submitted for oral presentation. If this is the case, you may be offered the opportunity to present your submission for a poster instead.

If your abstract is chosen, remember that you will be asked to submit your PowerPoint or video 6 weeks ahead of the meeting. The moderator for your assigned session will check that both the content of your presentation meets the required guidelines for quality and time limit and also fulfills the learner objectives.

If you are having difficulty in submitting your abstract through the online system, help is available:

TECHNICAL SUPPORT

If you have questions as you complete the process, you may contact OASIS technical support Monday–Friday from the hours 9:00AM–5:00PM (Central Time/Chicago) via email at support@abstractsonline.com or telephone at 1-217-398-1792.

The Program

The Committee has assessed the feedback from the Kuala Lumpur meeting and this has formed a basis for the preliminary program. The ABHRS examination is being held immediately prior to the conference, so please take advantage of one trip to

sit this exam as well as attend the annual meeting. The pre-congress beginner course has the novice in mind and will cover as many topics as possible in a full-day course. Back by popular demand are the FUE courses using three different techniques and scalp micropigmentation (SMP) each as half-day workshops. The Advanced Board Review Course will focus on exam strategies, case studies, and a condensed review of frequently asked topics.

The workshops during the main conference this year will include:

- Current, Comprehensive Medical Management for Male and Female Pattern Hair Loss
- Search Engine Optimization, Reputation Management, & Marketing
- Bio-enhancements for Hair Restoration
- Hairline Design & Recipient Area Planning
- Body and Beard FUE
- Camouflaging and Ancillary Methods for Hair Restoration
- Building a Better Team
- Donor and Recipient Scar Repair Methods
- Hair Transplant Complications and Their Avoidance
- Eyebrow Techniques

Chicago the Destination

Chicago is the United State's third largest city and has a lot to offer the tourist. See the city on an Architectural Boat Tour or on the hop-on, hop-off bus. If you are bringing your family to make a holiday of the trip, highlights include nearby museums, such as the Field Museum featuring T-REX "Sue" and the Museum of Science & Industry; the Art Institute; Shedd Aquarium and Adler Planetarium; Navy Pier; shopping on the Magnificent Mile; Willis (formerly Sears) Tower and John Hancock look-out decks; and Millennium Park with Cloud Gate. Many of these sites are within walking distance from the hotel. A little further afield is the Brookfield Zoo (about a 30-minute drive from the city). Nightlife includes theaters and the music scene. Chicago is famous for jazz and blues. And don't forget the great food. So if you only have one day or if you have a full week, there are plenty of options to explore. See you there! ♦



CALL FOR ABSTRACTS

2015 Annual Scientific Meeting • Chicago

Submission Deadline:
February 11, 2015

www.ISHRS.org/AnnualMeeting.html



Message from the 2015 Surgical Assistants Program Chair

Janna Shafer *Bloomington, Minnesota, USA* janna@shapiromedical.com

This year's Annual Scientific Meeting will be held in Chicago, Illinois, USA from September 9-12, 2015. Chicago is the third most populous city in the United States, after New York City and Los Angeles. Chicago is rich in arts, history, and fun with hundreds of great dining options. The Surgical Assistants Program will be held on Wednesday, September 9, from 7:30AM to 12:00NOON.

I am excited and honored to be the chair for the 2015 Surgical Assistants Program. I hope to share in the knowledge and experience from many of the surgical assistants around the globe. Since my start 19 years ago working for Drs. Ron Shapiro, Paul Rose, and Sharon Keene, I've grown to love and appreciate this ever changing industry. I recall the days of using tongue depressors for cutting grafts, and the days before Mantis microscopes, Meiji microscopes, or Zeiss loupes for planting. We now use HypoThermosol® holding solution, liposomal ATP post-op spray, etc.... We've certainly come a long way. I'm sure the next 19 years will bring about more changes, but you won't be in the know unless you attend the meetings. Ultimately, all of our patients benefit from our ISHRS community because we share knowledge, experience, and pearls with each other. The

ISHRS Annual Scientific Meeting is like attending a big family reunion each year.

