



Hair's the Question

Sara Wasserbauer, MD, FISHRS | 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.

The theme of hair color continues with the most common hair color in the whole world! No matter where you are in the world, you are exposed to this hair color in your surgeries. Let's test your knowledge!

Black Hair

- What is the most common hair color in the world?
 - Brown
 - Blond
 - Grey
 - Black
- Black hair is
 - an X-linked (maternally linked) genetic trait.
 - associated with the genes for hair loss in women.
 - a dominant genetic trait.
 - a recessive genetic trait.
- Two types of pigment exist to color hair: eumelanin and pheomelanin. Which is the predominant pigment coloring in black hair?
 - Melanin
 - Eumelanin
 - Pheomelanin
 - Both eumelanin and pheomelanin
- Which of the following is true about black hair?
 - Patients with black hair can have eyes of any color.
 - It is genetically linked to the color brown for eyes (i.e., black-haired people will have brown eyes),
 - Black hair is usually straight.
 - Black hair is usually curly.
- An African female patient comes to your office with diffuse thinning at the hairline surrounding her face. The thinning is most predominant at the temples and framing her face. Her hair is currently in dreadlocks that she has maintained for over 10 years. She mentions that she has seen many other women with black hair of her race with the same type of hair loss. Which of the following is true about her hair loss?
 - It is temporary and will regrow if she stops the dreadlock hairstyle for 6 months.
 - It is most likely triangular alopecia, which is more common in patients with black hair.
 - It is most likely due to traction alopecia, which is more common in patients with black hair (Afro-textured type).
 - It is most likely Frontal Fibrosing Alopecia (FFA), since this is most common in black hair types.
- Black hair can be curly (Afro-textured) and straight (Asiatic). Which of the following is true of these types of black hair?
 - Afro-textured hair is more common than Asiatic.
 - Asiatic hair appears denser than Afro-textured.
 - Both types are easily curled or styled.
 - One is nearly round in cross-section and the other is an ellipse.
- On average, patients with black hair (all types) are MORE likely to have which of the following?
 - Less dense hair (in FU/cm²)
 - Very dense hair (in FU/cm²)
 - Thicker hair shafts
 - An oval cross-section
- From a surgical perspective, which of the following pairs of advantages and disadvantages is accurate for black *Afro-textured* hair types?
 - Higher appearance of density : higher contrast
 - Thicker hair shafts : higher density
 - Thicker hair shafts : lower contrast
 - Higher appearance of density : lower density
- From a surgical perspective, which of the following pairs of advantages and disadvantages is accurate for black *Asiatic* hair types?
 - Higher appearance of density : lower contrast
 - Thicker hair shafts : higher density
 - Thicker hair shafts : lower density
 - Higher appearance of density : lower density

➤ ANSWERS PAGE 110

Answers

1. **D.** Did you READ the title for this column? Come on! Total freebie.
2. **C.** It is true that black hair is a dominant genetic trait.
3. **B.** Eumelanin is brown or black; pheomelanin is reddish yellow. The degree to which your hair is black, brown, red, or blond depends on the relative amounts of these pigments your hair is genetically pre-programmed to produce.
4. **A.** There is no genetic link between eye color and black hair, only genetic distributions in areas with different ethnicities. Black hair can be totally straight (very common in Asian hair types) or curly (very common in African hair types) or anywhere in between.
5. **C.** While it is true that traction alopecia can happen with any hair color, certain ethnicities tend to have certain hair types that lead to a definite predominance of diagnoses in that ethnicity. Afro-textured hair can be worn in dreadlocks, and tight dreadlocks can cause traction alopecia when worn for prolonged periods of time.
6. **D.** When examining the predominance of one hair type over the other in black-haired individuals, Afro-textured hair is actually the least common and Asiatic is the most common. Afro-textured hair appears more dense than Asiatic, however, owing to the curl. Both types can be difficult to curl or style.
7. **A.** Oval cross-sections do occur primarily in the Afro-textured type of black hair, but Asiatic hair is significantly more common and its cross-section is nearly round. The thickness of the hair shaft varies between the black hair type, so C would not be correct.
8. **D.** The curl of Afro-textured hair gives it a higher appearance of density, but the tendency for actual lower density means fewer grafts. Thicker hair shafts are not necessarily a feature of black Afro-textured hair in the way that they are certainly an ubiquitous feature of black Asiatic hair types. Black Afro-textured hair can occur with a variety of skin tones, so contrast is variable as well.
9. **C.** Asiatic hair types tend to have thicker hair shafts, but that advantage is offset by the tendency for lower density. The straightness of the hair means there is not an appearance of higher density—and it is often quite the opposite. Contrast may be an advantage or a disadvantage since, like Afro-textured hair types, this type of black hair can occur with a variety of skin tones.

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Literature Review

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

Topical Finasteride: To Use or Not to Use?

Lee, S.W., et al. Systematic review of topical finasteride in the treatment of androgenetic alopecia in men and women. *Journal of Drugs in Dermatol.* 2018; 17:457-463.

This recent article set out to review the existing data on the use of topical finasteride for androgenetic alopecia.

Researchers conducted a search of Pubmed, Medline, Embase, PsychINFO, and the Cochrane database to identify studies regarding the efficacy of human *in vivo* topical finasteride treatment, including case reports, randomized controlled trials (RCT), and prospective studies. Strict exclusion criteria were applied and they narrowed it down to seven articles: five RCTs and two prospective uncontrolled trials. A total of 256 (24 female, 232 male) human subjects were studied and results summarized in a two-page table. The first (Mazarella 1997) was an RCT with 28 males and 24 females treated with topical finasteride solution 0.005% vs. placebo for 16 months. Based on physician assessment, 73% of patients in the finasteride group had moderate treatment effectiveness while 70% of the placebo had no to slight treatment effectiveness.

The second study (Hajheydari 2009) had 38 male patients in an RCT who used topical finasteride 1% gel with placebo oral tablet while the other group used oral finasteride 1mg with placebo gel for 6 months. Both groups had statistically significant increases in total and terminal hair counts but the oral finasteride group showed improvements earlier.

The third study (Rafi & Katz 2011) was a prospective cohort study in 15 males using NuH Hair (proprietary topical finasteride, dutasteride, and minoxidil) and it showed significant growth in all patients compared to baseline.

The fourth (Tanglertsampan 2012) was an RCT with 33 males who used either topical minoxidil 3% alone or topical minoxidil 3% plus 0.1% finasteride lotion for 24 weeks. Hair counts increased in both groups but was only significantly improved from baseline in the minoxidil + finasteride group.

In the fifth study (Caserini 2014), 23 males were put in an RCT using topical finasteride 0.25% solution BID vs. oral finasteride 1mg once daily for 7 days and their plasma DHT and testosterone levels were assessed. They found that the DHT was reduced by 68-75% with topical finasteride and by 62-72% with oral finasteride. There were no relevant changes in plasma testosterone with either treatment and no clinically significant adverse events occurred.

The sixth study (Caserini 2014) was an RCT with 50 males and two parts. In the first part, 1ml of topical finasteride solution 0.25% was applied once daily vs. 1mL of topical finasteride 0.25% applied twice daily vs oral finasteride 1mg daily for 7 days. This showed a 70% decrease from baseline in scalp DHT after once daily topical finasteride versus a 50% decrease for both twice daily topical finasteride or oral finasteride. In the second part, placebo versus varying quantities of topical finasteride 0.25% were applied to scalps to study the respective changes in scalp and serum DHT levels. Serum DHT was reduced by 24%, 26%, 44%, and 48% by 100µl, 200µl, 300µl, and 400µl, respectively. Scalp DHT was decreased by 47% (100µl), 52% (200µl), 37% (300µl), and 54% (400µl). There were no significant changes in serum testosterone levels.

