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## Critical Thinking and Quality Control in Graft Preparation and Placement

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It is about time that the contributions of Emina Vance to our specialty were acknowledged. Textbooks, workshops, articles, teaching all the time, Emina has boundless energy. She delivers always with a smile and good humour. Below is her detailed common-sense approach to just about every aspect on hair transplants from "go to whoa!" In other lead articles, your editors have featured new ways doing things and new ideas that are coming through, but here is a detailed handbook on how to do the operation well. Please read and enjoy. —MM

*Note: Emina Vance obtained her medical degree from the University of Belgrade (Yugoslavia, 1989). In 1991, she immigrated to Canada where she began to work in hair restoration as a technician. In 1997, she joined Pierre Amelotte International (PAI) working with Dr. Vance Elliott, among other physicians, and for the following seven years, Emina assisted in surgery and performed training, assessment, and quality control of the PAI medical across the United States and Canada. In 2004, she joined Dr. Samuel M. Lam's team as a coordinator for the Lam Institute for Hair Restoration (Dallas, Texas). In 2011, Emina was with Restoration Robotics as Director of Training and Professional Education, helping launch a training program for the ARTAS® system. In 2012, she returned to Dallas to join Dr. Lam's practice. Emina, the 2010 recipient of the Distinguish Assistant Award, is author of "Hair Transplantation 360 for Assistants," and has been the co-director of the Hair Restoration Cadaver Workshop in St. Louis for the past eight years.*

**Note:** The following figures are reprinted with permission from Jaypee Brothers Medical Publishers: Figures 2, 4, 7.1, 9, 10, 11, 12.3, 13, 16.3 and 16.4 (E.K. Vance, *Hair Transplant 360 for Assistants*, Volume 2, 2nd Ed. New Delhi, India, 2016)

Performing quality control means continuously measuring the "product and process" against established standards in order to ensure a result that meets or exceeds a consumer's expectations. Although quality control is an important aspect of any practice, it has rarely been addressed in a systematic way in our field. This may be because hair restoration started slowly and the gold-quality standards were easily shared and upheld in a small community. However, as hair restoration gains more popularity and the field grows rapidly, the need for a more methodical approach to quality control is necessary. This article will attempt to define standards, outline the characteristics and actions that can uphold them, and, most importantly, provide guidelines for critical thinking.

### Standards

Although every human tissue and healing are somewhat unpredictable and unique to an individual, quality results are generally defined as transplanted hairs surviving at or above 90%, and the results looking natural and undetectable. It is worth mentioning that survival rate is based on qualitative evaluation since counting transplanted hairs is done only in small studies.

Every aspect of the procedure if planned or executed poorly could affect graft survival and/or naturalness of the results. Although tissue handling is mostly done by surgical assistants and donor harvesting and recipient site creation by physicians, these aspects of surgery are closely intertwined. For example, the most common factors determining if transplanted hair will survive are intact follicular units, well-hydrated tissue, and atraumatic handling of the grafts. The other factors affecting graft survival are oxygenation and blood supply, which could be compromised during recipient site creation or even during donor harvesting. As follows, quality control should be a team effort of constantly paying attention to details and evaluating everybody's work.

Because of the complexity of the subject, this article will uniquely focus on tissue handling and its effect on hair transplant results. More specifically, it will address how the graft preparation and placement can affect graft survival and naturalness of the results.

