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Histological Analysis for the Cause of Kinky Hair after Hair Transplantation

Preview Long Hair Transplantation with Donor Harvesting Using the Follicular Unit Excision Technique

# Follicular Unit Excision-Linear Ellipse (FUE-LE): A New Way to Add the Linear Ellipse Donor Harvesting Method to Any FUE Practice

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### **ABSTRACT**

Many hair restoration practices offer exclusively the Follicular Unit Excision (FUE) method of donor harvesting, excluding the linear ellipse (LE), or "strip," procedure. In speaking with new surgeons joining the field of hair restoration surgery, the most common reasons for not offering the "older" linear ellipse method of donor harvesting are the linear scar, lack of patient demand, and lack of staff trained to perform graft dissection. However, experienced surgeons who perform both donor harvesting methods understand the merits of each, aware that with appropriate patient education and selection both methods can provide excellent cosmesis for recipient and donor areas, in addition to optimizing a good long-term surgical plan to preserve future donor area harvesting if or as needed. Furthermore, patients with or destined to develop advanced pattern hair loss often have a sufficiently larger recipient area compared to the safe donor area making a single method of donor harvesting likely to limit coverage. These patients are best served by a combination of both methods to achieve the greatest number of follicular units (FUs) harvested with the least visible donor deficit. For this reason, identifying a way for FUE-only clinics to easily add the LE procedure to their practice would be advantageous for patient care. To that end, I present here the technique of using FUE to harvest all follicular units from inside a pre-marked area of a planned linear ellipse—a novel technique called Follicular Unit Excision-Linear Ellipse (FUE-LE).

Keywords: follicular unit excision (FUE), linear ellipse (LE)

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### THE FUE-LE PROCEDURE

The FUE-LE procedure is a five-step donor harvesting procedure as follows:

**Step 1:** Identify the safe donor area (SDA) and, based on the number of planned grafts and density of the SDA, demarcate a zone for excision (Figure 1). For example, a planned procedure of 1,500 grafts with a density of 75 FU/cm² requires  $20\text{cm}^2$  donor area ( $75 \times 20 = 1,500$ ). In this situation, this can be achieved with a 1cm-wide area that is 20cm long, or 1.2cm wide and approximately 17cm long, etc.

**Step 2:** Excise all FUs inside the area of demarcation (Figure 2) using the preferred FUE machine. The demarcation area can be adjusted if the FUE yield is more or less than expected. Importantly, since the excision holes will be removed, punch scar size is not an issue, therefore, it may be advantageous to use a 1mm or larger punch to ensure minimal transection and additional perifollicular tissue around the grafts.

**Step 3:** Perform a full-thickness ellipse of scalp skin and subcutaneous tissue along the demarcation lines. This excision is carefully performed along the lines to limit





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