In the seventh study, (Chandrashekar 2017), 50 males were retrospectively assessed with topical 5% minoxidil and oral finasteride 1mg for 2 years, followed by either topical minoxidil 5% fortified with finasteride 0.1% for 1 year either immediately or after 8-12 months without treatment. Of the 45 patients who had continuous treatment (oral to topical), 84.4% maintained good hair density with the combined topical treatment. Five patients took a break of 8-12 months in between oral and topical therapy. Of these, 80% maintained good hair density while on the 5% minoxidil and 0.1% finasteride solution.

No incidence of decreased sexual desire, performance, or sperm count were reported among the patients using topical finasteride.

Comment: These studies are helpful in determining the safety of topical finasteride for men who wish to avoid systemic side effects. The authors conclude that the most effective concentration and frequency at this time (suppressing scalp DHT with minimal serum DHT reduction) is achieved with doses of 100µL (0.2275mg) and 200µL (0.455mg) topical finasteride 0.25% solution applied once daily. However, additional questions remain, such as whether it is safe for use in women of childbearing potential (will it be considered pregnancy category C, as with topical retinoids, where the systemic form is category X?), whether to combine with minoxidil, and what vehicle is preferred. Drug industry funding and expertise would be helpful in establishing the best concentration and vehicle. There is still much more to be established in the development of a topical finasteride. ■

Fine-Tuning Your Local Anesthesia

Zelickson, B.R., et al. Finer needles reduce pain associated with injection of local anesthetic using a minimal insertion injection technique. *Dermatol Surg.* 2018; 44:204-208.

Almost all skin surgeons routinely use 30g syringes for their local anesthesia. However, many patients still complain and remember the pain associated with local anesthesia. Derasurgeons at the Houston Methodist Hospital looked into whether they could observe a difference in pain outcomes by decreasing the needle size to 33g. They performed an IRB-approved single-blinded study on patients presenting for outpatient Mohs surgery. Three hundred and eighteen patients with head or neck tumors were injected with lidocaine using either a 30g or 33g needle. In all patients, they used 0.5% lidocaine HCl containing 1:200,000 epinephrine buffered 1:10 with 8.4% sodium bicarbonate at room temperature. All injections were by the same inves-

tigator (LHG) using the same technique of minimal needle insertion with the needle placed bevel down and parallel to the skin. On average, about 2 minutes were spent injecting the first full 3mL syringe. After injection, the patients were surveyed using a continuous 10-point visual assessment scale (VAS) for pain (0 = no pain, 10 = worst pain imaginable). They found that on the face, 77% of patients felt no pain with the 33g needle, compared with 64% for the 30g needles. On the scalp, 94% of patients felt no pain with the 33g needle vs 54% who felt no pain with the 30g needle. On the neck, there was no difference in pain levels between the two needles used.

Comment: As hair surgeons, we are constantly looking for ways to improve the tolerability of local anesthesia for our patients. Existing techniques include talkesthesia, vibration, chilling the area, and warming the anesthesia, and now we can add yet another technique—using 33g syringes. The authors' use of a diluted 0.5% lidocaine for the first pass, buffered with sodium bicarbonate, is also likely helpful in minimizing pain associated with anesthesia. ■

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ABHRS Profile

Robert Niedbalski, DO, FISHRS | Tacoma, Washington, USA | drbob@northwesthair.com

It is my honor and privilege to serve as the American Board of Hair Restoration Surgery (ABHRS) president for 2018. Now in its 21st year, the ABHRS is a respected organization with a growing, international membership. Today we are comprised of 229 Diplomates representing 29 countries. ABHRS Diplomates offer consumers the benefit of hair restoration services performed by physicians with the most respected credentials in the industry—worldwide. This didn't happen by accident...it has taken years of planning and hard work by leaders within our membership together with an administrative team led from day one by our Executive Director, Peter Canalia.

The 2018 leadership team consists of an amazing group of ABHRS Diplomates that includes men and women from five different countries working hard for the membership.

2018 Executive Committee

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The BOD is primarily responsible for the creation and administration of at least two unique oral and written certification exams. A monumental task in and of itself, the BOD has other important jobs including the following:

- Managing the finances of the ABHRS
- Publishing and managing the ABHRS website
- Responding to ethical concerns within the membership and in the hair restoration community at large
- Growing the membership

- Recognizing trends in the industry that impact patient outcomes

In addition, the BOD feels it is of paramount importance that it acknowledge and respond to a disturbing trend in the industry: FUE hair restoration surgeries being performed by unlicensed personnel. In many cases, the physicians involved may have



Dr. Robert Niedbalski

little or no training in hair restoration surgery, but they purchase equipment and use

the services of teams of technicians who essentially perform most or all of the surgery. Other instances involve experienced hair restoration physicians who use technicians to perform FUE graft excisions so they can do other work at the same time. I am not referring to the legitimate use of properly licensed sub-providers, such as an Advanced Registered Nurse Practitioner (ARNP) or a Physician Assistant (PA). Every state, province, and country where medicine is practiced will have regulations and laws stipulating who can legally perform these procedures. The issue becomes one of transparency as well because, most of the time, the patient has no idea the physician is not performing the surgery.

What can the ABHRS do about this? By focusing its resources on a public education campaign outlining the value of working with an ABHRS-certified doctor, consumer demand for board certified hair restoration surgeons will increase significantly over time. Substantive changes will need to take place within the ABHRS in order to sway public opinion.

REPORTS FROM THE ABHRS EXECUTIVE COMMITTEE

ABHRS Secretary and Written and Oral Exam Committee Chair Sara Wasserbauer regarding proposed changes to the certification exam: In order to elevate our status as the lone certifying board for physicians practicing hair restoration medicine, the ABHRS needs to continue pursuing ways to improve the quality and availability of the exams we administer. Although we currently publish our own exams twice a year that are independently statistically validated, we recognize the need to improve the capacity of the exam as demand for ABHRS certification increases. We are considering proposals to contract with organizations such as the National Board of Medical Examiners (NBOME) for further exam development to allow the exam to be administered on computers at conveniently located testing centers. This will drastically improve availability and access to those interested in becoming board certified in hair restoration medicine.

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ABHRS Vice President and Ethics Committee Chair Dan McGrath regarding the ethical challenges facing our profession today: During the past year, the ethics committee, along with the BOD, has certainly had its hands full and we are striving to uphold the high standards that the ABHRS has come to represent. We have dealt with several issues ranging from the pirating of photos to false advertising, just to mention a few. Our role is to evaluate each complaint and take appropriate action to ensure ABHRS members are adhering to the ABHRS Code of Ethics. This applies especially to the unlicensed practice of medicine. This is the driving force behind the proposed implementation of a public relations campaign to highlight the high ethical and practice standards of ABHRS Diplomates.

ABHRS Treasurer Sam Lam regarding the financial implications of these proposals: As treasurer this year, I have been very focused on making sure the ABHRS remains financially solvent and "in the black." Our only sources of income are annual member dues and administering the certification exam twice a year. Funding sustained improvements in the exams and a public relations campaign about the value of ABHRS Board Certification will require the development of additional financial resources. We are proposing the establishment of a capital campaign with the goal of raising

\$100,000. This initiative has been successfully implemented by other similar organizations to provide a source of funding that will be sufficient to power the growth of this organization as outlined by the BOD.