The Surgical Assistants Workshop is back again this year! The popular dissecting and placing workshop for surgical assistants will be held the morning of Thursday, September 10. You're bound to learn something new no matter how long you've been in the field. Sara Roberts, who works for Drs. Nilofer Farjo and Bes-sam Farjo in Manchester, UK, is busy putting together a superb workshop for Chicago.

I am in the beginning stages of putting together the 2015 SA Program. I implore upon all surgical assistants to take part in the program in some shape or form as it benefits each of you and the clinics in which you work. Let's see fresh faces and hear new ideas on what you'd like to see in your program. This is a wonderful opportunity to make new friends and expand your knowledge in the field of hair restoration while exploring the vibrant city of Chicago. Please feel free to contact me with ideas for presentations you'd like to see or, better yet, give your own presentation to janna@shapiromedical.com. Hope to see old friends and make new ones in Chicago! ♦



ISHRS Regional Workshop Hands-On Surgical Assistant Training Program: Graft Preparation and Placement (FU strip & FUE)

May 1-3, 2015 • Denver, Colorado, USA



Hosted by: James A. Harris, MD, FISHRS
With Workshop Chairs: Emina Karamanovski & Tina Lardner
Clinic Sponsor: Hair Sciences Center of Colorado



<http://www.ishrs.org/content/educational-offerings>

The first of its kind for the ISHRS, a stand-alone weekend workshop for Surgical Assistants interested in learning or enhancing their technical skills. *There is limited attendance for this intense hands-on experience.*

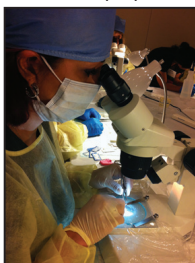
The ISHRS Surgical Assistants Training Program Workshop will benefit assistant attendees by providing intensive training to new hair restoration surgery assistants. Physicians who wish to utilize this course for their staff must already have competence and understanding of how to dissect and place grafts, but may not have the time to offer an in-house intensive course for new staff. It is required that doctors who send assistants for training can document at least 3 years of experience in HRS, or will have attended either an ISHRS Basics Course at the Annual Scientific Meeting or the St. Louis University HRS Cadaver Workshop. Physicians who have the prerequisite experience or training may register their assistant(s) for this workshop.

Among other duties that will be reviewed, this workshop will offer assistants training in graft dissection, graft placement, and graft removal following follicular unit extraction harvesting. The assistants will have an opportunity to view a live surgery where they can observe the surgery flow, technician duties and responsibilities, and how experienced assistants work to support their physician in difficult situations when it comes to graft dissection and placement, as well as overall patient care and monitoring.

Upon completion of this workshop, the Surgical Assistant will be able to:

1. Understand the principles and demonstrate the proper technique of slivering and graft dissection, graft placement, and FUE graft removal.
2. Demonstrate a basic understanding of the surgical flow, clean procedure, and proper instrument care.
3. Demonstrate a basic level of critical thinking and skills necessary for assisting in hair restoration surgery.

Registration will open soon!



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Ziering Medical is searching for an experienced Hair Transplant Surgeon to join our Chicago, New York, and Dubai clinics. Generous compensation package in an established market, with tremendous upside. Interested candidates, please send your CV and cover letter to charmane@zieringhair.com

Seeking Full-Time Physician Assistant

Immediate opening for a Full-Time Physician Assistant for a Hair Restoration Clinic in West Hollywood. Must have experience with anesthetic injections and suturing. Knowledge of cosmetic laser treatments, injectables, and fillers is preferred but willing to train ideal candidate. Some Travel involved and must have excellent communication skills. Candidate will be trained in all aspects of hair restoration including hand-held Follicular Unit Extraction, ARTAS Robotic System, hairline design, etc. Please send résumé to: charmane@zieringhair.com

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, Newport Beach, New York, Philadelphia, and Pittsburgh. Please e-mail your résumé to: hairrestorationjobs@gmail.com

To Place a Classified Ad

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

Classified Ads cost \$85 per insertion for up to 70 words. You will be invoiced for each issue in which your ad runs. The Forum Advertising Rate Card can be found at the following link:

<http://www.ishrs.org/content/advertising-and-sponsorship>

Save the Date

CALL FOR
ABSTRACTS!

