



INTERNATIONAL SYMPOSIUM ON HAIR
REPLACEMENT SURGERY
February 5-7, 1993
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FEATURING

Martin G. Unger, M.D., F.R.C.S.
Plastic and Reconstructive Surgeon, Canada

Dr. Richard C. Shiell
Pioneer in Hair Transplant Surgery from Australia; Co-Author of
HAIR TRANSPLANT SURGERY

Rolf E.A. Nordstrom, M.D., F.R.C.S.
Professor of Plastic and Reconstructive Surgery at the University of
Tromsø, Norway; Co-Author of the Book, HAIR
TRANSPLANTATION (Finland)

O'Tar T. Norwood, M.D.
Dermatologist and Full-Time Hair Transplant Surgeon; Co-Author
of HAIR TRANSPLANT SURGERY (U.S.A.)

Richard W. Fleming, M.D.
Hair Transplant/Plastic Surgeon of the Beverly Hills Institute of
Aesthetic and Reconstructive Surgery (U.S.A.)

Toby G. Mayer, M.D.
Hair Transplant/Plastic Surgeon of the Beverly Hills Institute of
Aesthetic and Reconstructive Surgery (U.S.A.)

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VOLUME I

PATIENT SELECTION DESIGN, & PROCEDURE

by O'Tar Norwood, M.D.

Oklahoma City, Oklahoma

Time: 3 1/2 hours. Price \$298

Close-up observation of selecting and designing of 20 patients. Cutting micrografts and minigrafts from strips and grafts and planting grafts. This is like spending three weeks in Dr. Norwood's office. Portions of the surgical procedure were professionally produced.

VOLUME II

SCALP REDUCTIONS, SCALP LIFTS, FLAPS & TISSUE EXPANSION

Time: 4 hours. Price \$500

Classic Scalp Reduction: Modified Midline Pattern and Rocket Ship Pattern by Martin Unger, M.D., Toronto, Canada. Comments on stretch-back, local anesthesia, and indications for scalp reductions.

Scalp Reduction with Z-Plasty Closure & Scalp Reduction Combined with Brow-lift by Paul Straub, M.D., Torrance, California.

Tissue Expansion Assisted Scalp Reduction & Problems and Pitfalls of Scalp Expansion by Sheldon Kabaker, M.D., Oakland, California.

The Frechet Method of Slot Correction by Dr. Patrick Frechet, Paris, France.

Extensive Scalp Lifting by Dominic Brandy, M.D., Pittsburgh, Pennsylvania. Dr. Brandy reveals the latest techniques and modifications of the Brandy scalp lift.

Temporo-Parietal-Occipital Scalp Flap by Dan Rousso, M.D., Birmingham, Alabama. Dr. Rousso illustrates his modification of the Juri flap.

VOLUME III

MINIGRAFTS & MICROGRAFTS

Time: 3 hours. Price \$400

Punch Grafts Using the Triple Bladed Knife by Dr. Richard Shiell, Melbourne, Australia.

Micrografts and Minigrafts Exclusively: Holes Instead of Slits. As Many As Possible, As Fine As Possible, As Fast As Possible by Manfred Lucas, M.D., Grafelfing, Germany. Special Operations: eyebrow replacement, temple hair after

facelift, replacement of pubic hair, post-injury alopecia. New Method: conversion of already transplanted standard grafts into minigrafts on the receiver area.

Minigrafts and Micrografts by Ed Griffin, M.D., Atlanta, Georgia. 100% micrografting with 1 to 8 hairs per graft, male and female, with comments on graft size and hair type.

Hair Transplants Made Easy by Marcelo Gandelman, M.D., Sao Paulo, Brazil. The elliptical method of strip removal, square grafts in round holes, eyebrow reconstruction, hair transplant in scars, transplanting hair to the chest. Introducing the scale slit for the vertex.

The Feathering Zone and New Tools and Techniques for the Nineties by Dowling Stough, M.D., Hot Springs, Arkansas. The Feathering zone utilizes hundreds of one and two hair grafts at the hairline, the triple bladed knife, Novel Stockinette dressing, and Nokor needles for insertion of single hair grafts without dilators.

Elliptical Donor Harvesting, Stereoscopically Assisted Micrografting: Bob Limmer, M.D., San Antonio, Texas.

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DILATORS VS. NON-DILATORS

by **B. L. Limmer, M.D.**

San Antonio, Texas

The following are my thoughts regarding the controversy of dilators vs. non-dilators. As you are well aware, we have been doing extensive micrografting for four years, transplanting in an average four hour session, between 400 and 700 micrografts. We have tried the technique with and without dilators. It is our opinion that the disadvantages of dilators far outweigh the advantages. We currently use 16 gauge stainless steel dilators of our own making only as hemostatic devices when we transect small arterial vessels with the 16 and 18 gauge needles. Beyond the use of dilators as hemostatic surgical instruments, we have abandoned the use of dilators totally.

There are obvious advantages to uses of dilators. By placing dila-

tors in the tunnel created by the insertion and retraction of a needle, bleeding is immediately eliminated and a clean surgical field is maintained. Leaving the dilator in place for a period of time, additionally dilates the caliber of the tunnel. When the dilator is removed, this tunnel tends to stay quite patent for a significant period of time allowing for ease of placement of the micrograft. After placement of the grafts, the walls of the tunnel slowly collapse and we have not found adherence of the graft to the wall of the dilator tunnel to pose a problem; that is, we have not lost grafts due to the tunnel being too large and the grafts slipping out of it.

The major disadvantage of dilators from our perspective is the reduction in efficiency. Insertion and retraction of a needle and immediate insertion of the micrograft into the needle tunnel requires approximately half the time that insertion and retrac-

tion of the needle, placement of the dilator, subsequent removal of the dilator, and insertion of the micrograft requires. For this reason alone, we have abandoned dilators. Were we doing other elements of a procedure such as placing incisional slit grafts or standard round plugs posteriorly in the scalp, we might conceivably find a true advantage to placing dilators in the frontal hairline while we completed the other steps of the procedure. However, since we have abandoned all other forms of grafting in favor of totally micrographic techniques for the entire area to be transplanted, we have found dilators to be a significant disadvantage because of the additional time required for their use.

I have changed camps. I have not used dilators since Rio.

Editor, O'Tar Norwood

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