2018 ABHRS CERTIFICATION EXAM SCHEDULE

The next certification exams (oral and written) will be administered in conjunction with the 26th World Congress of the ISHRS at the Loews Hollywood Hotel. The application deadline is June 1, 2018. Applications received after the deadline will be assessed a \$250 late fee until June 30, 2018. Applications received after June 30, 2018, will be considered for the 2019 examination. Please consider taking the exam or, if you're already a Diplomate, encourage your colleagues to take the exam.

The Recertification Exam will be administered on October 10 at 6:00PM at the Loews Hotel in Hollywood, California. If you have not registered for this exam, please do so at your earliest convenience. (See abhhs.org for information on the exam process.)

So it looks like we have our work cut out for us this year and beyond. I invite every member to reach out to the ABHRS leadership team with questions or concerns. ■



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Letter to the Editors

Re: Transection rates

Gregory Williams, MBBS, FISHRS | London, England, UK | dr.greg@farjo.com

I recently attended the ISHRS World Live Surgery Workshop in Dubai and found it extremely beneficial both from seeing so many different doctors demonstrating their surgical techniques and also from the stimulating educational presentations and discussions.

However, I was disappointed that at both this meeting and the last World Congress in Prague, hair transplant surgeons continue to talk about “transection rates” both in their presentations and at the microphone when asking questions or making comments. This is far too vague a term and should never be used in isolation. In the May/June 2014 issue of the *Forum* (Volume 24, Number 3), the FUE Terminology subcommittee eloquently defined three types of transection rates: total transection rate (TTR), partial transection rate (PTR), and follicle transection rate (FTR). What is meant by a 10% “transection rate” is completely different depending on which transection rate is being referred to, and this should always be explicitly stated.

I would like to encourage the Chairs of all ISHRS-endorsed scientific meetings to issue specific instructions to speakers to define what kind of transection rate they are referring to when they are discussing graft transections. It is only then that concepts regarding graft damage can be discussed rationally.

I would also encourage you, as editors, to take a similar stance and to not publish any article in the *Forum* that mentions “transection rate” without specifically defining what kind of transection rate is being referred to.

Editors note: Thank you, Greg, for reminding us about the exact classification of transection rates. Using the exact terms and providing exact data remains the goal, especially in studies and when comparing devices and techniques. As a reminder, we are reprinting the classification here.

Completely Transected Graft Rate (Total Transection Rate, TTR):

The result of the total number of grafts completely transected divided by the total number of grafts extracted.

TTR equals:

$$\frac{\text{Total number of completely transected grafts} \times 100}{\div \text{Total number of extracted grafts}}$$

Partially Transected Graft Rate (Partial Transection Rate, PTR):

The result obtained by dividing the number of grafts partially transected by the total number of grafts extracted.

PTR equals:

$$\frac{\text{Total number of partially transected grafts} \times 100}{\div \text{Total number of extracted grafts}}$$

Follicle Transection Rate (FTR):

The result obtained when the number of transected follicles is divided by the total number of follicles that have been extracted, both intact and transected.

FTR equals:

$$\frac{\text{Total number of transected follicles} \times 100}{\div \text{Total number of extracted follicles (intact + transected)}}$$

However, in daily practice and when reporting personal observations, a microscopic evaluation of each graft may be unrealistic, lead to graft desiccation, and delay the surgery. In these cases, the total transection rate seen during the excision serves as an orientation.

To further improve quality control, a subset of grafts can be closely examined to also estimate the partial transection rate and follicle transection rate. At the same time, the newly established Graft Quality Index (GQI), presented by Dr. Robert True in the March/April 2018 *Forum* (Volume 28, Number 2; pp. 45, 51-53), can be assessed. Technique and instruments can then be adjusted to improve these parameters. —AF ■



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Meeting Review

Review of the 2nd Bi-Annual Meeting and Live Surgery Workshop of the Sociedad Iberolatinoamericana de Trasplante de Cabello (SILATC) • May 2-3, 2018 Cancún, México

David Pérez-Meza, MD, FISHRS | Benalmádena, Malaga, Spain | drdavid@perez-meza.com;
Luis Nader, MD | Reynosa, Tamaulipas, Mexico

The 2017–2019 SILATC Board of Governors had the dilemma of organizing the meeting in May 2018 or during the week of the 2018 ISHRS meeting scheduled for October in Los Angeles. The BOG finally voted and decided to go ahead in May, and it was a great success.

The venue was the city of Cancun, Mexico, which has one of the most beautiful white sand beaches in the Caribbean. We had the participation of 80 physicians coming from such places as Spain, Mexico, Ecuador, Cuba, Venezuela, Dominican Republic, Brazil, Honduras, and Colombia among other Iberolatin countries.

Meeting directors Drs. David Pérez-Meza and Bruno Szyferman, along with co-director Dr. Luis Nader, arranged for a full-day immersion of lectures and panel discussions followed by a day of live surgeries that included FU Excision (FUE), donor strip excision (FUT), and eyebrow and goatee surgeries. There were a total of 5 surgeries in one day, in 4 surgical rooms. The live surgeries were hosted by Dr. Ariel Diaz and the Kaloni Center.

The faculty included Drs. Bruno Szyferman, David Pérez-Meza, Luis Nader, Maricamen Morales, Marie Schambach, Víctor Vallejo, Juan Ruiz, Leoncio Moncada, René Rodríguez, and Ariel Diaz, with guest speaker Carmen Serrano.

WEDNESDAY/MAY 2, 2018

Dr. Szyferman gave an opening speech and explained our relationship with the ISHRS. Dr. Pérez-Meza's focused on explaining the ISHRS's guidelines to the Global Council Societies and our commitment to abide by them including the new FU Excision terminology. He also reminded us about what to avoid in our websites, marketing materials, and our communication with patients, such as the phrases no scars, minimally invasive, no pain, no scalpel, no touch, hair cloning, and hair multiplication.

Dr. Morales spoke about scarring and non-scarring alopecias, followed by Dr. Szyferman on the ethics of hair transplantation. Our guest speaker from Spain, Dr. Cristina Serrano, gave an excellent speech on identifying different aspects and hair patterns that facilitate the diagnosis of scarring and non-scarring alopecias using electronic dermoscopy. Dr. Schambach followed by showing video examples of how to perform nerve and ring blocks to effectively create anesthesia for hair restoration.

Dr. Vallejo explained the importance of learning how to perform a donor strip technique and procedure, including strip excision and performing a good trichophytic closure. Dr. Szyferman's lecture on body hair showed that the proper angle of punch insertion does not always follow the angle

of the hair as it emerges from the skin. Dr. Shambach's lecture on long hair FUE showed a modified slit to allow for excision of the graft without cutting the hair shaft. Dr. Luis Nader showed the different steps of the FUE technique, emphasizing the proper management and care of the grafts during the entire procedure.

Dr. Szyferman then gave a video lecture on how to create an inexpensive punch instrument from a needle shaft. Drs. Moncada and Ruiz gave important lectures on the use of implanters and the ability to minimize popping with these instruments. Dr. Vallejo then gave an important lecture on the importance of the proper landmarks of a frontal hairline design and recipient area coverage.

Dr. Rodríguez spoke about medical treatments for hair loss. Dr. Pérez-Meza went over alternative treatments for hair loss and post-hair transplantation, including laser therapy, PRP, use of autologous fat transplantation, stromal vascular fraction (SVF), and how to provide adequate education to the patient. He pointed out that "there are no miracle treatments for hair loss."

Dr. Schambach introduced the audience to Operation Restore and Operacion Cabello, and showed an example of their work and the use of hair systems. Dr. Rodríguez showed the correct design of an eyebrow hair transplant as well as the technique for eyelash transplantation and growth. Dr. Schambach gave examples of beard hair transplants, a design guide, and how to avoid complications.