SUBMISSION DEADLINE:
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SEPTEMBER 9-13
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Dates and locations for future ISHRS Annual Scientific Meetings (ASMs)

- 2015: 23rd ASM
September 9-13, 2015
Chicago, Illinois, USA
- 2016: 24th ASM
October 19-22, 2016
Panama City, Panama



HAIR TRANSPLANT forum INTERNATIONAL

Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
February 27-March 1, 2015	ISHRS Asian FUE Hair Transplant Workshop <i>New Delhi, India</i>	International Society of Hair Restoration Surgery Hosted by Kapil Dua, MBBS, MS & Aman Dua, MBBS, MD	For details: www.asianfuehairtransplantworkshop.com
March 3-6, 2105 & May 26-29, 2015	University Diploma of Scalp Pathology and Surgery <i>Paris, France</i>	University of Paris VI Coordinators: P. Bouhanna, MD and M. Divaris, MD www.hair-surgery-diploma-paris.com	Dr. Pierre Bouhanna, Course Director sylvie.gaillard@upmc.fr
March 28-29, 2015	AAHRS Scientific Meeting & Live Surgery Workshop <i>Bangkok, Thailand</i>	Asian Association of Hair Restoration Surgery Hosted by Damkerng Pathomvanich, MD, FACS www.aahrs.asia	For details: infoaahrs@mail.com
May 1-3, 2015	ISHRS Regional Workshop Surgical Assistant Training Program: Graft Preparation and Placement (FU-strip & FUE) <i>Denver, Colorado, USA</i>	International Society of Hair Restoration Surgery Hosted by James A. Harris, MD, FISHRS Workshop Chairs: Emina Karamanovski & Tina Lardner	For details: http://www.ishrs.org/content/educational-offerings
June 26-28, 2015	ISHRS 3rd Mediterranean FUE Workshop <i>Istanbul, Turkey</i>	International Society of Hair Restoration Surgery Hosted by Koray Erdogan, MD, Alex Ginzburg, MD, & José Lorenzo, MD	For details: www.3rdmediterraneanfueworkshop.com
July 8-11, 2015	1st SILTAC Annual Meeting www.congreso-silatc2015.com <i>Buenos Aires, Argentina</i>	Ibero Latin American Society of Hair Transplantation (Sociedad Iberolatinoamericana de Trasplante de Cabello - SILATC) www.silatc.org	Dr. David Perez-Meza, Meeting Chairman drdavid@perez-meza.com info@congreso-silatc2015.com
September 9-13, 2015	23rd Annual Scientific Meeting of the International Society of Hair Restoration Surgery <i>Chicago, Illinois, USA</i>	International Society of Hair Restoration Surgery www.ishrs.org	Tel: 1-630-262-5399 Fax: 1-630-262-1520
November 18-21, 2015	9th World Congress for Hair Research <i>Miami, Florida, USA</i>	North American Hair Research Society www.hair2015.org	For details: info@nahrs.org
November 19-22, 2015	7th Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i>	Practical Anatomy & Surgical Education (PASE), Center for Anatomical Science and Education, Saint Louis University School of Medicine In collaboration with the International Society of Hair Restoration Surgery http://pa.slu.edu	Dr. Samuel L. Lam, Course Director Emina Karamanovski, Assistant Course Director http://pa.slu.edu
December 5-6, 2015	20th Annual Meeting of the JSCHR <i>Kochi, Japan</i>	Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Ryuichiro Kuwana, MD	Dr. Ryuichiro Kuwana, Program Chair der-r-kuwana@mte.biglobe.ne.jp www.jschr.org