



President's Message

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The Future of the Hair Transplant Industry

After continuous evolution in the hair transplant procedure over the past three decades, we are now facing a dilemma: super high-quality clinics on the one side, offering an artistic and artisanal hair transplant that makes us really proud, and on the other side, we have the “industrial scale, assembly line” hair transplant clinics. The latter has been under the radar for a while, but now the bad results are surfacing...mainly in Europe and around the Mediterranean, but soon, they will be seen everywhere.

What we're seeing is just the tip of the iceberg; soon all this will be discovered by the public and can affect HT credibility worldwide. The low-quality HT has many faces: 1) the assembly lines—where 10, 20, or more HTs are done per day, and/or 2) the untrained doctors who supervise a procedure they don't know, which is entirely an unethical practice; yes, that's correct: a surgeon who is legally responsible for a procedure that he/she doesn't have expertise in and is blindly trusting the work offered by techs who are hired or offered by companies. This is a perfect example of the merchandising of medicine: unethical behavior and no care for the patient, which is ultimately our major goal as physicians. What a shame.

In response, the ISHRS has created our Black Market Awareness Campaign (BMAC), which received massive support from our members during the World Congress in Hollywood; thank you all! During the annual business meeting, we asked members about the campaign and of the 100 members who voted, 95% of them supported this campaign...remarkable!

To start, we recorded several interviews with members about the BMAC, and there is much more to come. It is not an easy task to alert the public about these low-quality HT clinics that are only focused on money, are unethical and many times illegal, and that produce disastrous results such as donor area depletion, bizarre low hairlines, or poor hair growth.

If nothing is done, it will be the end of HT as we know it. This is not fair to the patients who are getting harmed. Now is the time for us to unite. We need to fight the black market on many fronts and are focusing on the following:

1. **Communicate to the public about what the black market is and the harm it can cause to unknowing patients.** There is nothing better than getting information directly from the source: stories from patients damaged by the black market clinics. If you have patients suffering the consequences of a black market procedure, we encourage you to ask them to help us by sharing their story. Please email us at BlackMarketAwareness@ISHRS.org. We need to record these personal experiences. Please contribute!
2. **Communicate to other medical societies.** Most physicians around the world have no idea that this problem exists. We must inform them. The ISHRS is preparing a PowerPoint presentation for our members to use to share this information with any other medical society for which they will give a lecture. It is important not only to alert prospective patients but also to inform physicians “outside HT” so they don't unknowingly get trapped by companies irresponsibly offering them easy money through unethical behavior.
3. **Advance legal efforts to combat this issue.** Although it takes time, we are also trying this route.

This is what we can do now. At this point, anyone or any group that wants to join our BMAC is welcome—for the good of the patients, for the dignity of our profession. If you would like to support us and be involved, contact any member of the Board of Governors or Executive Committee as each and every one of us will be pleased to help you.

We are also accepting donations for our BMAC. We can only succeed with your full support!

Thank you so much. ■

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Co-editors' Messages

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The World Congress in Hollywood was a great success. Rachael Kay and her contributors wrote a detailed report, but each of us had many additional personal impressions, observations, and discussions during this well-organized meeting.

In this issue, Anil Garg describes how he is able to use scalp, beard, and body hair to increase the donor hair supply. In his Indian patient population, many patients have thick and dense scalp, body, and beard hair and darker scalp skin with less contrast.

Paul Rose obtained a histology from FUE dots demonstrating that they are actually scars extending into the deep dermis. And Walter Unger again emphasizes how these circular incisions add up to a huge incision length. It is unethical to call FUE scar-less and non-incisional.

As our specialty faces increasing challenges by unethical providers, the ISHRS's new Black Market Campaign will be important in our efforts to create public awareness and protect patients. New risks arise not only from medical tourism but also from inland suppliers of lower standards; they can easily attract and mislead patients through the internet.

It is **unethical** to do surgery on unsuitable patients and only aim for a short-term effect, to promise unrealistic outcomes, to play down the medical and cosmetic risks of the surgery, to deceive patients about physician qualifications, and to let non-medical, unlicensed staff do surgery.

It is **ethical** to manage the donor and recipient areas based on future hair loss progression, to inform patients about the realistic chances for success and risks of the surgery, to reject unsuitable patients, and to do no harm.

To ensure a high-quality level of hair restoration, we need to define guidelines based on scientific evidence and clinical experience. And we need to inform future patients how complex the procedure is and how they can distinguish an unethical provider from a trustworthy specialized physician.

This ePUB FORUM may become a source of information for an extended readership in the future. Your submissions of articles and ideas are important to achieve this goal and to reflect the level of expertise we have reached in hair restoration surgery. Please send them to forumeditors@ishrs.org. ■



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Congratulations to all for another great meeting; to Paul Cotterill and Jerzy Kolasinski for their Follicle awards, and a special congrats to a past *Forum* Co-editor and mentor, Mario Marzola, for his well-deserved Manfred Lucas award. The meeting

wouldn't have been possible without the hard work of Parsa Mohebi, Tommy Hwang, Victoria Ceh, and the ISHRS staff over the past year. It was great to see old friends and colleagues while learning from the best about the current state of our specialty.

The results shown in Anil and Seema Garg's lead article on combination grafting using scalp and body hair are very impressive and show an evolved technique. Harvesting and placing 7,000 grafts, 5,000 from the scalp and 2,000 from the beard and body, in two days is a gargantuan task requiring a large, well-coordinated, and experienced staff to accomplish.

The secrets of FUE continue to be revealed in articles by Paul Rose and Marie Schambach. I've used the Trivellini device and it seems a small amount of suction does facilitate contact of the skin to the entire circumference of the punch. This makes it easier and faster to incise the skin then advance the punch using different motion modes.

The enemy we face with FUE is the exposure of every extracted follicle and dermal papilla to potential trauma due to their proximity to the punch and tearing of the graft from the fat. With FUT, follicles between the strip edges are completely protected and insulated from trauma. FUE is a totally blind procedure while FUT is an open procedure where all follicles in harm's way are visualized. Wide strip scars can almost always be hidden by growing the hair above longer while the devastation we are seeing from FUE is unprecedented due to the destruction of so many follicles in the direct path of trauma.

It's ironic that FUE, a more difficult and blind procedure, is being entrusted to unlicensed assistants. And this isn't only happening in countries that turn a blind eye to the laws. A series of rogue clinics staffed by non-physicians is only one aspect of the black market. Reputable physicians, often plastic or cosmetic surgeons, who have no experience doing hair restoration surgery are buying machines and hiring experienced non-licensed technicians to perform the surgery. There are three clinics in my city and five in the state where I reside that use unlicensed assistants in conjunction with a turnkey FUE machine. All physicians and patients need to be made aware of the complicated nature of and the laws surrounding hair restoration surgery. I applaud the ISHRS for taking a strong stand against a trend that affects us all. ■