A great panel of speakers followed with questions and answers on different topics such as acceptable density, poor growth and how to avoid it, as well as good post-operative instructions.

Dr. Pérez-Meza spoke about the importance of diagnosing and treating teenagers and young adults with hair loss, and proper instructions to educate them and avoid pitfalls. A series of lectures on complications of hair restoration and poor designs was presented by Drs. Vallejo and Schambach as well as how to correct them. Dr. Szyferman presented a positive example and a good outcome from one of his patients.

Dr. Morales was the moderator of the video session of surgeries showing different aspects of extraction via donor strip and FUE techniques. Panelists included Drs. Vallejo, Szyferman, and Schambach.

To wrap up an excellent day, a brief explanation of each surgical patient was given to provide a preview of what the surgeons were going to perform the next day.

The main goals of the Scientific Session were to include all the aspects of hair loss causes, possible medical and non-medical treatments, and different surgical options including

possible complications and the new FUE terminology. Each session and panel included a Q&A from the audience. The meeting always offered communication and camaraderie between the panelists and the audience.

THURSDAY/MAY 3, 2018 *Live Surgery Workshop*

Dr. Ariel Diaz and Clinica Kaloni hosted the five live surgeries. The same faculty was assigned to the different surgery cases. One by one, each patient was previewed, and all the participants observed as the surgeons explained the medical history and then proceeded to draw the design and devise the surgical plan.

Drs. Szyferman and Nader restored a hairline and front of a male patient. They demonstrated the FUE technique with different FUE systems and custom-made punches by Dr. Szyferman, followed by placement via pre-made incision with forceps on one side and implanters on the other.

formed a donor strip surgery technique followed by implantation of the grafts by Dr. Ruiz.

And finally, Dr. Rodríguez performed an eyebrow transplant/enhancement of a male patient using the FUE technique and implanters. In addition, extraction and placement was performed with FUE and implanters in a second patient with goatee.

Evening wrap-up

The meeting ended with a formal four-course dinner, drinks, dancing, and karaoke. Everyone had a chance to get together and comment on what they learned during the conference and surgical procedures, while getting to know each other and making new friends from other countries.

In conclusion, our 2nd bi-annual meeting experience was a huge success and very positive blend of hair restoration theory, accomplishing the learning objectives, and visual



Dr. Schambach performed a long hair transplant using FUE and placed the grafts with implanters with the assistance of Dr. Moncada.

In the third surgery case, Drs. Vallejo and Morales per-

live surgery experience, with our traditional touch of Latin camaraderie and friendship.

Thank you to everyone who helped organize and/or participated in our meeting. ■

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Message from the ISHRS 2018 World Congress Program Chair

Parsa Mohebi, MD, FISHRS | Encino, California, USA | info@parsamohebi.com

We are changing the field of hair restoration forever!

We are getting closer and closer to our Hollywood style World Congress in October! I hope you have

your “red carpet” look ready for the ceremony.

World Congresses have always been the main platforms that bring together the active members of our community. These gatherings join brilliant minds with novel ideas and outside speakers that can have a great impact on the science of hair restoration. I would like to give you an update on some of the items we have been discussing for the past few months in preparation for the conference:

- We have finished the abstract submission process. As expected, we received plenty of abstracts with novel ideas from great hair transplant doctors from all over the world. Some of the doctors are familiar to all of us while others might be a new name to you. The diversity of the abstracts is a good representation of the rapidly changing landscape of the field of hair transplantation.
- I have been involved in many international workshops and conferences. Actively participating in these meetings has given me the chance to cherry-pick “the best of the best” ideas from a variety of regional meetings and workshops. It looks like we will have a good mix of presenters with plenty of experience and new, brilliant doctors armed with innovative ideas.

Our hardworking team at the ISHRS has been working tirelessly to create the most valuable program for our World Congress. Speakers are being carefully selected from our more experienced peers and talented new doctors.

The California Science Center spans more than 400,000 sq. feet and includes four major exhibit areas.

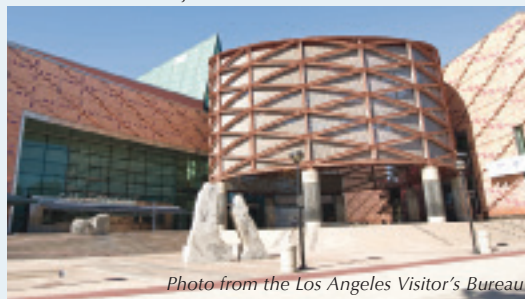


Photo from the Los Angeles Visitor's Bureau

The excitement is building and the conference will be here before we know it. In addition to the educational activities, the Hollywood World

city. Be part of the glamour as our own awards ceremony is designed to give you the chance to experience an Academy Award-style event here in the heart of Hollywood.

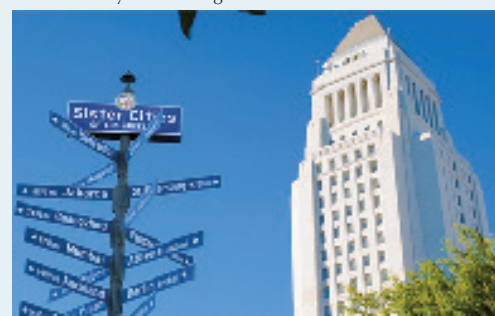
I would like to thank all members who submitted great presentations, the CME committee members who have been helping me in the selection process, and our ISHRS team that is committed to making the Hollywood World Congress one that will create lasting memories for all of us.

I invite all of my friends and colleagues to the City of Angels and to our World Congress in beautiful, and sunny, Hollywood, Los Angeles in 2018. ■

Located in Griffith Park in Los Angeles, the Autry Museum offers a treasure trove of history of the American West.



How far are you traveling?



Congress will provide an incredible venue in which we can enjoy new experiences. Los Angeles is a vibrant city where memories are made—home to the movies that have entertained us all through the years. You can see the stars in the night's sky or while out strolling the streets of West Hollywood, which has been anointed California's most walkable





Aileen Ullrich



Deanne Pawlak

Message from the ISHRS 2018 Surgical Assistants Chair & Vice Chair

Aileen Ullrich, MA, Chair | Portland, Oregon, USA | aileen@gabelcenter.com
Deanne Pawlak, LPN, Vice Chair | Calgary, Alberta, Canada

When I reflect on my 15 years as a surgical technician, there have been many great memories and experiences that I have gained from attending the Surgical Assistants Workshop and program at the annual ISHRS World Congress. It is within those meetings where sharing with my peers has led me to strengthen my techniques in order to provide patients with a more fulfilling outcome from their procedure. When these programs are attended, we as technicians are learning from each other and growing in our ability to ensure patient satisfaction.

In order to achieve consistently satisfying patient results, we must first have a firm foundation of knowledge and skill. Our Surgical Assistants Core Skills Workshop has been designed to provide this type of fundamental knowledge along with an opportunity to develop the associated skill sets necessary for assisting in hair restoration surgery. The course will begin with lectures on hair anatomy and physiology, graft preparation, and graft placement. Participants will then work closely with highly experienced faculty from around

the world as they rotate through various practical hands-on stations. At each station, innovative materials will be used to provide a realistic, yet challenging, opportunity to learn and develop core skills and techniques. For experienced assistants, it is an opportunity to learn from our peers and explore new instruments and methods.

Following the workshop, the focus will shift from basic skills to advanced topics during our Surgical Assistants program. These lectures will include plenty of visual content with an emphasis on video. We will examine what a typical surgery day is like in multiple clinics from all around the world, extract pearls from our colleagues during the section "New or Improved," delve into the science of hair restoration, get inspired with interesting cases, and engage with each other as we hone our eye towards quality control.

I look forward to co-chairing this year's workshop in Hollywood, California. My hope is that each attendee leaves feeling inspired with new ideas, new techniques, or an expanded knowledge or skill to implement when they return home. Let's explore where sharing our ideas and techniques will take us.

Can't wait to see you in Hollywood! —Deanne ■

Plan your
2018 meeting
schedule!

2018 Qualifying Meetings for Member Educational Maintenance Requirement

As a reminder, there is an educational maintenance requirement for the membership categories "**Member**" and "**Fellow Member**." This does not apply to membership categories Associate Member, Resident Member, Emeritus Member, or Surgical Assistant Member.



EDUCATIONAL MAINTENANCE REQUIREMENTS

ISHRS Member and ISHRS Fellow Member membership categories must attend one ISHRS-approved meeting every 3 years, otherwise that member will be changed to Associate Member. The impacted member may revert back to their previous category after attendance at an ISHRS-approved meeting.

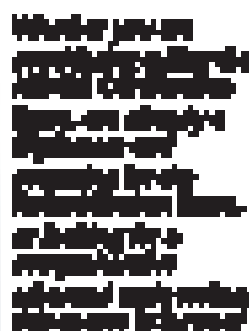
2018 REMAINING QUALIFYING MEETINGS

August 2-5, 2018
Hair Transplant 360 Cadaver Workshop
& FUE Hands-On Workshop
St. Louis, Missouri, USA
<http://pa.slu.edu>

October 10-13, 2018
26th World Congress of the ISHRS
Hollywood, California, USA
www.26thannual.org

The qualifying meetings are also listed at
<http://www.ishrs.org/content/list-ishrs-approved-meetings-meet-additional-minimum-educational-requirement>.

Advanced/Board Review Course in Hair Restoration Surgery

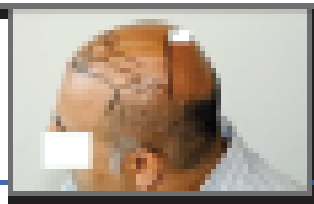
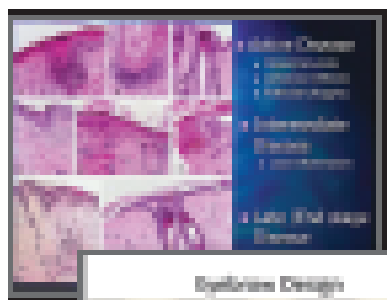


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Robert M. Bennett, MD, PhD, is
 Director of the Center for Health
 Systems Research and Analysis,
 RAND Corporation, 1200
 South Hayes Street, Arlington,
 VA 22204-4501.
 E-mail: bob.bennett@rand.org

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David Phillips, PhD, FRCGS, FRCR
Medical Education, MD, FRCS(Ed), FRCS
Professor, University of Edinburgh, Scotland
Donald A. Snyder, MD, FRCR, FRCR
Professor and Chairman, New Zealand
Timothy J. Green, MD, FRCS(Ed), FRCS
Consultant Surgeon, New Zealand
Robert J. Ross, MD, FRCS(Ed), FRCS
Consultant Plastic Surgeon, Department of Plastic Surgery
Mark S. Brown, MD, FRCR
Professor, New Zealand

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Department of Chemistry, Box 200200
 Dallas, TX 75220-0200
 Telephone: 214/768-3540
 Fax: 214/768-3540
 E-mail: chem@chem.utdallas.edu
 Website: <http://chem.utdallas.edu>
 Office: 214/768-3540
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Abstract

Case P-1	Robert L. Brown, MD, FRCPC, FRCR Medical Director, MD, FRCPC
Case P-2	Robert L. Brown, MD, FRCPC Medical Director, MD, FRCPC
Case P-3	Robert L. Brown, MD, FRCPC, FRCR Medical Director, MD, FRCPC

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HAIR LOSS DIAGNOSIS COURSE FOR THE NON-DERMATOLOGIST

What You MUST Know If You Are Performing Hair Transplantation Surgery



FREE VIEWING FOR ISHRS PHYSICIANS

- Over 3.5 hours of lectures and discussion
- Recorded at the ISHRS 2017 World Congress Prague
- No CME credits issued for watching this course
- Internet/online video files.

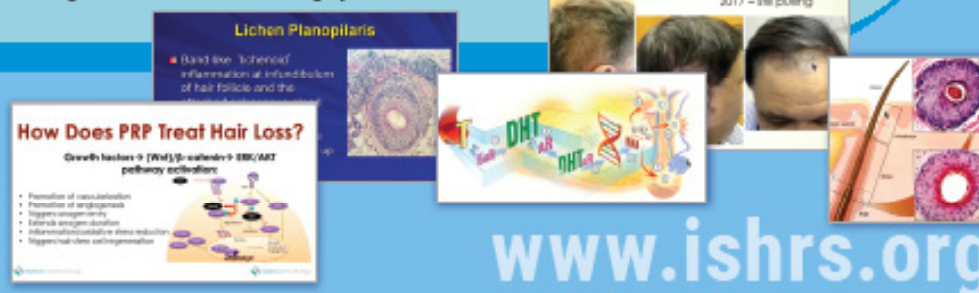
LEARNING OBJECTIVES

Upon completion of this course you will be able to:

- Describe many hair loss disorders as well as common scalp dermatologic conditions that the hair transplant surgeon may encounter.
- Discuss the diagnosis and treatment of many non-androgenetic alopecias.
- Recognize when hair restoration surgery is indicated.

COURSE DESCRIPTION

The course covers all aspects of hair loss diagnoses, classification, treatment, and management. An emphasis is placed on understanding the anatomy and the hair growth cycle to better understand the pathologic consequences of hair loss. The course includes an in depth review of male and female pattern hair loss as well as diagnosing and managing cicatricial forms of alopecia. Common inflammatory scalp conditions is also reviewed to insure participants have a better understanding of managing scalp disorders as well as recognizing benign and malignant scalp tumors that may arise in the consultation process. An emphasis on recognizing alopecia areata and managing hair loss in women is discussed as well as understanding PRP and its therapeutic indications.



COURSE OUTLINE

	Timing (hrs)
Welcome & Opening Remarks Ricardo Mejia, MD	06:01
Hair Loss Diagnosis, Anatomy and Classification Pavel Rodriguez, MD	20:01
Alopecia Areata, Diagnosis and Management Ivan S. Cohen, MD, FISHRS	22:29
Cicatricial Alopecias Nicola E. Rogers, MD, FISHRS	29:08
Inflammatory Scalp Disorders/Lumps and Bumps Jennifer Knapp, MD	34:08
Q&A All Panelists	13:25
Dermoscopy/Triehoscopy Lessons Learned Aron Nulman, MD	20:12
Diagnosing Hair Loss in Women Neil S. Sadick, MD	36:01
Scalp Cancers Ricardo Mejia, MD	13:55
PRP Basics Neil S. Sadick, MD	24:10
Q&A All Panelists	11:04

www.ishrs.org

VALUE-ADD for ISHRS Members

PRAGUE WORKSHOPS RECORDED FOR MEMBERS TO VIEW

At the Prague Congress, there were 14 workshops organized by Drs. Sara Wasserbauer, Workshops Chair, and Jean Devroye, Program Chair.

When there are concurrent workshops covering so many wonderful topics, it is often difficult to decide which ones to attend. As a solution, five of the topics were repeated at the meeting and offered on two occasions. Further, we recorded the Workshops at the Prague World Congress and are making them available online after the meeting so members have the opportunity to view a single workshop or all of them.

This is a value-add for all ISHRS Physician members. There is no extra charge and is offered as an additional benefit of being an ISHRS member.

To view, go to the Members Only section of www.ishrs.org.

It is easy to navigate; simply click on the lectures or discussions you would like to view. Watch from your computer, tablet, or phone.

TOPICS

Female Difficult Cases / Dermoscopy / Storage Solutions & Bioenhancements / Implanters / Transgender & Eyebrows / FUE Robotic-Assisted / SMP–Scalp Micropigmentation / PRP–Platelet Rich Plasma



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- Recipient Site Creation
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- Graft Placement
- Crown Design
- Female Hairline Design
- Temporal Point Design
- Graft Calculation
- Modeling
- Consulting
- Medical Treatment
- Critical Thinking Day
- Quality Control
- FUE

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Samuel M. Lam, MD, FACS, FISHRS

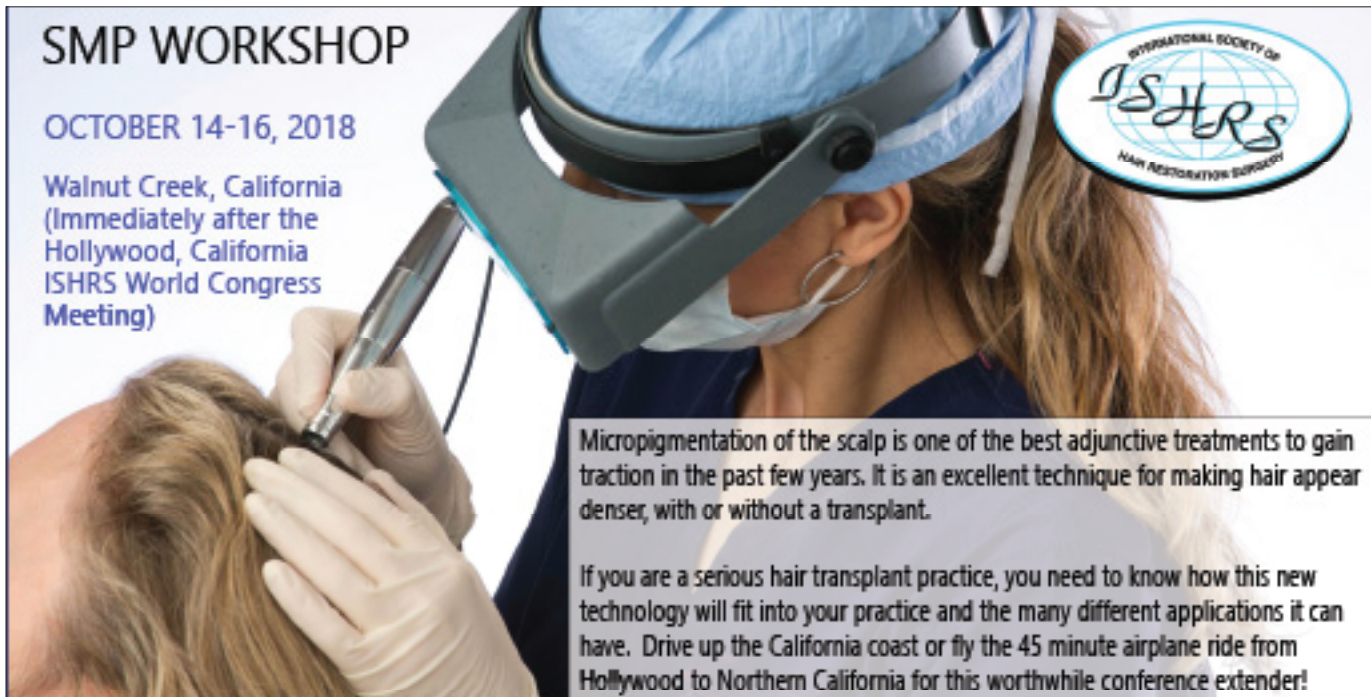
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SMP WORKSHOP

OCTOBER 14-16, 2018

Walnut Creek, California
(Immediately after the
Hollywood, California
ISHRS World Congress
Meeting)



Micropigmentation of the scalp is one of the best adjunctive treatments to gain traction in the past few years. It is an excellent technique for making hair appear denser, with or without a transplant.

If you are a serious hair transplant practice, you need to know how this new technology will fit into your practice and the many different applications it can have. Drive up the California coast or fly the 45 minute airplane ride from Hollywood to Northern California for this worthwhile conference extender!



Sara Wasserbauer, MD | info@californiahairsurgeon.com
www.californiahairsurgeon.com

ISHRS Regional Workshop
Hosted by: Sara Wasserbauer, MD, FISHRS
Faculty: Robert Haber, MD FISHRS &
Ronald Shapiro, MD FISHRS
Register @ www.smpworkshop.com

Hair Transplant 2018

Pre-Congress Course 12 SEPTEMBER



The ISHRS is pleased to present this Pre-Course on September 12th at the



4TH INTERNATIONAL CONGRESS OF THE AESTHETIC ACADEMY OF EGYPT (AAEgy)

13-14 SEPTEMBER 2018 • THE MILE RITZ CARLTON HOTEL • CAIRO, EGYPT

The ISHRS is pleased to participate with the Aesthetic Academy of Egypt to organize a full-day pre-congress course on HAIR TRANSPLANTATION on 12 Sept. 2018, which is the day prior to the AAEgy Congress.

COST OF THE PRE-CONGRESS COURSE

EARLY BIRD (until 1 July 2018)	\$200	BEST DEAL
REGULAR (until 7 Sept. 2018)	\$250	
AFTER 1 Sept. 2018	\$300	

For those registered for HT Pre-Congress Course, you may choose to attend the full Congress on 13-14 September for additional \$50 registration fee.

PRELIMINARY PROGRAM

9:00AM-1:00PM Overview and the Basics

- Opening and Welcome Introduction
- About the ISHRS
- Overview of Hair Restoration Surgery: History, Terminology
- Follicular Unit: Macro and Microscopic Anatomy for Hair Surgeons
- Anatomical Landmarks in Hair Transplantation including Safe Donor Zone and Density in Donor and Recipient Area
- Anesthesia of the Donor and Recipient Area
- Hairline Design in Males and Females

COFFEE BREAK

- Strip FUT (Follicular Unit Transplantation): Overview
- FUE (Follicular Unit Excision): Overview
- Graft Placement Techniques including Implanters
- Discussion Panel: Candidate Selection Strip vs FUE

LUNCH BREAK

2:00PM-5:30PM Advanced Topics

- Differences in the Devices Used in FUE (sharp, blunt and hybrid punches, robotic devices)
- Recipient Sites: Special Considerations
- Female Hair Loss: Special Considerations
- Transplanting into Scars and Scarring Alopecias
- Transplanting the Eyebrows

COFFEE BREAK

- Body Hair Transplantation
- Tips and Tricks in HT of Curly Hair Candidates
- General and Most Common Complications in HRS
- Discussion Panel: Getting Started—How to Get Training and Setting up a HT Practice



Francisco Jimenez, MD



Ahmed A. Noreldin, MD

Francisco Jimenez, MD, FISHRS | Spain
Chair, HT Pre-Congress Course
Executive Committee Member, ISHRS

Ahmed A. Noreldin, MD, FISHRS | Egypt
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Conrad von Albertini, MD, FISHRS | Switzerland
Konstantinos K. Anastasiadis, MD, PhD | Greece
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REGISTRATION AND INFORMATION <http://www.aeegy.org/>



In Memorium

Emanuel “Manny” Marritt, MD

James A. Harris, MD, FISHRS |
Greenwood Village, Colorado,
USA

“Jim, there are only two kinds of people in this world...people who hate their hair loss and liars...”

Dr. Emanuel “Manny” Marritt, my teacher, mentor, and friend, passed away on February 26, 2018. The quote is representative of the humor and insight that came so naturally to this icon of hair restoration. He was never at a loss for saying those things that represented the truth, whether it had to do with the human condition or hair restoration surgery.

Manny was born May 30, 1941, in Waterton, New York. He attended Amherst College in Massachusetts and received his medical degree with honors from New York University School of Medicine in 1967. He completed his residency in psychiatry at the University of Colorado.

While practicing in a psychiatric emergency room in California, a patient was admitted with a large bandage around his head. His curiosity piqued, Manny inquired, and the patient told him about a hair transplant performed by Dr. Sam Ayres III in Hollywood, California. Manny had never heard of this type of procedure and eventually spent time training with Dr. Ayres and Dr. Walter Unger to learn the specialty of hair restoration. Eventually, Manny would quip that he started his career working on the inside of the head and ended up fixing the outside.

Walter P. Unger, MD | Toronto, Ontario, Canada

I am so sad to have received this news, that words cannot express it. For those of you who never had the pleasure to know him or hear him lecture, you have missed knowing an outstanding person as well as physician. He came to watch me operate at least three times and for a week or two each time. In those days, I allowed physician observers to come for only a day or two because there was a long line of others waiting, but to me, he was immediately and obviously going

From the 1993 *Hair Transplant Forum International* Special Edition, page 4

THE OVERWHELMING RESPONSIBILITY

by Emanuel Marritt, M.D.

(Englewood, Colorado)

The longer I perform hair transplants, the more I realize how complicated and intricate a procedure it truly is. Sixteen years ago, when I didn't know what I didn't know, growing hair in blissful ignorance seemed so easy. In retrospect, growing hair is still easy; it's trying to make it look natural and undetectable that's so damn[ed] difficult!

Now, whenever I begin to draw the hairline on a 30-year-old grade V patient with dark straight hair and light skin, I am aware of an anxiety that never afflicted me fifteen nostalgic years earlier. It is the anxiety of awareness; the apprehension of experience.

At that moment I must be aware of the variables of hair color, curl, texture, density, present balding pattern, future balding pattern, present styling preferences, future styling preferences, facial features, forehead contour, temporary graft concealment and, of course, the fact that hair transplantation is the only cosmetic procedure that deliberately and intentionally plans to disfigure its patients for an entire NBA season, including the playoffs!

As I step back and look at the hairline I have just drawn, I further remind myself that this hairline and the graft dispersement must look natural—not only when he is 35, but also when he is 45, 55 ... and 65.

This “simple office procedure” has, in reality, just handed me a life sentence of follicular responsibility. The weight of this awareness is not only humbling; it can be, at times, simply overwhelming.

Manny was known for many things, but mostly for his search for excellence in the field and patient advocacy. He published many articles challenging the status quo and had a penchant for patient advocacy even in the face opposition. His sense of humor and knowledge of the obscure was legendary... if you wanted to know lyrics of a haunting song or a line from in a movie from the 1950's...all you had to do was ask.

Manny's personal interests were reading, cooking, and researching alternative therapies for the treatments of cancer. He enjoyed biking and rollerblading as well. He was kind and compassionate, willing to do anything to help a friend or colleague.

From the first day I met Manny, I knew he had one passion that made hair restoration pale in comparison. That was the love and devo-

tion he had for his wife, Ellen.

Manny was also known for his willingness to share his knowledge...and share, and share, and share...sometimes to the point of being pulled off the podium; he had a lot to say. When I started working with him in 1998, he would have me come into his office and I would spend hours listening to his thoughts, trying to absorb all he had to say, which was abundant and worthwhile.

I will miss Manny's request, “Jim come into my office and grab your legal pad....” I knew he was going to tell me something great...he always did. ♥

to be exceptional, so I let him stay for such long periods. He never disappointed me! Suffice it to say that of all the people who I taught, he was at least equal to the two or three best. He wrote for 3 of the editions of (my textbook) “Hair Transplantation” before he retired, and if any of you have those editions or can get them, I strongly suggest you take the time to read what he wrote in each of them. You should also look for his articles in *Hair Transplant Forum International*. ♥

Raymond J. Konior, MD | *Oakbrook, Illinois, USA*

Manny was a profound mentor of mine who helped mold much of my approach to patient care and planning during my early years. I first met him at an AAFPRS Hair Symposium exactly 30 years ago in March of 1988 during my chief residency year, and I was privileged to see him operate during my fellowship year in 1989. As a young surgeon, I was honored when he worked hours with me writing a paper entitled "Patient Selection, Candidacy, and Treatment Plan for Hair Replacement Surgery" in a 1994 Facial Plastic Surgery Clinics of North America. He was one of the first in our specialty to critically assess the impact of the future and how age ties into surgical planning. As a young man just beginning my career, we would spend exactly one hour every Sunday morning for many weeks speaking on the phone with me recording countless hours of his deeply

William M. Parsley, MD | *Louisville, Kentucky, USA*

Even though I talked with Manny a few times, I can't say that I knew him personally. However, he had a great influence on my thinking and I had a great deal of respect for Manny. He would do what few people were willing to do at that time—take on the established thinking and the

William R. Rassman, MD | *Los Angeles, California, USA*

When I decided to get into this business, I visited a number of doctors who were the pioneers in the industry at the time. When I called Manny about visiting him and he knew that I was not in the business, he told me I could visit him, but he would charge me for the training. I was a bit taken back, assumed that was his way of saying he was too busy, but I agreed on the spot for the fee. Then a few weeks later, I arrived at his office at 8am. He delayed the surgery to speak with me. He and I were the same age, both of us grew up in Brooklyn only a few miles apart, went to competing high schools, and found that we had a lot in common. After almost 3 hours of chit-chat, I realized that the patient was

Sheldon S. Kabaker, MD | *Oakland, California, USA*

I was one of those chosen by Manny to visit many times on his self-designated training program to become a hair surgeon. He was fascinated by the flap surgery that was evolving at the time, offering suggestions that came from his unique perspective. His goal to develop philosophies and techniques that were within his capabilities to allow him his dream to leave LA and give up Psychiatry (and working emergency rooms) to settle and practice hair in the Denver

John D.N. Gillespie, MD, FISHRS | *Calgary, Alberta, Canada*

I do recall one of Manny's last lectures at a meeting in Chicago I believe (not the ISHRS). I think this witty lecture probably ended the popularity of scalp reductions. When-

Ronald L. Shapiro, MD, FISHRS | *Bloomington, Minnesota, USA*

I remember listening to Manny speak on naturalness and the hairline in Los Angeles when I first started back in 1990 (I think). I remember being that new guy waiting to ask him questions after he finished. And I had to wait. He was surrounded by many others. But he explained how he used

cerebral thoughts. He coined phrases like "Hari Krishna Syndrome" (to describe the end result of grafting into a small crown balding zone on a young man), "Parting of the Red Sea Syndrome" (to describe the unnatural hair direction that followed repetitive scalp reductions), and "Last of the Mohicans Syndrome" (to describe the "Mohawk" end result of progressive balding after placing grafts into a scalp reduction scar. His Woody Allen comedic style always brought a chuckle at meetings back in the day. I was saddened when he retired from active practice, but I was moved and impressed that, like the TV show "Mash" and the sports legend Michael Jordan, he quit in his prime. I am deeply saddened by his passing, and even more saddened that I was never able to tell him how much he meant, and still means, to me.

Rest in peace, Manny. A truly great man. ♥

supposed principles. He was a refreshing voice and one I feel I could trust. We could certainly use more Manny Marritt's today: doctors with the boldness to say what they are thinking regardless of the consequences. And he did get some attacks in return, nearly all of which were unfair in my opinion. He will be missed. ♥

waiting for the surgery, so I interrupted him and asked: "Is the past 3 hours on the meter?" He then smiled at me, said it was on the house, and we became friends. I admired his creative thinking as he knew what was wrong with the hair transplant technology of the time, but when I started doing hair transplants, I did not adapt his frontal forelock philosophy, which he was very intent on, but rather tackled the entire hairline with small grafts as an alternative to his approach. We agreed to disagree, but a mutual respect arose, and I appreciated him even more.

Manny certainly made his dent in this industry and I am sorry that so many of the younger people did not get a chance to meet this remarkable man. ♥

area became clear during the time I knew him. He visited everyone he could, taking technical points or philosophies that made him the guru that we knew. His abilities to verbalize and search for the truths of MPB seemed to lead to his frustration in dealing with MPB and his eventual move to leave the field. Jim Harris should know this best. The 1990s are now becoming old history and it is where many of us left off with Manny Marritt—but not without fond memories and deep affection. ♥

ever I have a young man wanting to have his vertex transplanted, I show him the picture that Manny published in *Dermatologic Surgery* in 1995. "The hairy island floating in a sea of baldness." No one said it better than Manny. ♥

true one hair grafts trimmed from the edge of larger grafts to soften the hairline. He was the first to explain this to me. It improved my results immediately and his obvious concern about naturalness and patient satisfaction influenced my approach to the hairline tremendously. ♥

Classified Ads

Seeking Hair Transplant Physician and Technicians

Anderson Center for Hair in Atlanta, Georgia is looking for a full-time hair restoration physician and full-time technicians. We are a state-of-the-art, brand-new boutique center. We perform one procedure per day, with emphasis on quality, ethics, and natural results...not quantity. On-the-job training available for physicians. Technicians will require experience, with references required. Outstanding, friendly working environment, salary, benefits, insurance, 401k, vision, dental, etc.

Please email your résumé to jobs@andersonhsc.com.

Seeking Hair Transplant Technicians

The Paragon Hair Clinic in Southlake and Mansfield, Texas is currently looking for full-time technicians with planting experience, minimum speed requirement of 600 grafts per hour. We are a multiple case practice per day utilizing FUT and FUE (motorized and robotic). Required 90-day trial/training period.

Please email your résumé to careers@markbisharamd.com.

Hair Transplant Staff Needed in Miami

Vinci Hair Clinic is opening a hair transplant centre in Miami. We are looking for a hair transplant doctor and technicians for the new clinic. We will consider part-time, freelance or full-time employment depending on the individual candidate.

Please email your CV and information to info@vincihairclinic.com

If you are interested in working with Vinci Hair Clinic in any of our other locations, feel free to contact us.

For Sale: California Hair Transplant Practice

Established FUE/FUT facility well equipped and staffed. Serving San Diego County, Orange and Los Angeles County. Plus a strong fly-in patient base from Northern California.

Inquire. Randal McKenzie Associates Bruce C. Keller: bruce@randahlmckenzie.com or 1-760-815-4767

For Sale: 2015 ARTAS with Chair

2015 ARTAS for sale with chair. Used 3 times. Perfect condition. Originally \$250,000. Asking \$150,000 or best offer. Here is your chance to own a mint robotic hair transplant device at a substantial savings!

Email: artasforsale@gmail.com

For Sale: ARTAS Robotic System

Newer ARTAS robotic hair transplant system for sale. Originally purchased in 2017 and barely used. Excellent condition. Asking \$125,000 or best offer for complete ARTAS system.

Send inquiries to artasrobotsales@gmail.com.

For Sale: WAW FUE Device and Cole Dissection Device

Almost new Dr. Devroye's WAW FUE system gently used and in excellent condition. System complete with Hybrid Trumpet punch (with extra punches), support box, NouClean spray, and plastic color. \$6,000.

Used Cole Dissection Vortex device complete with foot pedal and punches. \$800.

Email: hairsurgical@gmail.com

Calendar of Hair Restoration Surgery Events

<http://www.ishrs.org/content/upcoming-events>

DATES	EVENT/VENUE	SPONSORING ORGANIZATION(S)	CONTACT INFORMATION
JUN 9-10, 2018	8th International Congress of the KSHRS <i>Seoul, Korea</i>	Korean Society of Hair Restoration Surgery	www.kshrs.org or kshrs@naver.com
* AUG 2-5, 2018	Hair Transplant 360 Cadaver Workshop & FUE Hands-On Workshop <i>St. Louis, Missouri, USA</i>	Saint Louis University School of Medicine, Practical Anatomy & Surgical Education In collaboration with the International Society of Hair Restoration Surgery	info@ishrs.org
AUG 22-25, 2018	7th Congress of the ABCRC <i>Wish Resort Golf Convention, Foz do Iguassu, Brazil</i>	Brazilian Society of Hair Restoration Surgery – ABCRC	Additional details available in January 2018
SEP 12, 2018	Pre-Congress Course on Hair Transplantation <i>The Nile Ritz, Cairo, Egypt</i> At the 4th International Congress of the Aesthetic Academy of Egypt (AAEg), Sept. 12-14, 2018	Organized by the International Society of Hair Restoration Surgery	www.aeegy.org info@aeegy.org
* OCT 10-14, 2018	26th World Congress of the ISHRS <i>Hollywood, California, USA</i>	International Society of Hair Restoration Surgery www.26thannual.org	info@ishrs.org
OCT 14-16, 2018	ISHRS Regional Workshop: Scalp Micropigmentation <i>Walnut Creek, California, USA</i>	International Society of Hair Restoration Surgery Hosted by: Sara Wasserbauer, MD, FISHRS	info@californiahairsurgeon.com

*2018 meetings that qualify for the ISHRS member educational maintenance requirement

REMINDER

ISHRS full **Members** and **Fellow Members** are required to attend 1 ISHRS-approved meeting every 3 years to maintain their member category.

ISHRS WORLD CONGRESS SCHEDULE

26TH WORLD CONGRESS

October 10-14 2018
Hollywood, California | USA

27TH WORLD CONGRESS

November 13-17, 2019
Bangkok | Thailand

28TH WORLD CONGRESS

October 21-25, 2020
Panama City | Panama

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 American Society of Hair Restoration Surgery
 Argentine Society of Hair Recovery
 Asian Association of Hair Restoration Surgeons
 Association of Hair Restoration Surgeons-India
 Australasian Society of Hair Restoration Surgery
 Brazilian Society of Hair Restoration Surgery (ABCRC)
 British Association of Hair Restoration Surgery
 French Hair Restoration Surgery Society
 German Society of Hair Restoration Surgery
 Hair Restoration Society of Pakistan
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 Paraguayan Society of Hair Restoration Surgery
 Polish Society of Hair Restoration Surgery
 Swiss Society for Hair Restoration Surgery
 Thai Society of Hair Restoration Surgery



Editorial Guidelines for Submission and Acceptance of Articles for the *Forum* Publication

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to forumeditors@ishrs.org.
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at www.ishrs.org.
- All photos and figures referred to in your article should be sent as **separate** attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do NOT embed your files in the email or in the document itself (other than to show placement within the article).
- Images should be sized no larger than 6 inches in width and should be named using the author's last name and figure number (e.g., TrueFigure1).
- Please include a contact email address to be published with your article.

Submission deadlines:

June 5 for July/August 2018 issue
 August 5 for September/October 2018 issue
 October 5 for November/December 2018 issue
 December 5 for January/February 2019 issue

Please note new submission address:
forumeditors@ishrs.org

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